

THE MOST INTENSE SEVEN WEEKS OF MEDICAL SCHOOL

Victoria S S Wong can laugh now her surgical rotation is over

The attending doctor turned his well equipped head in my direction, shining his surgical headlight into my eyes. “What is the rate of recurrence of thyroid cancer in the contralateral lobe?” he asked. I looked down out of defence, out of deference, blinded by the 300 W beam of knowledge he was imparting to me. After weeks of squirming like an entomologist’s newly pinned beetle, I was well versed in my answer: “I don’t know.”

With the release of this phrase, well received when used appropriately and devastating when uttered to the wrong attending doctor, I eagerly awaited polished details of the management of thyroid cancer. “The rate of recurrence is . . .” he began emphatically. I breathed a sigh of relief. This doctor was an Instructor, the most benign and educationally rewarding of all surgical types.

I call my rotation a surgical stay because I ended up with a little less gall and a lot less guts afterwards. Although many surgeons terrified me, they provided much fodder for my literary tendencies. Of the figures I had ever met, surgeons lend themselves most to parody. Aside from the instructors, the surgery department was teeming with Sticklers, Transients, Brandishers, Old Schoolers, Zealous Saints, and more.

Entertainment and awe

My first dose of surgery, well perhaps it was more of a continuous drip, involved an advanced level junior doctor who defined the category of stickler. Nothing, it seemed, was done to his liking. “This shouldn’t happen. I’m filing an incident report,” he would threaten. The only rule he didn’t adhere to was the one that recommends medical students work fewer than 80 hours a week.

The Sticklers aside, I adored working with those other surgical personalities who kept me entertained during even the duller of amputations. I kvetched about working hours with the Transients, who were interns undergoing a year of general surgery to later become anaesthetists and ophthalmologists. I watched with awe as the Brandishers waved their surgical blades, slicing and dicing anatomy as precisely as a Japanese teppanyaki chef. I listened to the Old Schoolers, whose tales brought to mind images of raw chicken being manipulated with a fork, knife, and dental floss when they described surgical procedures of yore.

And then there are the Zealous Saints. These are the surgeons whose knowledge bases are so vast and whose unyielding devotion to patient care is so admirable that I could follow them to the ends of the earth even as they chastise me for not meeting

their high standards. I struggle to emulate them in spirit if not in brilliance and fail miserably because it was not in my nature to love the discipline as they did.

Surgeons aside

The other half of my surgical stay related to patients, whose presence was both the reason for and the bane of my existence. My patients caused me heartache because the sickest ones who stayed the longest were the ones I got to know best. A widowed amputee cried to me about returning to live alone in a house with insurmountable steps to the door. A devoted son continued to believe that his mother’s extubation meant she would get better although she only had days to live.

Amid the daily pain, humour was a necessary salve. Thankfully, my patients provided that as well. Although I was not without guilt for my often inappropriate laughter, I found comfort in my immature sniggering at patients who were unfortunate enough to have rectal abscesses. I thought it droll that one liver transplant patient’s new liver didn’t quite fit into her petite abdomen and bulged a bit. I giggled when I heard that the patient who went in for an appendectomy turned out to have no appendix because it had already been resected.

My patients also provided me with an arsenal of stories that the general public would deem “gross.” From intraoperative observations and nights on trauma call, I faithfully recorded the best of these stories for use as conversational fodder on dates.

Pain and pus

As my surgical rotation came to an end, I looked back with wonderment at how I survived the wrath of the angry resident, the intimidating attending, the pain, and the pus. How did I, social phobic by nature, introverted writer by trade, make it through the most intense seven weeks of medical school? The answer was clear: the rotation was worth while. The moments of truth I had experienced were so many; put together, they changed my life.

I remember a woman who died too young and donated both kidneys and a liver to save three lives. The two recipients of her kidneys held a jovial competition, comparing their urine output and daily progress. In the operating room, one of the scrub nurses would always remember my glove size and forget the junior doctor’s. My classmates always had a kind word for me after a long surgery or an attending doctor’s reprimand. The parking man would tell me what a hard worker I was, and so young to be a doctor too, when my parking fee was hefty after a call.

For every moment I worked, my patients strove harder to get their bodies working again. When I went home to rest, they couldn’t do the same. And for every moment I invested into learning more about my patients and their conditions, I made a visible difference in their lives because they allowed me in. That alone erases the cynicism.

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