# Performing Surgery

# on the BOSS

by Jim Goodnight

***"Your boss is on the line."***

***For me, a major career test was about to ensue.***

***"Hi. What's up?"***

***"I want you to take out my gallbladder. I've been in pain for hours and it's not the first time. I 'm starting to have chills. Ultrasounds have shown stones in there."***

I was a little stunned but responded in the best professional tone I could muster, "Okay. It does sound like acute cholecystitis (infected gallbladder). I'm honored you would ask me. We'll get you in as fast as we can. Can your wife bring you to the hospital?"

My boss was Chairman of the Department of Surgery, a national figure in our field and the draw for most of my colleagues and me to join the faculty at UC Davis. He could be a daunting figure, benevolent but stern, an intense and demanding leader. He had raised us, so to speak, as we developed in our careers. Performing well for any patient is top priority, but this was family. He was head of the clan.

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I was 42 years old, approaching mid-career as a general surgeon and had probably done 300 cholecystectomies (gallbladder removal). However, my sub-specialty was cancer surgery and I wasn't usually called to do emergency cholecystectomies. Several very competent colleagues in our group most often took this responsibility. But he had called me; it was show time.

I sat for a few minutes, a thousand thoughts racing through my head. "Can we get him in quickly?" Unless someone was dying, it usually took hours to get a patient admitted and into the operating room. "No reason really to question his diagnosis, but we need an ultrasound to confirm." Radiology was often backed up.

"Can I get the team I want? Who should I ask to assist? Don't change the routine. That's when VIPs get hurt. Sure, cholecystectomy is a straightforward procedure, even as an emergency, but every operation carries risk. His gallbladder is probably infected, more risk. What if I screw this up? He's famous. Everyone in the country will know."

I got over myself and down to business. In record time, we arranged for his hospital bed and secured a spot on the operating room schedule, plus Radiology agreed to do the ultrasound promptly. His name opened doors.

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My boss was a committed educator and surgical teacher. He insisted the third year medical student see him to do a history and physical exam, part of our usual procedure. I propped up the terrified student and pushed him into the room. A rectal exam was part of the physical. We decided to

leave that to me.

As a surgical teacher, I performed almost all of my operations assisting my chief resident. The approach worked well; I could concentrate on the whole surgical field, control the pace of the operation and take over when needed to provide technical superiority. With verbal commands and how I set up the exposure and retraction, I could essentially do the operation using the resident's hands. My colleagues confided they most often did the same thing. Once, I had a very strong argument with a non-teaching private surgeon. He considered this methodology to be anathema and mayhem. Nevertheless for this case, I decided to employ my usual approach and let my boss know. He concurred, "You're in charge."

Yes I was in charge, but not without a substantial measure of nonspecific anxiety. I asked a close colleague to just be there, stand there for advice, moral support, any worthwhile ideas or thoughts. He readily agreed, recognizing this otherwise routine procedure was an extraordinary situation. Extending the same courtesy, the Chair of Anesthesiology, who was a superb clinician, altered his plan for the day to give the anesthetic. I was truly grateful these colleagues honored my patient's status and lent support.

We proceeded. At that time, the operation required a sizable upper abdominal incision, a wound that meant a painful recovery for our patient. Minimally invasive surgery was still some years in the future. We made the necessary cut and entered his abdomen. Happily, most of us are pretty much alike inside. We found nothing unexpected and easily identified the swollen, inflamed gallbladder. We very carefully divided its blood supply and connection to the main bile duct. Avoiding damage to the latter was key. Our actions and movements felt wonderfully familiar and well practiced. We finished by dissecting the gallbladder free of the liver and removed it. Everyone at the table let go a faint but audible sigh. We closed and it was done. All involved maintained appropriate gravitas, but mentally I did a little jig.

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My boss was a strong man and withstood the discomforts we inflicted, things we thought necessary for recovery. He was a good and compliant patient for the first two and a half post-operative days, and during that time, I was in charge. Then the more usual balance of power resumed. He announced he was going home, not an easy feat with a big upper abdominal incision. I had little choice but to let him go. He was tough and I trusted his knowledge and survival instincts to get him by. Never mind that he went to see the first "Ghostbusters" movie on the 5th post-op day. Later, he related he thought he broke an internal stitch laughing. I was never to see about that stitch. He declined post-operative follow-up.

His role as patient was over; he was once again the boss. In a few days, he resumed his usual busy schedule. As it should be, the whole episode was soon forgotten by virtually all involved, except for him and me. Inside this blip on the radar was a host of memories and an extra bond we shared henceforth. We developed a close relationship that culminated ten years later when we reversed roles and I became chairman of the department. He continued to provide sage counsel and support for many years.

As the circle of life might predict, nearly three decades later I developed gallbladder problems. A younger colleague relieved me by removing the offending organ. Happily for me, he used a minimally invasive surgery approach. The operation was routine. However, my surgeon's wife confided later, "He thought it was a big deal!" ◆

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