

Life is but a drama.

The first couple of months of our induction as R1 Anaesthesiologists (long and dramatic word to explain what we do) brought us a lot of surprises, stressors and skills. As we treaded forward to a bright and exciting future, we were a bit apprehensive. We were a big team for others, but within the department, we were segregated into smaller teams according to the area of rotation, the operation theatres we worked in. There were four major areas of work. The biggest team would usually be stationed at the ACOT, called rightly because of perennially running air-conditioners, giving the surgeons the guts to repair or remove guts, quite literally.

Then, there was the Orthopedic operation theatre where bones were replaced, misplaced, broken and mended 24/7. The ENT or otorhinolaryngology (tongue-twister, isn't it?) OT was strategically placed on the other side of Ortho OT to allow for dilution of the noise coming from the hammering and drilling, also allowing for the intermingling of the teams from both sides as well as their food and treats. ENT surgeons would welcome anyone with bad nose, bad ear or bad throat and fix them, but only during office hours. That was the beauty of working here. The Ortho Anaesthetist team and that from ENT mutually also looked after Ophthalmology OT which was not very frequent and not very exciting. Some of us would also get the life-time opportunity to assist in electrocutions (that was probably the most eccentric job for us). And

finally, the birthplace of births, the 'push, push, push' department – Obstetrics and Gynaecology- the haven for beginning or end of all new life).

The operation theatres were abode to some amazing characters. I would like to compare it with the zoo. There were the diligent horses and zebras, there were the gluttonous hippos, there were the chatty cockatoos, there were cute bunnies and penguins and ducks, there were the cunning jackals and hyenas, there were the commanding elephants and giraffes and a lot of wild cats and wise owls. It was just the perfect place to learn survival skills.

I began my journey in ACOT (surgical OT). A typical day would begin with putting intravenous lines (a skill that anaesthetists are known for) in all the patients posted for surgery for that day. While one of us took all the swearing from the old uncles with big hydroceles and hernias, the other one would prepare the anaesthetic trolley, prepare and label emergency drugs, check whether the sleeping gases were adequately stocked, oxygen cylinders checked and placed where they could be seen, procure suction often getting beaten by the surgical colleagues, and plan for breakfast. This was a morning ritual passed down by generations. Very early in my tenure, I realized that there were two persons that commanded our absolute respect/flattery if we were to survive our times in ACOT peacefully. The Recovery Nurse was our primary companion through times good or bad. She not only controlled our supplies of cannulae, papers and monitors but also acted as our eyes and ears in the department. There was this huge register that she used to maintain for us

which looked like a historical preamble of the House of Lannister in Game of Thrones. I absolutely loved putting all the patient entries in there (good handwriting practice). Renuka Sister, our friend in need, only when she considers you a friend though. She was our best mate when it came to people-pleasing and early warning of climatic changes (tsunamis and tornadoes) in ACOT. She was befriended by most of my batchmates and she even had her favourites (I may have been one of them!). She helped us deal with the patriarchy and sometimes saved us from major troubles. We shared numerous cutting chai over gossip at odd times (I was the first to arrive and the last to leave, almost always!).

The second person, who I didn't know existed for a long time after joining, who made our lives bearable during the most pressing times was the ODP

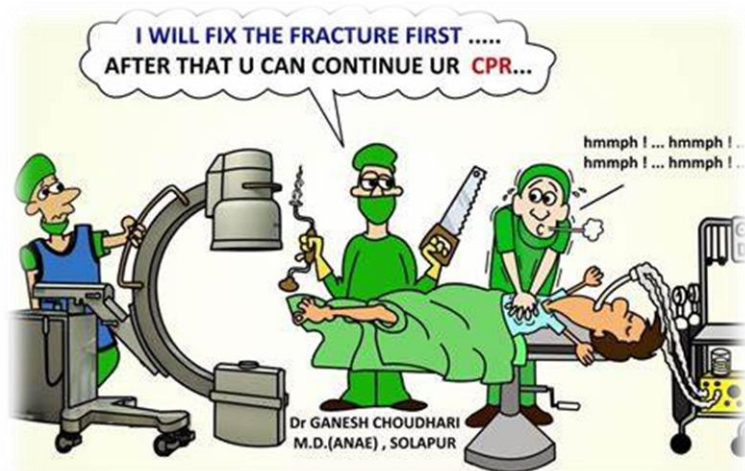


(Theatre Assistant). This one would appear rarely but at the most needed times to save our asses from catastrophic diarrhoea. He was the technician who helped with the machinery in OT, oxygen cylinders, analog ventilator (Yes, there is such a thing!), and big suction machine (looked like a vacuum cleaner from chor bazaar in Mumbai). After using help from this couple (and I mean a real-life couple), we would finally be prepared to welcome the seniors and the rest of the team to the OT. No morning ritual in India can be complete without chai. So, a cutting chai and may be an extra shot for the long day ahead.

There were some nice and some 'verry nice' consultants in Surgery Department we came across. One consultant needs a special mention here. He was usually despised by his colleagues for being slow, despised by our team for being very demanding, but I absolutely adored him. He strived for perfection and I loved the way he closed the incisions. His were definitely the longest operations but there were little distractions that ironically kept us engaged. We would chat about poetry while he performed the complex surgeries. I was always up for a chat even if it meant that the patients' guts needed spurting with normal saline for hours by my surgical colleagues and the swearing look on their ever so tired faces. There was so much to look at in ACOT whilst standing there with one hand on the patient's pulse and the other playing music in the air. I particularly loved looking at the clock, the labels on the pre-filled syringes, the bobbin on the oxygen delivery device on the anaesthetic machine, the faces of our seniors when they were called outside by the bosses to relay

the latest headlines from inside ACOT and when they were caught sitting idle (which was not very frequent), by the junior bosses coming in for an untimely stroll. 'Why is your hand not on the patient's pulse?', 'You don't deserve to be an MD.' We often heard these reverberating through the translucent peeking windows while washing the laryngoscopes at the scrubbing station. This was when we did not rely on the monitors for the one and only thing they were meant for, monitoring!

The Orthopedic OT or Ortho OT, was a different world altogether. Unlike the scandalous silence of a usual operating theatre, this one was deafening. Nails and screws, hammers, saws and drills, it was like a workshop. We would be welcomed by the stench of boiling theatre gowns which were practically their most precious resource – quite like PPEs in today's time. We would have to enter a duel with our ortho colleagues to get ourselves some dignity-preserving theatre gowns for anaesthetic induction. The number of patients with broken bones was humongous. It would make me think, where do they get all these injuries from? Falls? Accidents? Fights? Dandiya? Gujarat has been a dry state, so why I smell alcohol when I enter for pre-anaesthetic assessment of these patients.



Anyway, our job was to curb their agony while our well-built and heroic orthopedic boys fixed their broken pieces. Occasionally, complex spine surgeries would be conducted at the same pace as casting a fractured leg. It was astonishing. With antiseptic measures close to none, the sepsis rate was miraculously low and most patients had a very short stay in the hospital. Her immunity or desi ghee – difficult to say. Something that was also different about ortho OT was the skewed gender ratio. It was an all-male team where glamour only came flying on the wings of Anaesthesia Department. The ‘SHISHI’ girls were always warmly welcomed-literally in the warm theatre gowns just fished out of the giant autoclave machine. All the ortho colleagues were my MBBS batchmates- the highly intelligent lot who were also the top rankers in the mcq test for post-graduate seats. I, somehow, empathized with them seeing them do the petty jobs. But there was one, the epitome of nepotism, who managed to escape all this and got only the cream and butter. Good man, no grudges!

Just being honest. The senior orthopods liked arguing, And we were always up for a counter-argument. No one messes with the Anaesthetist Females (What my dear friend Ankur calls us all!).

In a world far far away, there were two sister OTs – like, literally – Obstetrics and Gynaecology. Gynae OT was the cleaner, cooler and calmer one than the Obs OT. Depending upon the teams and their mutual understanding, it could covert from a calm ocean to tsunami in no time. The final word would always be ours though. But for our colleagues from the OBG department, we would keep it going. These people would have been up all-night delivering babies in the labour ward, administering medicines and examining patients in the wards, and still turning up for theatre duties early in the morning. Salute to these heroes. My dearest friend Ekta, now a successful consultant, survived her R1 time on chai and Parle-G biscuits. The Obs OT was a war zone. It was always nerve-wrecking, adrenaline-pumping, cortisol-elevating and blood-thirsty. Caesarean sections, ectopic pregnancy procedures, D&Cs were the kind of surgeries that were always unplanned and emergent. They needed quick thought and quick decision-making. As R1, we initially, were involved in only the preparation bit, but as we grew in



confidence and became more skilled in giving spinal anaesthetics, we were given the opportunity. However, there was no margin for error. Two lives were at stake always. Despite the stressful circumstances, the nurses were absolutely lovely. Many are still friends. They helped us prepare and wrap up after the procedure. We would sometimes gossip while sipping chai in the free hours. The consultants of OBG department were among the more arrogant lot. They were so extremely experienced that they would never take 'no' for an answer and would often get into arguments during procedures. Sometimes, there were internal conflicts within their team that needed us to intervene and call for truce. There were some moments of fun too. Ketamine and pregnant ladies were the main ingredients for some worktime laughter.

The last but not the least, was ENT or Otorhinolaryngology (tongue twister again!) OT. Strategically located on the same floor as ortho OT, it was serene. They would mostly do elective procedures- the occasional dangling tonsils removed or chronic conditions of the ear tackled. The only time when the ENT OT turned upside down was when a toddler would swallow a coin or inhale a peanut. It would be a grand event. The whole team would appear asap. The procedure done in minutes and after plucking the peanut remnants via a bronchoscope or coin via an endoscope, the environment would calm down. Somehow, bronchoscopies in kids defined the degree to which our emergency duties would be doomed. For all other procedures, we would be accompanied by

our seniors R2 and sometimes R3. This would be the only time when the presence of the bosses would be compulsory- happiness shattered.

One more ritual that wasn't very kind to our pockets, was the celebration of our achievements as the junior most doctors in the team. So, every time that you did a new procedure, the party is on you. And this time, it's much bigger than gathiya, fafda or ghugra. It would be exotic dishes from Aram literally drilling a whole in your bank-account. We started getting salaries, so thanked God for that. Despite the financial trauma, it was still an enjoyable experience, especially thinking of the bright future when our juniors would arrive.



