Midnight Meal
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My husband stops outside the building situated adjacent to the private runway on the back side of the county airport, I give him a swift kiss and duck out of the car into the night, the sky foggy and spitting a mist. “Have fun, I’ll leave the lights on for you.” I hear him say as I shut the car door. I enter the lobby and the scrub tech who will be traveling with us has already arrived and is standing waiting, Olivia she says her name is. I introduce myself as a second year medical student, purposely leaving out the part that it’s only my fifth day of my surgical block. I wait patiently for a few minutes and then check my watch. Two minutes past 9:30 PM. We are just waiting on the fellow surgeon, Eden, who is unsurprisingly running late.

Several minutes later she appears through the tinted glass doors, her jacket hood up to shield herself from the unfavorable weather. "Great, you made it” she greets me. Just then two charter pilots emerge from a lounge to the left. A man and a woman in their late thirties who seem like they could be husband and wife, but I am not completely sure. They guide us out to the tarmac where a single small plane awaits us. One of the pilots opens the rear door and a set a stairs descends, he motions for me to lead the way. The inside is cozy with 6 seats, four of them arranged facing one another, the ceiling is low causing me to crouch as I move inside. I take the first seat to the right in an effort to quickly move out of the way for Eden, Olivia and the two pilots. Eden plunks down opposite me. “Are you a good flyer?” she asks me as she searches for the two ends of the seatbelt. “Yes, I’ll be fine.” I reply peering out the rain streaked window. The man pilot calls back over his shoulder to us “hopefully there won’t be too much turbulence with this rain.” “I know how much Olivia hates a rough flight” the woman pilot chimes in. We chuckle, Olivia rolls her eyes.

I hear some switches flicking on, the engine roars to life and within seconds my head is being pressed into the back of the seat. I feel my stomach starting to get that light fluttery feeling as we soar over the night city lights.

About forty minutes later we’re stepping off the tiny jet onto the pavement of an airport somewhere near Chicago. A silver SUV with a caduceus and “National Organ Procurement and Transplant Network” spelled across the door pulls up and the three of us pile in. “Hey girls!” The driver beams, “Cook County right?” she asks in her southern accent. Eden confirms and we speed off.

We arrive at the emergency entrance of the county hospital. It’s my first time in this part of Chicago. A line of wary looking people wait at the registration desk, I don’t know how long they’ve been waiting but by the looks of it, it’s been a long time. Eden nudges to the front of the line, Olivia and I follow, a rolling cooler with a bright orange biohazard sticker in tow. “Hi, were here for the organ procurement. They’re expecting us.” She tells the person behind the desk. A hospital security officer then appears from a side door and escorts us down a series of long dimly lit hallways. The whole scene appears a bit down trodden, the white scuffed walls yellowing under the fluorescent lights. I briefly imagine all the patients who have been emergently wheeled down this hallway on their way to being saved by the hands of a surgeon.
A clerical woman in the operating room area helps us to get scrubs which are in a locked cabinet inside a locked room. We change. We scrub. Eden quizzes me about the various areas of blood supply to the liver and I stumble through nervously with unsure answers. It is around eleven PM now and we wait in the hallway outside the operating room as the patient is wheeled by. Really just the shell of a patient now. The air feels more somber once he has moved past us. He is brain dead I’ve been told, a thick white gauze wrapped around his head and a tube sprouting out of his mouth. We follow into the OR after him and the anesthesiologist busies himself switching the patient from the bag mask to the ventilator machine.

“Is everyone ready to time out?” a plump woman with clear rimmed glasses asks in a cheery voice, I can barely see her through the numerous other bodies in the room. Everyone in the room nods in response. We will be the first team to procure our organ so we are gowned and gloved standing closest to the patient. The various university teams and what organs they will be procuring are reviewed and then the patient’s identity is confirmed one final time. In between the woman talking and various questions being answered the room is eerily silent aside from the rhythmic beep and hissing of the ventilator. Then the woman begins to read a scripted honorary statement, “We will now all bow our heads in a moment of silence and thanks to this patient and their family, and all those past, present, and future who graciously give the gift of life by making the choice to donate their organs.” A shiver runs down my spine as she reads this and in the following ten seconds of the purest silence I have ever witnessed. My arms are covered in goose bumps and a cold sweat under my paper surgical gown. I am excited, anxious and honestly in disbelief all at once at my presence in this room, for this reason, in the middle of the night.

A moment later the woman thanks everyone and the room once again comes alive with movement and noise. Eden is handed the scalpel and she cuts a long vertical incision into the patient’s pale abdomen as if it were butter. My eyes follow the knife as dark red blood pools around the blade. Olivia motions for me to move in closer across the table from Eden. I step up closer taking Eden’s instruction to hold back the omentum. Her commands continue to flow and I follow as the ancillary staff in the room bustle around us and the patient.

One of the main aspects that makes a liver transplant such a major surgery and technically difficult is that the vena cava is taken “en bloc” with the liver. Meaning that an organ donor donates their entire liver in addition to a large portion of the inferior vena cava, the large vessel that returns the blood circulating throughout the body to the heart. This was one of the only things I knew about liver transplantation before I found myself flying to Chicago on a private plane to assist with one. Eden moved from one step to the next with such ease that it wasn’t until she paused and looked up at me, into my eyes, that I realized we were approaching that part of the surgery. “The next thing I’m going to ask you to do is really important” she explains. “I’m going to make a hole and you’re going to stick your suction into it and suck, and keep sucking until its dry. Whatever you don’t suck will obscure my visualization.” I nod in understanding, her instructions seemed simple enough. What I didn’t understand was that she was about to cut a hole in the left ventricle of a beating heart and I would proceed to suck it dry over the next 15 minutes. Numbed by prolonged exhilaration now turning to overwhelming exhaustion I barely notice the anesthesiologist is speaking. I look over to my right and things are blurry with fatigue, the face of the anesthesiologist double and swaying the way the frame does when a cartoon
character is about to faint. I squeeze my eyes shut and then open them, my vision still now; the clock behind his head reads 3:30 AM. He asks again “is it okay to turn the ventilator off now?” “Yes” Eden and I both say in unison. I look down between my hands at a deflated heart that was beating just moments ago. A large tear that I helped make in the left ventricle. A mournful feeling falls over my body and blankets the room.

“Great, we’re done.” Eden announces and I tear myself away like the paper surgical gown I tear off my body. As we exit the OR the next procurement team moving in. We gather our things, return our borrowed scrubs, and wheel our liver resting over ice alongside us as we return to the car that had dropped us here a mere six hours ago. We drive back to the airport, board the tiny plane and are back in the air. I rest my forehead against the cool glass of the window. I have a million thoughts but at the same time my mind is blank. Finally we land, unload, and Eden gives me a ride home. She is on her way back to the hospital to exchange a very sick liver with our newly procured one. She is nice enough to spare me 12 plus additional hours of operating.

At 5:50 AM I get inside my apartment, absent mindedly toss my bag on the floor and keys on the counter. I peel off the scrubs that have on my body for nearly 24 hours and slip into a pair of pajamas. I slide into bed, the sheets already warm from my husband sleeping soundly next to me. For the first time that day I try to let the tension go from my muscles but it is finally now that my thoughts slow enough for me to comprehend them.

I think through every scene of the day: the private jet, the line of people waiting in the emergency department, the tired looking operating room, a stark contrast from the renovated versions I am used to. I think about the silence in the room during the dedication and the even more deafening silence after the ventilator was turned off. I think about how we swooped in to one of the poorest and most underserved hospitals and picked apart his organs like vultures. I think about the patient and what his family might have been like.

I think about how I never even knew the patient’s name.

Does Eden go home and think about these things? Nearly 3 months from being a transplant surgeon I would bet any ability to relate to this has long since been forgotten or buried away under more useful or efficient coping skills. I was too afraid to ask, or maybe afraid of the answer.

Every physician, resident and medical student will agree that your surgical rotations will be some of the most challenging ones. Between the early mornings and late nights, long hours spent on your feet and tough attendings, you’ll be exhausted. Most of us, also agree that it is a rite of passage. It takes you from a fresh perky student to a more realistic and seasoned one almost overnight, especially when that night is spent procuring a liver. But at what cost? At the time I felt like this experience showed that I had been stripped of all my humanistic characteristics that had gotten me into medical school. Now I look back thinking perhaps it has strengthened them. I would like to think if I was ever to be involved in an organ procurement again I would take time to meet the patient, hold their hand in mine. I would meet their family and personally thank them for this gift of life instead of standing silently in a packed operating room, vultures circling.