Cancelling Surgery: When The Show Can’t Go On

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It’s showtime. No need to worry. This is just another routine performance. I can do this. All I need to do is get on stage, do my dance, and wait for the curtain to fall. Then move on to the next stage and do it all again.

The curtain opens.

My patient is wheeled into the operating room. With the help of the circulating nurse, we guide her from the hospital gurney over to the operating room table. With the grace and precision of a ballerina, I start my recital by securing an oxygen mask over her face. Next, I apply the monitors – a blood pressure cuff to her right arm, a pulse oximeter probe to her left ring finger, an EKG sticker to each shoulder and one more on the left side of her rib cage. Before turning my back on my patient to draw up narcotics, I start the Levaquin – one of two antibiotics she is to receive before surgical incision. Less than ten seconds later, her right arm, the one with the IV, has a brilliant red streak tracking along the path of her vein.

The background orchestra stops abruptly. The silence is deafening.

I’m forced to adapt. Without a moment of delay, I disconnect the antibiotic from her IV tubing. Quickly, I grab a vial of Benadryl from my drug cart. Before I can draw the medication into a syringe, the patient speaks the words I never want to hear.

“I can’t breathe.”

I shoot the Benadryl into her intravenous line. My hands are shaking, my adrenaline pumping. I order the nurse to retrieve Pepcid, which will further help to diminish my patient’s escalating allergic reaction. Meanwhile, I administer a hefty dose of steroids. As fast as I am able to grab the next medication in my arsenal, her symptoms worsen.

“My throat is tight. I feel like I can’t swallow.”

Mine, too – but for different reasons.

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