A Window Into The Inner Sanctum

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Beads of sweat gather at the edge of the surgeon’s cloth cap and the circulating nurse steps up periodically to wipe them away. Heat and city noise roll through the open windows and into the OR. The brief morning rain shower left the shiny, green floor nearest the windows glistening and wet. A few levels below the OR, people are talking and laughing at the bus stop in front of the hospital. The diesel fumes from the bus and the cigarettes of the passersby mix together and waft through the screens. A car honks on the boulevard. Pigeons land on the window sill and peer at us. It is the early 1970s and this is summer in Chicago. Air conditioning won't be installed in these operating rooms for a few more years.

"Doesn't that window open any wider? Bring in another fan!" the surgeon demands.

"Sorry, Doctor. We don't have any more fans."

He scowls. “Can you at least get me a sterile cup of ice water?”

I am a hospital orderly working during a college break. Whenever I am home for a few days, the hospital hires me back – an amazing opportunity I take for granted.

For this particular stint, I am assigned to the OR – cleaning rooms, restocking supplies, transporting patients, setting up cases, folding linens, making coffee, running errands, finding x-rays, mopping hallways, scrubbing locker

rooms…whatever is needed. Occasionally, when one of the OR staff is at lunch, I am pressed into duty as a surgical assistant. As a pre-med student, I am in heaven.

Today, I am assisting one of the orthopedic surgeons. He looks at me from across the table. "Remind me your name again, son…Bruce?...Okay, here, Bruce," he says, “hold her leg steady. I need to fix the hip fracture and it will go a lot more smoothly if all of the parts stay still.” He is a folksy, hardworking surgeon. This will be interesting.

He grabs my hand and wrist and shows me exactly how he wants things to line up. He sets to work.

These are the days before CT scans and pre-fabricated femoral prostheses. The repair will be done based on a couple of plain x-rays and completed with the available metal plates, screws, wires, pins, and plaster. He uses a power drill like the one my dad keeps on his workbench in the garage. The surgeon learned many of his trauma skills as a military doctor in Vietnam.

“Back when I was in school, these sorts of fractures were treated with casts, traction, and bed rest,” he tells me. “These days, we fix ‘em.”

It isn’t an easy operation and he has to be creative. I am ignorant of the approach and the staff finds his terminology unfamiliar. Eventually, though, the team finds a rhythm. Things move along and I get the hang of how he wants the leg stabilized. Soon, he is humming an aria as he lines up the fragments.

We move her to the recovery room and soon I am back in the OR holding a mop handle rather than the patient’s leg. I realize how much I enjoyed being in surgery – at the table – helping.

A few days later, I am called to one of the floors to transport a patient. “Take the woman in Room 15 Bed 4 to X-ray,” the nurse tells me. “Be careful with transfers on-and-off the cart. She had hip surgery last week.” I walk into the room.

Sure enough, it is the patient from the OR. She braces herself as we move her from her bed to the cart. “Still really sore,” she tells me.

We talk as I take her down to Radiology. She doesn’t recognize me and I don’t tell her that I was the assistant for her surgery. She tells me about her family and her plans for going home. She is recovering and hopeful.

Decades later, the memories of my first hospital job remain fresh. I clearly recall the humming of our original Bovie electrosurgical machines. I remember tucking conductive strips inside my shoes to prevent sparks, although the use of explosive anesthetic agents like cyclopropane and ether had by then been abandoned. I remember the first exposure to anatomy, watching gall bladders being routinely removed through large incisions.

Of course, surgical technology and practices have evolved dramatically since I first

stepped into an operating room. There are no more window screens or even windows in our operating rooms now. Almost everything has changed, although some surgeons still scowl, on occasion.

Even more than the technology and the procedures, I remember the people. I recall a general surgeon who was comfortable performing essentially any operation. I remember many of the patients and their families. And even though almost all of the people with whom I worked in that OR years ago have retired or died, I can recall many of the nurses, assistants, and secretaries. These are the people who inspired me to pursue a career which would allow me to spend much of my professional life in operating rooms.

I love my work and I still have a sense of coming home every time I enter an operating room. When I started, crossing that threshold always felt like stepping into an inner sanctum. Even after forty years, as I greet my co-workers, it still feels that way.

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