

Indexing Title: JGGuerra's Medical Anecdotal Report (05-05)

MAR Title: "Treating patients close to your heart"

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Narration

My 54-year-old mother-in-law consulted a private MD for a two-year history of on and off hypogastric pain associated with gradual abdominal enlargement. A transvaginal ultrasound was requested and revealed Myoma Uteri. She was advised gynecologic surgery and was subsequently scheduled.

Weeks before the operation, she consulted me and asked for my opinion. I fully explained her condition and to my surprise she decided to be operated on in our institution emphasizing that I will be in the operating team. I referred her case to our service consultant and eventually agreed to do TAHBSO.

The night before the procedure, I gave my mother-in-law a clear picture of what will happen the day of the operation. I elaborately relayed to her step by step the procedures that will be done. As we go along our discussion, she just gave me a look as if saying, *"Do whatever is necessary, I am entrusting my life to you."* Honestly, I am a bit pressured. Even if my consultant will be doing the case, I am still asking myself, "Am I the right person to assist the case?" Will I be able to assist my consultant properly? Knowing that the person in the operating room is the mother of my wife?

At the operating room, I felt we had a difficult time removing the diseased uterus. I saw it as if it was so big and adherent. Almost every move is coupled with an oozing blood. Suddenly the field turned bloody red. My mother-in-law's uterus disappeared in the operating field. Fear overcame me. I froze into silence. I just closed my eyes and uttered a prayer. With few maneuvers and team effort, the operation has ended.

Looking back, intraoperatively, I thought the technical difficulty of the case was magnified twice or maybe thrice. Every simple move seems to be difficult when I myself looked into it. Every squirt of blood seems too much. Maybe because the patient is dear to me. But in reality, the operation was uneventful.

Post operative recovery was good. Eventually, my mother-in-law was discharged.

INSIGHT (Discovery, Stimulus, Reinforcement) / (Physical, Psychosocial, Ethical)

There will come a time in our surgical career that we will be called upon to assist or operate on a person close to our hearts. During this time, our capabilities and skills as a surgeon will be completely tested. Above is a case which accurately illustrates my point.

Days and nights before my mother-in-law's operation, I am asking myself whether it is a good decision if I assist the case or let someone else assist the procedure for me. Being very close to the person to be operated on, we might freeze during the operation and subsequently not able to decide correctly during a stormy procedure.

However, as long as we are competent and ready to take the challenges and responsibilities ahead of us, we will be able to deliver the right decisions and moves.

We should be able to detach ourselves temporarily from reality that our patient is dear to us. Like the great novelist we are involved with our “characters”, yet we should retain the ability to be objective, to draw objective conclusions.

My thinking is that if I could successfully manage other people’s surgical problem, then I could as well do the same to those whom I loved and close to my heart.