

INTO THE WOODS

Andrew Clementz, Class of 2018

I watched Mr. J heave himself, all 380 pounds, onto the stationary bike. Grunting and struggling with the intense effort of getting himself into place, he began to pedal feebly, sweat already collecting on his brow and upper lip. His abdominal girth made it nearly impossible for him to pedal appropriately; shifting his weight back and forth from side to side was the only way that he could get his knees up high enough to complete a full rotation. His shirt, barely long enough to cover the bottom of his belly, drifted upward with each movement just enough to reveal his wound dressings. The dressings hid more than any other gym member might have guessed. Watching him in awe, my heart swelled with emotion.

I first met Mr. J many months prior. During a busy day seeing patients in the clinic on my surgery rotation, Dr. Q handed me a thin chart. “Mr. J...here for a hernia evaluation apparently. Go get the history.” Scribbled next to “reason for visit” was “abdominal hernia.” As I entered the room, I laid eyes on Mr. J for the first time. He was a massive man, loud and boisterous, yet teeming with positivity and charming in his own unique way. He told me of how he had been in a motor vehicle accident many years

medically necessary; that the defect was merely cosmetic, and that the risk of bowel loops becoming incarcerated was negligible due to the size of the hernia. “I can’t live with this anymore. I’m so self-conscious...and I’m constantly uncomfortable. I look like a freaking pregnant cow! Please, help me. No one will help me,” Mr. J said tearfully.

“It isn’t going to be easy, but we have to help this man,” Dr. Q had said the day of the surgery. We operated on Mr. J for five hours. Scar tissue running the length of his abdominal wall made the surgery harrowing from the start; scalpel blade after scalpel blade dulling during the dissection through the thick, fibrous tissue. His intestines had been herniated through his abdominal wall for so long that it was difficult to stuff them back into Mr. J’s abdominal cavity. A synthetic mesh, reminiscent of a pool screen enclosure both in size and material, had been needed to bridge the gap between each hemisphere of the abdominal wall, which no longer approximated together on its own.

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ago, and that he had required an emergency splenectomy due to a massive splenic injury. For reasons that Mr. J was unable to recall, the surgeons had left his abdominal wound open; perhaps they feared infection, or felt they did not have enough healthy tissue to reapproximate the wound. Regardless, Mr. J had been left with an incisional hernia that spanned the length of his belly from the xiphoid process to the pubic symphysis. He divulged that he had been to multiple surgeons in the area, including the ones who had performed his initial operation. The story had always been the same; no surgeon thus far had been willing to operate on him. Some said that it was too risky with the size of the hernia, and the size of Mr. J himself. Others said that it wasn’t

get infected. If that happens...we are in trouble. We will have to re-operate, take out the mesh, and end up right back at square one. Only time will tell,” Dr. Q had told the family and Mr. J once he recovered from the anesthesia. Mr. J’s recovery course came with many hiccups. We visited him daily, often multiple times each day. Erythema crept up the sides of his massive incision. Drainage seeped from various sites. Mr. J required multiple rounds of antibiotics in efforts to prevent the mesh from becoming infected. He spiked low-grade fevers, struggled with unrelenting abdominal pain and discomfort, worrying constantly about the success or failure of his operation. Yet each

day, Mr. J remained positive, and always greeted us with a smile. Dr. Q, despite his chaotic schedule and seemingly endless list of patients to round on, always made Mr. J feel like his top priority. He listened to his concerns, he educated Mr. J, and he always gave the whole truth. He sat on the edge of the bed with Mr. J, clasping his hands and sharing a moment of solidarity and empathy. Mr. J faced a difficult, long, and relentless hospital course; yet he braved it with Dr. Q by his side.

The day after I saw Mr. J on the stationary bike at the gym, months after my surgery rotation ended, I received a picture via text message from Dr. Q. Standing side by side, arms around one another, were Dr. Q and Mr. J. Toothy, genuine, almost giddy grins spanned the width of both of their faces. They might have been high school friends. “He’s doing great; the incision is beautiful except for an open area about 8 mm long. Not too deep, no erythema,” Dr. Q had told me over the phone. “He’s not out of the woods yet; but he’s close!”

Dr. Q had told me at the start of our rotation that he wanted to dispel the myth that shrouded surgeons; that they were cold, that they did not form lasting relationships with their patients. He had undertaken a task that many others were unwilling to do. A harrowing surgery, a recovery plagued with uncertainty, and months of close follow-up. Half a year had passed since my surgery rotation, and Dr. Q was still dealing with the repercussions of Mr. J’s operation. But in the bargain he had also gained a special relationship, the coveted physician-patient relationship we are taught to foster throughout our years in medical school. He had done something for Mr. J that no one else had been willing to do—he had ventured fearlessly into the woods with him, braving the darkness. ■

RESPLENDENT QUETZAL
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