

Preoperative Preparation

“Listen to your patient, [s]he is telling you the diagnosis” - William Osler

In the cacophony of the busy operating room, it might have been easy to miss the quiet susurrations emanating from the young, gentle Filipina with the slight frame, lying on the table. The clanging of instruments into the Mayo stand, the stereotypically loud Americans calling for a desired and vital component of surgery, the conversations bandied between surgeons operating on a thyroid at an adjacent table all could easily have masked the pleas expressed in her halting English grammar. The focus on the next steps of leveling the spinal anesthesia or prepping her belly or maintaining a sterile field almost resulted in a lost opportunity for many whose stated purpose was to meet exactly the needs this patient was plaintively expressing.

“This is my punishment. This is what I deserve. This is how I pay for my sins,” she murmured a bit louder from beneath the blue surgical drape pulled to her face. My wife, standing near, turned the patient’s hair around her ears as she grasped the sides of her face and asked her for clarification of what she had just said. And at that moment, the world stopped. Instruments stilled, footfalls ceased. The total count no longer mattered. No rattle of tools or crinkling of cloth interrupted what followed.

My wife, a physical therapist and newly-christened *de facto* circulator in this third-world operating room, took Joanna’s head in her hands and asked, “Would you like to pray?”

Though we lacked knowledge of the fine detail of the tapestry of her life, we had been

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made aware of the broad strokes that painted her as prostitute, destitute, desiring fertility, in chronic pain, wishing for definitive management. With or without the substandard preoperative imaging she had brought with her, we couldn't guarantee her any particular outcome. We did know she had a very large mass and her pelvis appeared to be fixed on exam. Combined with her profession, chronic pelvic inflammatory disease would not be unexpected. Perhaps it was endometriosis. Maybe, though unlikely due to her age, we would unfortunately find a cancer that would be beyond our scope of practice to deal with that day. Would her completed surgery find her barren, lacking a uterus and therefore the will to continue living her life fully, absent her fertility? Would she suffer one of the many complications that had been included, directly and via a translator, in her informed consent? We didn't know.

Worse yet, Joanna didn't know. That, combined with her spiritual beliefs, and despite her repeated preoperative statements of nervousness, had culminated in us nearly failing to recognize the depth of the need of this weeping, quivering being - lying with body and soul bared, filled overflowing with abject humility, fully expecting retribution for her past deeds, delivered via the hands of those who had come professing interest only in helping and healing - while we went eagerly about our routine.

So, while every person in that previously clamorous room then stood stone-still, as if anchored to the cracked and stained tile floor, my wife's prayer with Joanna competed only with the quiet hum of an underperforming window unit. Forgiveness was requested with a fervent passion. Strength, solace, peace, and assurance were solicited. Recognition

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of the God-given talents of her care team was offered and a blessing of a guiding hand for the surgeons was given.

Back in the comfort and ease of my life in America, the spiritual needs of patients around me are no less acute than Joanna's. They are no less hesitant to express them overtly or implicitly if we are only interested and equipped to listen.

No matter where we individually stand along the spectrum of spiritual or aspiritual belief systems, no matter which part of the elephant of the truth of experience our blind eyes and stumbling hands have marked out as our core interpretation and therefore beliefs, our patients benefit when we pay attention to what is important to them - *their* core value system. They tell us the diagnosis and they lead us to their healing - if we only listen. There are souls as well as bodies longing, crying out for the touch of our gift of healing.

It is shameful that it took a trip half a world away to bring me to the point of recognizing the nuances of patient's fears and anxieties before surgery. Surgeries that for me had become...not routine...but they were no longer recognized for the extraordinary opportunities they presented.

Today, I follow Osler's advice, addressing the emotional and spiritual facets of my patient's lives as well as the surgical. I take the time immediately before surgery to discuss fears and offer prayers with my patients. Every day, I hope and pray that I can see patients healed not only physically as Joanna was after her complex endometrioma was

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removed, leaving her fertility intact, but also spiritually as they are guided, navigating through the difficult emotional roadmap of what weighs on both their health and hearts. I strive to be a physician expressing genuine concern, putting forth effort to endorse their beliefs, providing comfort and prayers before each physical treatment.