

2021 The Art of **SURGERY**

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"To dwell on the past is to lose an eye.
To forget the past is to lose both eyes."

Russian proverb

"Between me and the other world there is ever an unasked question:
unasked by some through feelings of delicacy;
by others through the difficulty of rightly framing it all...
How does it feel to be a problem?..."

W.E.B. Du Bois, *The Souls of Black Folk*

"I had no time to hate, because
The grave would hinder me,
And life was not so ample I
Could finish enmity.
Nor had I time to love; but since
Some industry must be,
The little toil of love, I thought
Was large enough for me."

Emily Dickinson

Waiting **TO BE SEEN**

CHARLES A. HARRIS, MD, FACS

It was a windy, cold winter night in Roanoke, when the 48 year-old doctor felt the first serious cramp in his right upper abdomen. He tried to dismiss it as possibly an abdominal muscle strain from lifting some wood boards the other day while trying to help with the hospital he and some fellow physicians were building for the care of their people. But this pain was getting worse, not better with rest, and the onset of nausea with a low-grade fever let him know he could not dismiss it any longer. He pulled the reins to stop his horse-drawn carriage from their homeward destination, drawing his cloak tight around himself as he felt a chill. There on the road, with the snow falling on him, he thought back on the several similar milder pains in the same area over the last several months, and he recognized the clear possibility that he may have acute cholecystitis; a diagnosis he had made in others many times during his years of practice. If it was simple biliary colic, he could tough it out; restrict his diet. But this pain was becoming unrelenting, signifying an impacted cystic duct or even a possible common duct stone which meant he would need surgery. As independent as he thought he was, he could not operate on himself. He would need to change direction and get to a hospital for help.

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"RESIDENTS, 2018"

PHOTOGRAPHY BY: MAX MENEVEAU, MD



NO FEAR

RYAN TRUITTE

No fear The intent is clear	Peace in sweat Feels like roulette	The sun appears I have no fears	Each daily trip Our roles to flip	The light ahead I focus instead
The world is gray My mind astray	Vision clear I have no fear	Waves on a beach What can you teach?	Here and now The crowd to bow	M.D. to be Set myself free
Clouds of dust These goals might bust	Caffeine high Cloud in the sky	So much to do Deep ocean blue	Each step forward My ship aimed shoreward	I shall not veer FOR I HAVE
Lost in sound The world around	Thoughts on my mind Start to unwind	Green fields afar I lift the bar	Duty bound Close friends around	no fear
Quite alone Scroll though my phone	With every step Feeling inept	Internal courage Won't be discouraged	Chasing dreams harsh study regimes	

NO, YOU AREN'T GETTING THE CONSOLE BACK | RENEE CHOLYWAY, MD



RETIRING FROM SURGERY

CHARLES A. HARRIS, MD, FACS

*“What’s the long face, what’s all the crying for
Didn’t you expect it when you opened your door...”* Bruce Hornsby, *The Show Goes On*

Medicine and Surgery from the very start command a commitment to the long game. We signed on for the long haul—med school, residency, ABSITE, licensure, board certification and re-certification, CME, 80-100 hour work weeks, teaching med students and

residents, in addition to administrative duties as department chair, chief of staff, quality officer...

Surgery, our jealous mistress, competes for every waking hour of our day. But the real seduction is the pure “joy of a thoughtfully planned and precisely executed operation” giving the people who have come to trust us the best chance of a good outcome and a better tomorrow. The good

feeling in our chests is its own reward, and compels us to keep on going. The years fly by and before you know it, you’ve just taken your last recertification exam, and you’re talking to patients whom you’ve operated and followed up for breast cancer, and colon cancer for the last twenty years about scheduling their next annual appointment and it’s then you realize that they will have to see someone else, because you’ll be out of the game.

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Never get to the place where you're told to retire. We don't have to be told. We know when it's time, if we're honest. When walking down the hospital corridor to the ER, there is a certain weariness that you can't shake. When we're tired of hearing the sirens, the Code Blues, the phone calls in the middle of the night... it's time.

Then there is the other part of your life; those who you love waiting in the wings all these years, who have gotten the short shrift of your life as you've missed recitals, ball games, dinner dates, and birthdays, so that you could take care of other people's children, husbands, wives, mothers, and fathers... This is the time they've looked forward to having with you, in hopes that you have saved something of yourself for them. Don't wait until there's nothing left for them to do except turn you in your bed, or help you to the bathroom.

Lastly, take the time to reflect and remember with gratitude the incredible privilege we have had as surgeons. Our daily dance with the extraordinary in the company of skilled and gifted people whose sole collective focus is to help someone get better is the honor of a lifetime. It has been exhilarating, it has been exhausting, and at times emotionally draining, especially when we remember those who were beyond our meager means to help, yet who left their mark on our lives, if only to remind us that none of us live forever. The amazing grace some of them demonstrated as they made the transition to the next world left us impressed that there is more to life than what we see.

“The show goes on, as the autumn's coming
And the summer's all gone.
Still without you, the show goes on...”

It's been a good run.

WOES OF A SHORT SURGEON | RENEE CHOLYWAY, MD



Pandemic Thoughts

SPECIALIST GUILT

VICTORIA VASTINE, MD, FACS

I recently heard a friend and plastic surgeon colleague use the phrase "specialist guilt" – a sense that I am not doing enough, not on the frontline, yet still being praised as a healthcare worker during the COVID-19 pandemic.

On March 16, 2020, based on the recommendation of ACS, ASPS and the CDC – as well as the exponential accumulation of cases in Virginia in one week – I decided to cancel my nonessential schedule before my hospital made the decision. My stress skyrocketed that day. Forty-eight hours later, the hospital also suspended nonessential surgery systemwide.

Initially, I was energized with the surgeon's tendency to assess and plan – along with a desire to execute. I switched into my past military training and trauma/mass-casualty mode and focused on a desire to create a separate minor trauma pathway to bypass the emergency department.

This was not approved, so I found myself without purpose or goals. I stayed engaged with hospital leadership calls and virtual visits. I took call as always, but had only one consult in six weeks, as people simply avoided the emergency department and those who did present were taken care of by department staff.

I felt the need to do something, so I reached out to my daughter's engineering teacher to ask for face shields and donated money to have him manufacture 25 face shields for myself and colleagues. My daughter assembled them, and I gave them away to fellow plastic surgeons across the country and surgeons at my hospital. I made masks for my family to occupy my hands.

I had unprecedented time on my hands, but nowhere to go. This was my longest stretch without operating since my maternity leave with each of my children. Even then, I only took two to four weeks each; this stretched to 6 weeks completely off and my schedule is still not normal a year later. I appreciated the extra time with my family. I relaxed after the first week and exercised more, but my diet was very unhealthy, as if every day was a vacation – for a month. I finally realized that I couldn't keep doing that and reverted to better food choices. Yet, I still had trouble sleeping.

“ I was surprised by the significant amount of stress I felt when it came to making decisions for my patients, my family and myself. ”

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My oldest daughter was considered essential and unable to do much from home, so she continued to go into her office almost every day, which worried me. My second daughter was furloughed from work, but since she was living at home, we didn't have to worry about her living expenses. I relied on her to keep myself active as she is my running buddy. My son was traveling on his gap year and had to return home early in April, shortly after the Canadian border closed. Although he traveled without incident, we worried about the process, and then quarantined with him for two weeks.

I watched my youngest child as she dealt with the disappointment of her senior year in high school cut short and grieved my own loss of a traditional celebration for this milestone. Of course, in the face of the pandemic and significant loss of life, this seemed selfish.

I was stressed by my inability to do anything other than let life flow around me – powerless to change the course of the pandemic, stressed by my lack of contribution to the frontline response, sharply cognizant of all of the knowledge that I once had that would have allowed me to step up and care for people – and now forced to the sideline.

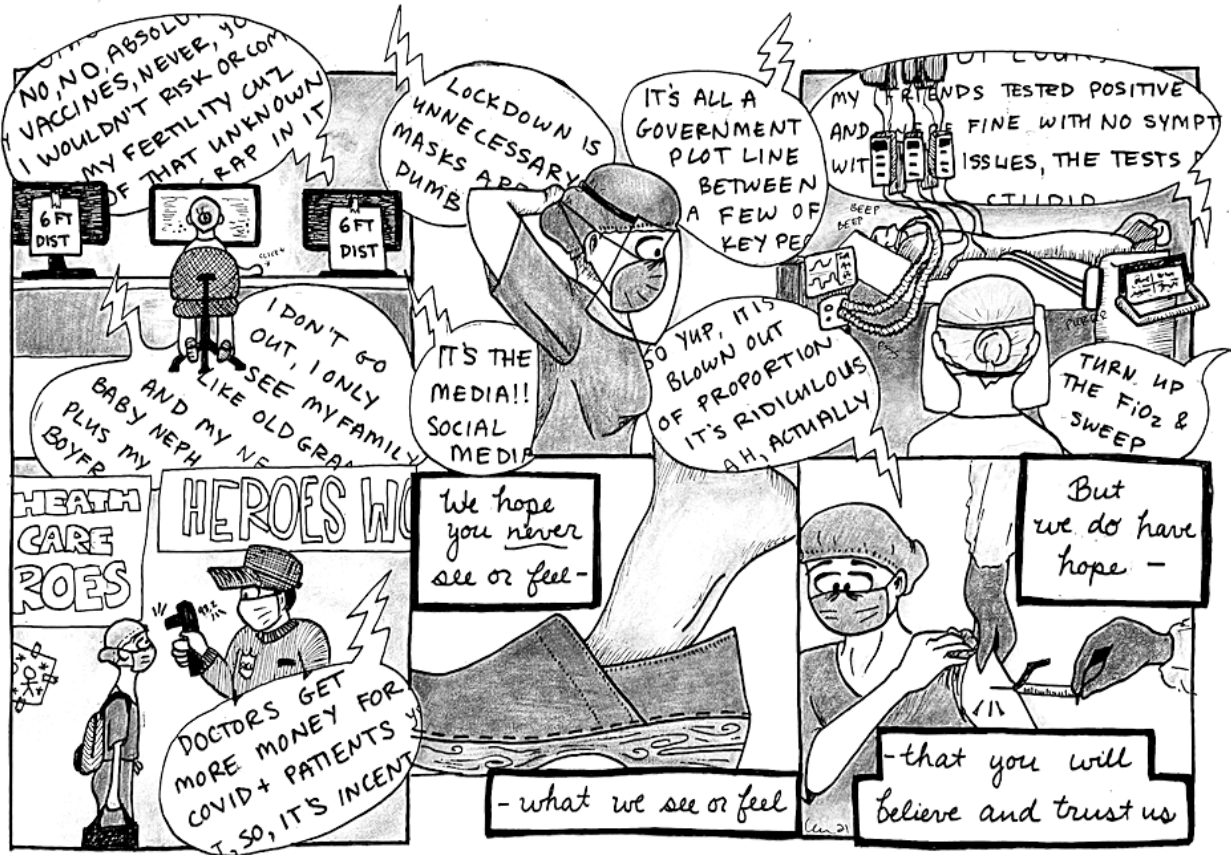
In the past, I believed that while I was proud of my education and training, it did not define me. I enjoyed my career and felt like I made a difference in people's lives.

Yet suddenly, I found myself "nonessential" at work, and questioned my role at home as I had no control over this situation.

I worried about finances yet was relieved that as an employee, I was not responsible for paying my clinic staff (just not guaranteed a salary myself). I watched as so many colleagues struggled with decisions to furlough employees and shutter their practices. I rejoiced as these same colleagues applied for and received PPP loans. I found support and laughter and a great sense of strength from my group of fellow women plastic surgeons. Hundreds of us stay in constant contact, and while our individual circumstances may not be the same, we understand each other and can be ourselves.

I am amazed by the tireless efforts of my friend, then ASPS President Lynn Jeffers, MD, MBA, and those of the ASPS staff to support the members of the Society. I felt comforted and supported by the ACS as they tried to help navigate an unknown path with consensus guidelines as they marshaled resources across the country. I am humbled by the strength of other friends and colleagues across the country struggling against this pandemic in their unique ways.

A year later things are still different. I am vaccinated but, only half of my parents are and my husband and kids are not. While the science is amazing, there are still questions as to the future of this virus. My life is still somewhat on hold, but we are moving forward and trying to adapt. I believe in my immediate sphere we will all endure, but that is definitely not true for everyone, or every physician or surgeon. Even though we may survive, I know we are all permanently changed by the pandemic – each in our own way.



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Waiting **TO BE SEEN**

But in 1914, in Roanoke, Virginia, there were no hospitals that took care of black people, which is why Dr. Burrell and his colleagues were building one out of a two-story house originally used as a prep school for boys. It would have ten beds, two operating rooms, staffed by nurses and doctors trained at Howard, Meharry and Leonard Medical College in Raleigh, North Carolina, where he had graduated in 1893. It would be a great resource for the 11,000 black folk living in Roanoke at that time, but sadly, for him at this moment, was still too far in the future. He needed help now. The next wave of pain caused great beads of sweat to form on his brow, while he doubled over with an involuntary groan that made his horses uneasy. He had to try. He drove to the Memorial Hospital downtown in hopes that his status as a fellow physician might cause them to make an exception to their usual policy.

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He pulled up his carriage to the Emergency entrance and walked slowly, haltingly to the door and pulled the door bell. After what seemed an interminable wait, the door opened partially to prevent the inrush of the cold air. "Hello, boy. Whatchoo want?" was the irritated greeting from the door guard.

"Hello...My name is Doctor Isaac Burrell... and I am in need of surgical care." He spoke in slow deliberate phrases, pausing to recover from the waves of pain. "It is my professional opinion... that I have acute inflammation of the gallbladder... and I am inquiring... if it is possible... that I could be seen... by one of your surgeons,... as a professional courtesy."

The guard seemed visibly moved by the obvious pain of the black man and his eyes seemed sympathetic. "Ahhh,...okay. Lemme get my supervisor.. You wait right here, understand?"

Dr. Burrell shivered in the cold as he waited outside for the guard's return, and pulled his cloak tighter around himself. He wondered as he waited if they were up-to-date on the latest treatment. Cholecystectomy had been the new standard of care since 1892 in Europe and surely the surgeons here in Roanoke would be able and up-to-date in their care. More importantly, he wondered if they would even treat him at all. He could only hope.

He pondered if the day would ever come when he would be simply treated as a man. Why were we always seen as "a problem?" he mused. What was so hard with treating us as any other human being? Young Isaac had hoped, as he had toiled upward through the night in medical school; burning the midnight oil pouring over Grey's Anatomy, that his command of his craft would allow him to take his place in society as Dr. Burrell, where he would be seen alongside the other physicians who had come before him. But reality is a hard schoolmaster, and he had learned from the recent Civil War that men are not governed by the transcendent eternal values of Heaven but rather by the temporal ethics of the times. The words of P.T. Forsyth rang true as he recalled them; "If within us we find nothing over us, we succumb to what is around us."

The guard shortly returned with a stern-faced taller man who, without even listening to Dr. Burrell, proclaimed "Now listen here, boy. This hospital is for whites only and there's no way we can take care of your kind here! I've talked with our doctors and they say that the closest place for you is at Freedman's Hospital in Washington, DC. It's about 220 miles from here; 'bout 5 hours by rail, but the train goes right by the hospital. Quesenberry here will help you get on the train. That's about all we can do."

Another seizure of pain struck at that moment and caused the doctor to double over, followed by a wave of nausea. Even the tall stern-faced man softened to see his anguish. "Let's get him on his carriage and carry him to the rail station, Quesenberry."

Take one of our mattresses with you.

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They laid the doctor in the back of his carriage on a mattress and drove through the lightly falling snow to the railway station. He was starting to lose consciousness; whether it was from fatigue or shock, he could not be sure. He overheard the conductor talking with Quesenberry, "Put him in the last baggage boxcar; you'll have room for your mattress there. We'll wire ahead to D.C. that he's coming."

"Please... get my carriage back to my address; my wife, Margaret, is there. Let her know..." the doctor pleaded as he faded from wakefulness.

His thoughts were rocked to the rhythm of the rails as the train lurched forward. Different parts of his life passed from memory into the present like a slide show. Nostalgic olfactory memories of the honeysuckle in the morning air on his father's farm in Chula, Virginia where he'd been born in 1865 returned to him now, and soothed his fevered brow. He was born a freedman, a child of Reconstruction, when a new day had arrived for the former slaves. Congress had passed the Civil Rights Act of 1866, with ratification of the Thirteenth, Fourteenth and Fifteenth Amendments, and the expectation of possibilities was an invigorating elixir of hope for tomorrow. "What do you wanna' be when you grow up, L'il Isaac?" his Mama had asked him. "I want to be a doctor, Mama! I want to be a doctor and help our people." He would never forget the smile that beamed from his mother's face in response to his declaration. "Yes, you will, my boy! Yes, you will!" as she clapped to applaud her approval. Just a few years before, when his parents had been slaves, such an aspiration would have been seen as a foolish pipe dream. But in 1893, when he received his M.D. from the Leonard Medical College of Shaw University in Raleigh, North Carolina, that dream became reality. He came back to Virginia as a doctor of medicine, despite lucrative offers to practice in North Carolina, and next to his office, started a pharmacy, which would become the largest black-owned pharmacy in southwest Virginia, not to mention the doctor who was the pride of Chula. That's what the Civil War had been all about and Dr. Burrell was the fruit of that sacrifice, they told themselves.

Another bone-breaking chill followed on the heels of a fever spike and nausea began again. He could feel his pulse rising as his heart beat rapidly in his chest, and he knew he was feeling the pernicious effect of mounting sepsis. Antibiotics wouldn't be available for another thirty years, neither would IV fluids. The only hope in 1914 was removal of the offending organ by surgery and for Dr. Isaac Burrell, that help was 220 miles away.

The clickity-clack of the train wheels on the tracks had a hypnotic rhythm that lulled him back to sleep; his only refuge from the torment of his illness and the cold wind whistling through the boxcar. His wife's face came to his mind as he thought he smelled her perfume. Her large beautiful eyes; those patient long-suffering eyes that had seen him through thick and thin, were a source of comfort to him now.

She would worry and he wanted to spare her that.

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“Oh, Margie,...Margie.”

He was whispering her name in his delirium as the attendants from Freedman's Hospital lifted Dr. Burrell from the mattress in the baggage car onto a stretcher and carried him in their ambulance wagon to the hospital. The attending surgeon just shook his head as he appreciated the jaundice, fever, delirium, hypotension, and right upper abdominal tenderness of "Reynold's pentad" indicating a common bile duct stone with ascending cholangitis and septic shock. "Ready an OR, stat!" he commanded. They rushed him to the operating room for cholecystectomy and common duct exploration, but the surgery proved to be too little, too late, and the good doctor succumbed that night to multiple system organ failure due to overwhelming sepsis.

The family made arrangements for Dr. Burrell's body to be brought back those 220 miles to Virginia by train, the doctor now oblivious to the rhythm of the rails. News of his tragic death made the Roanoke Times. He would have been 49 the next week. Reading the obituary, Quesenberry, the door guard at the hospital who had placed him on the train, remembered the kind eyes of the black man that they had unceremoniously dispatched that cold wintry evening, and was struck with a momentary sadness as he finally recalled the man, seeing him now for the first time. But the story doesn't end there.

The hospital Dr. Burrell and his colleagues were building went on to be completed and there was at last a hospital in Roanoke, Virginia for black people to be treated, and which had been named Burrell Memorial Hospital in his honor. "Take care of people as you would any member of your family!" he had told his staff. And that's what they did.

Dr. Burrell's legacy continues to this day. There was a critically injured woman who was being transferred from Lexington to Roanoke, but her health was failing fast during the long trip. Recognizing the critical decline in the condition of their patient, the medics diverted to the nearest hospital, Burrell Memorial. As a white lady, she was not supposed to go there. But the doctors at Burrell saved her life, and after she had been stabilized, they began arranging for her transfer to Roanoke Memorial as per the original plan. But the patient had received such kind and compassionate care at Burrell Memorial, that she did not want to leave, and ended up staying there for the rest of her care. Such accounts reflect the character, commitment and compassion of Isaac Burrell. He, at last, had finally been seen.

This account is based on true events, although much liberty has been taken to fill in the blanks with imagined characters and subjective impressions where historical data was wanting for the sake of narrative. I take full responsibility for any errors in this regard. CAH