

2014 EAST Oriens Award – This is Why I Want a Career in Trauma

Resident Winning Essay

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“Think Claudia! Think,” the surgeon implored herself. Polished steel instruments flashed from her hand to the resident’s. I pressed my weight down further atop the rent in the patient’s IVC, the blood welling up from deep within his abdomen. It coursed across my gloves in bright red rivulets, warm and sticky, spilling on the floor. I watched as his body slowly disgorged its precious fluid across the surgical field, across me, and across the floor. It was a drug deal gone bad. His injuries repaired, we left the OR and shuffled to the ED as he was whisked to the ICU. I sat down in my scrubs drenched in sweat and adrenaline and still couldn’t believe what I had seen. But that was only part of the night.

I had come in on a lark. I was three months into medical school and didn’t know what to expect. The trauma surgery group taught our anatomy class once a week and had made a passing offer for us to shadow them anytime. I was terrified as I walked into the hospital that night. Heck, I didn’t even have a pair of scrubs.

But soon I was off, welcomed into the cloistered and mysterious world of surgery by the trauma team. The patient count ebbed and flowed on the unceasing tide of injury; sometimes busy, sometimes not. Two shootings, a fall, and a scattering of MVCs all washed up in our trauma bay like so much driftwood on the shore.

I was a Paramedic before medical school and had seen a fair amount of trauma. What I had not seen though, was the other side, the hospital side. Slowly the curtain slid back, and the cacophony of the trauma bay began to make sense. The orders, the tools, the baking heat of the room, all of it had a purpose. Likewise, not a person was out of place, not a word was wasted. Nothing else mattered besides that patient, in that bed, at that moment.

The Buddhist monk Thich Nhat Hahn once said, “Life can be found only in the present moment. The past is gone, the future is not yet here, and if we do not go back to ourselves in the present moment we cannot be in touch with life.” Nowhere was that more evident than during the resuscitations.

It was inspiring. It was mesmerizing. It was intoxicating. Who wouldn’t want to be a part of such a cohesive team; to be trusted, to be relied upon, and to do the same for others? When it’s right, it is transcendent.

Our first patient would also be our last. He had fallen from a tree late that afternoon, his quaking 20 year old body still flush with life and vigor as he was rolled into the trauma bay. The CT scan however, told a different story.

Catastrophic. That was how the trauma surgeon described it to his father; the word suspended in air already saturated with sorrow. Nothing more needed to be said. Nothing more could be said. We waited, the family hoped, but nothing changed. We began the ritual of the apnea test.

We gathered around his bed like so many disciples. We stood. We waited. He didn’t breathe. The die had been cast, and one by one we shuffled silently from the room. I turned at the end of the hall as the sun spread its first tentative fingers of light across the hospital roof. There he lay at the end of the hall, still cloaked in darkness, a new dawn forever wrenched from his grasp.

Not every night will be this exciting. Not every night will be this devastating. But every night brings the allure of the unknown and the chance to change a life. And there’s nothing like that in the world.