

Indexing Title: JGGuerra's Medical Anecdotal Report (07-02)

Title: My First Emergency Thoracotomy

Date of Medical Observation: February, 2007

Narration:

It's already four o' clock in the morning. It had been an unremarkable night for me and the rest of the duty team. The clock continued to tick indicating that my ER duty would soon end. I already did my morning ward rounds and made sure that our endorsement was prepared.

Suddenly, I received a text message from one of my co-residents that we had a trauma patient at the emergency room needing an immediate operation. I dashed quickly to the trauma section, and saw a fairly young looking man, at his early twenties, bathed and soaked in his own blood. A Stab Wound victim, penetrating injury to the left chest. Chest tube was inserted evacuating 1.2 L of fresh blood. He was literally gasping, hypotensive and tachycardic. Preoperative assessment was pulmonary injury. We directed the patient to the operating room. I was pretty excited. The moment I have been waiting for was finally at my fingertips. My first ever emergency thoracotomy.

I grabbed my trauma book and began browsing the topic. As I was about to refresh myself with the operative technique, our patient suddenly deteriorated while being transferred to the operating table. He became palpitory and begun arresting. Without any unnecessary moves, I gowned myself and immediately did an anterolateral thoracotomy. When we opened his chest and noted a gushed of blood coming out like water accidentally released from a dam. I held his heart and began cardiac massage. I was very frustrated. I squeezed his heart heavily... I can barely felt a beat... I still tried and tried. Fifteen to twenty minutes of bagging and cardiac massage. Electrocardiogram ran flat. My anesthesiologist tapped me at my back and said, "Tama na Jeffy, let him go." It was only right there and then that I regained my senses. "Time of death, 4:40 am. I uttered a prayer."

We did a postmortem dissection. Injury was meant to end my patient's life. He sustained pulmonary injury on the upper lobe and a partial transection of the bronchial artery.

Insights: (Discovery, Stimulus, Reinforcement) / (Physical, Psychosocial, Ethical)

Sometimes our passion to save lives is greatly affected by physical circumstances beyond our control. Whatever they are, be it patient's factor or surgeon's factor, they persistently hinder our desire to save lives. Without a doubt, we cannot escape from this reality. For my case, perhaps, the delay in bringing the patient to the hospital contributed a lot to his death. We can only do as much, what is expected of us.

Although our patient succumb to death, I was made aware that as surgeons, we must always be ready for whatever emergency operation are needed for our patient. These preparations are not instantly attained. Training, reading and maturity play a big role.

We should always learn from every case, whatever the operative outcome is. It is only through diligent quest for knowledge that we attain near perfection in our chosen craft. I should say that this particular case helped me prepare for my next thoracotomy, soon. And I prayed for a different outcome.