



Reflections

Ripe

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The heart is open and I wonder if my feet smell. Much of the room seems too busy to notice. The surgeon is making a joke about the shaky season of the Toronto Maple Leafs. The attendants laugh in unison. The perfusionists look to their dials, turn one, turn off another, and gaze my way with a nod. Do they smell it too?

Two hours earlier held no scent. The morning swam with sun. I arrived early to the Hospital to shadow the lead cardiac surgeon. I was told via email to dress light, to arrive early, and to be ready.

I was. The night before saw me donned in recycled papers of anatomy, reviewing structure after structure, medication after medication. Any heart sound I'd be prepared to listen to knowingly. Any condition studied could be recited as though from a pleasant dream too pleasurable to forget.

I try to share that pleasure now. I smile back, failing to remember that my face is blocked with a mask. My clothes too have been changed. I am adorned in green, a naïve look against the shadow of yesterday. Only my socks stick out of their wrapping. They look like a left-over meal stuck in a fridge for too long.

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The surgeon makes another joke. Another chorus of chuckles follow. Blood is pooling out of the myocardium, suction please.” The whirl drowns out the sounds while the heart suffocates with air.

When I met him, I seemed to do the same. I whispered my name while shaking his hand. Then I sat quiet while the cardiologists spoke. The case was difficult. The 42-day old child had a Type B coarctation, aortic stenosis, and now, only presenting the day of the surgery, a hematoma. One as large as the left ventricle. One as large as a life.

What would you do, the surgeon asks a cardiologist in the room. I am not sure, she replies. In thirty-one years, I haven’t seen anything like this. Now, that is scary. The black mark on the screen seems to absorb the light and the conversation. They all stare at it in silence.

The OR bursts in another bustle of laughter as the extracorporeal membrane oxygenation begins to tumble. The heart now pauses to a near standstill. Each beat appears forced, slow. I take twelve breathes before each one. I take another ten sniffs. The smell is getting stronger. I take nine the next cycle. Stronger yet. Eight the one after.

Meanwhile, the hands heave life. The surgeon is busy cutting and stitching and suturing and joking and cutting again. Bits of flesh fly into the vacuum. One hour passes. And the smell only worsens.

What could it be? I changed my socks. Washed my feet. My boots were new too. But in the morning, one of the cardiologists told me I could not wear them. Salt ate away at their integrity.

They were not allowed in the OR. You’d have to go in your socks, he said. He was wearing unblemished leather shoes.

With them, we walked to see some of his morning patients. Each case was riddled with complexity. Dr. K, is the heart rate stable? Dr. K, was the correct dosage applied? Dr. K. Dr. K. Dr. K. His name was called everywhere while I stood beside him like a lost dog. My name was not asked once. I was not addressed until after my feet hurt and I was lost in a stew of medication names. I was told that this is the room. This is the patient who will have the surgery.

The room was thick with black. The parents were huddled over a small incubator. They looked like stars. The light of the OR is aggressive now. It weeps it. I think of them and that idea – the family as stars. At first, I was comforted by it. I was brought back to period of sitting in a canoe, barefoot like I am now, looking at a universe that could not look back. I could recognize the beauty. I could become it too.

But now standing on my toes, trying to get a better view, watching as the screen is tipped forward and then away in a window of opportunity no larger than bundle of grapes ripening, I am reminded that stars are long since dead. Only their light is forced to stay. The heart hasn’t beat in a while.

What will happen? I try to think, but I am nervous. I shift heel to heel. The wrong facts come back from the bridge to yesterday’s nowhere. Move around, excite the sympathetic nervous system, get more blood from the heart, heat the body, sweat more. I spell out the conclusion once more in my head.

I try to stop moving in a dry attempt at survival, but these simple watered-down facts make me more anxious. Maybe the smell is me. Maybe I have reached a threshold of no return. Maybe I cannot stop sweating now and I will become a pool of water. First at my feet. Then my knees. I will get shorter and shorter, soon seeping into these white floors, extinguishing these expensive machines, filling up the closed room in a smell that cannot be avoided now, that was all that was, all that is, all that will –

I am tapped on the shoulder. Dr. K asks how I am doing. I tell him okay. Pretty interesting, eh? Absolutely, I answer in what I imagine sinking sounds like.

Note: The this is a work of fiction. Any resemblance to real persons, living or dead, is purely coincidental in the same way a flower described here would not smell as good as the real.