

Why I am Happy Surgery is not a Spectator Sport

Bruce H. Campbell, MD FACS

Wayne: Hello again, everybody and welcome to our live play-by-play coverage of surgery! Today, we will watch two old adversaries battle it out under the bright lights within the storied confines of Operating Room 37. Larry, this promises to be quite a battle. What are you looking for in this match-up?

Larry: To be honest, Wayne, not much has changed since these two rivals last met. The Surgical Team – led by the 20-year veteran – will take on the Growing Tumor. Overall, the surgeon seems to be holding up pretty well, but he has become increasingly intimidated by the technological bells and whistles entering the game over the years. I'm certain that he also feels pressure from the younger surgeons on the sidelines. Fortunately, the team has great depth at several key positions here in the operating room and it is usually able to cover for his weaknesses. Wayne, I know that you think it's about time to bring up one of the rookies, but the surgeon still has some pro-quality moments. I agree with you, though, that he's not quite what he was in his prime!

Wayne: Larry, we'll watch and see how he does today. We've commented that he's been getting more flustered lately when things don't go perfectly. His future as a starter might be riding on what happens today. I was checking the scans just before airtime and the Tumor seems up to the task today. It is a real up-and-comer - full of surprises - and could prove to be a real competitor. It certainly has been displaying confidence and plenty of attitude lately. Final preparations are almost complete, so we will take a quick preoperative timeout. Thanks for joining us for the Preop Show! While everyone stands for the Time-Out Checklist, we'll take a quick break. Back in a moment for the Big Event right after this word from America's favorite beer. This is the Surgical Radio Network!

Wayne: Welcome back, everybody! We're ready...there's the incision! The surgeon makes a nice move, lifting the skin flap neatly and securing an extra hemostat in his palm. Outstanding work identifying the proper incision depth and managing all of the small vessels along the way! Perfect bipolar setting, I might add. Let's watch that again in reverse-angle slow-motion...great exposure and every corner of the field is completely under control! Retractors are all at the correct angles, exposure adequate! Terrific tissue plane separation. As in each of these matchups, the first several moves are scripted. It looks like the team's strategy today will be to "circle the tumor" rather than going right at it.

Larry: You know, Wayne, I like this approach. See how the surgeon "squares up" to the table and works from a balanced stance? Classic foot work. It's fun to watch an "old pro" go

at it. He gradually brings in his newest assistant, giving her small responsibilities and plenty of positive reinforcement. Notice how he keeps his eyes focused on the field even as he tracks all of the activities in the room? Those skills take years to develop. He's off to a good start.

Wayne: Right you are, Larry! A big vessel just came into view and he's moving confidently to control it. Slick dissection then "clamp, clamp, cut, tie, tie!" Perfect! That's another \$500 for "Arteries for Charity" from our lead sponsor, America's Blood Banks! Back in a minute!

Wayne: We're ready to go again. Uh, oh. Look at that, though, Larry! Really poor technique there - far too much wasted movement. The lights are all wrong. His elbows are too high, and the resident's hand is blocking his line of sight to the target. It's all about maintaining discipline and control. Remember what happened last month during that thyroidectomy? He had that facemask penalty and then totally lost it! Look how the student is being expected to retract when she can't even see the field? The surgeon must arrange his assistants more effectively in that situation. Whoa! Unbelievably, the surgeon just yelled at the scrub tech and threw a hemostat on the floor! There's a flag! He's claiming that the hemostat merely slipped, but the replay clearly shows that his arm was moving forward when the instrument left his hand. Despite his experience, his head is not in the game right now. Very poorly played.

Larry: I agree, Wayne. Wisely, he's calling for another timeout to let things settle down before he stumbles yet again. Reset the retractors; turn down the music.

Wayne: There's plenty of time to get things under control. While the last play is under review, we'll take a break. Back in a moment after a word from America's favorite line of full-size pickup trucks.

Wayne: We are deep into the second half now. Things have turned around and the resident has really stepped up her game. You can sense that the surgeon and resident are in complete sync now. Several great moves with barely a word spoken between them. Whoa! Oh, my goodness, Larry! Suddenly there is blood all over the field again!

Larry: He must remain calm! Wayne, you can sense how tired he is. He's reaching for more sponges! Direct pressure. This looks dicey.

Wayne: I agree, Larry. We are four hours into this thing and the Tumor is roaring back! The momentum has shifted, and it is time to discard the textbook. He has to step up and

innovate. It is all about defense now. The team must concentrate on bringing consistent pressure and looking for opportunities to turn things around.

Larry: Y'know, Wayne, that move by the Tumor was COMPLETELY predictable. The surgical exposure remains suboptimal and his technique is getting sloppy. Other teams would have deployed the Lone Stars long ago or brought in another set of hands on the Army-Navys. Small steps are needed. This is a "grind-it-out, short-yardage situation." He needs to go back to the basics. Look at the surgeon: his posture has deteriorated. Clearly, fatigue is becoming an issue. Not a pretty picture. There's an official time-out for a blood loss measurement.

Wayne: Well, Larry, we'll take a quick time-out, as well. Back in ten seconds after station identification. This is the Surgical Radio Network.

Wayne: We're back again. Limping toward the final moments now! Yes! The tumor is completely separated from its blood supply! The last cuts are complete! THERE IS YOUR SCALPEL! It's all over but the closing music!

Wayne: Whoa-boy! The Surgical Team defeated the Tumor but I gotta tell you, Larry, this was a nail biter right up until the end. My sense is that they will have to rethink their entire approach before the next case – this one could have gone either way. Not the surgeon's greatest performance, don't you agree?

Larry: I'm totally with you, Wayne. There will be hard questions about several of the decisions he made today. I mean, they got the desired outcome, but - c'mon! - it wasn't pretty. The commentators will be brutal tomorrow.

Wayne: Right you are, Larry! So, that's it from Operating Room 37. Stay tuned! Following some updates from the other ORs, we'll be back in a few minutes with our "Post Op Show" with interviews from the locker room. We will also take a first look at the crop of young surgeons coming out of fellowships and check our experts' predictions on the upcoming draft. Thanks again for joining us for this live broadcast! Until next time, this is the Surgical Radio Network.

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