

It's Always Sunny above the Clouds

Ram Kalus, M.D.
Columbia, S.C.

I had just completed my last operation of the day, a bilateral immediate breast reconstruction on a young mother of two small children recently diagnosed with invasive breast cancer, with her husband, sister, parents, and a close friend anxiously waiting to hear from me about how her surgery went. My patient's mother was a breast cancer survivor herself, and both she and her mother carried the *BRCA1* gene. As my patient was being wheeled out of the operating room and into the recovery room, and after reassuring her family that the operation had gone well and that she was stable, awake, and comfortable, I checked my phone for messages and there was a voicemail from my mother that my dad had tripped and fallen at home and was in terrible pain, that she had phoned 911, and to please call as soon as I could. They were in New York, and I was in South Carolina, where I live and practice. The message was left approximately 15 minutes earlier. When I called, the paramedics were in the midst of trying to get my father lifted onto the stretcher and out of the small bedroom where he had fallen. I heard his cries of agony in the background through my mother's tearful rendition of what had happened. I managed to catch an early morning flight the next day and was at my father's bedside by 10:00 AM. It was cold and gray, and a steady rain was falling as I hailed a cab to the hospital. My father had spent 9 hours in the emergency room, suffering through painful transfers onto and off of the x-ray table, despite intermittent intravenous morphine injections, waiting for a bed on the orthopedic floor. None was available, but one did eventually open up on a medical/surgical floor where overflow orthopedic patients are sent, and, after another painful transfer, he was finally in his bed by approximately 2:30 AM. By this time, he was confused, agitated, paranoid, and disoriented for a host of reasons, including not having eaten for approximately 10 hours, the effects of morphine injections, and a strange environment with a seem-

ingly endless stream of new faces, all of whom introduced themselves courteously but most of whom were inevitably going to do something that was going to hurt.

As a physician, I feel my initial role is to comfort and reassure whenever possible. Through the process of educating my patients about their options and the details of the process, their anxiety tends to ease, and composure and confidence almost invariably displace their initial angst. The challenge for a physician, or any health care professional faced with a family member (or oneself) as a patient, is to abrogate one's professional caretaker responsibilities and allow oneself to assume the reverse role. That is exactly what I tried to do with my Dad, while maintaining a high state of vigilance in informing everyone tasked with caring for him about his medical history and list of medications. We learned that he was on the waiting list for surgery and that it would probably not occur until later that evening. A psychiatrist was consulted to address the confusion and disorientation, and a head computed tomographic scan was ordered. He then had to endure another painful set of transfers and bumpy rides through elevators and hospital corridors, then to the orthopedic floor, and finally to the operating room. The head computed tomographic scan was unremarkable, but the disorientation and paranoia worsened, requiring tranquilizer medication to help calm him. The surgery went well, and despite some continued disorientation and periodic confusion, he was able to get into a chair the following morning. Relieved that he had done well, I flew back home, keeping in touch with frequent phone calls between my mother and brother, and with the nursing station. He was transferred to the rehabilitation wing 4 days later, on a Monday. My plan was to return at the end of the week, both to be there for my mother, and to see how my Dad was progressing. When I got there, I found him sitting in a chair and looking fairly frail. His abdomen was

From Plastic Surgery of the Carolinas, PA.

Received for publication April 29, 2010; accepted May 3, 2010.

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DOI: 10.1097/PRS.0b013e3181ef9195

Disclosure: *The author has no financial interest to declare in relation to the content of this editorial.*

distended and my mother told me that a radiograph had been obtained. I asked the physician on call what the radiographs had shown and was told that they revealed free air, necessitating emergency surgery. We were all in a suspended state of disbelief, including my Dad. He was taken to surgery emergently, where he underwent a subtotal colectomy for a perforated transverse colon and an ileostomy. He would no longer use a toilet to move his bowels, the surgeon informed my mother, but rather change an external bag on the right side of his abdomen. He was transferred to the intensive care unit, where a team of critical care physicians would assume his care, along with the surgical team. After 3 nights in the intensive care unit, on a ventilator, my father was quite frustrated that he could not communicate, and wrote on a clipboard asking me to please make him some cue cards with the words, “pain,” “glasses,” “ice chips,” “hot,” “cold,” and “position.” I did as he asked, and that certainly made everyone’s job a little easier. The next morning, his intensivist informed me that she was very pleased with his progress and that she expected that he

could be extubated and would be able to breathe on his own by mid day. She encouraged me to fly back home if I needed to, and reassured me that he would be fine. My mother echoed her suggestion and reassured me that she would be fine as well. I kissed my Dad goodbye on his forehead, smiled, and gave him a thumbs up, which he promptly returned in kind, his endotracheal tube preventing any utterance or even mouthing a good bye or generating a smile. As the plane took off and ascended through the overcast, low-hanging gray clouds, I was struck by the bright sun and blue skies that greeted us.

When I landed and phoned my Mom’s cell phone to ask how things were going, it was my Dad who answered; with a raspy voice, he said, “I’m happy to be able to hear my own voice. What’s the weather like down there?” “Partly cloudy,” I answered, “but the sun is definitely breaking through.”

Ram Kalus, M.D.
1301 Taylor Street, Suite 10A
Columbia, S.C. 29201
rkalus1@mac.com

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