



Eastern Association for the Surgery of Trauma  
Advancing Science, Fostering Relationships, and Building Careers

**2018 Oriens Fellow Winning Essay**  
**Lourdes Y. Swentek, MD**

BEEP BEEP BEEP BEEP. My 3:00 am wakeup call comes in the form of a loud obnoxious series of beeps. I check the pager. "Trauma Level A. 38 y/o M multiple GSW. ETA 8 minutes." My adrenaline kicks in, my heart starts to race and I run down to the trauma bay. We gown up and wait in silence for what feels like a lifetime. The excitement in the bay is palpable. He comes in screaming profanities and punching the EMS providers as four of them were bringing him down with their full weight. As he is moved to the trauma table, the screaming stopped. There was an eerie silence. The patient has no pulses.

When I quickly survey this patient, he has multiple wounds to his chest, his arm and his abdomen. My first thought: "he can't survive this." My second, more disturbing thought when I first encountered this man punching me out of the way, "I can see why he was shot."

The trauma technicians scurry: grabbing airway intubation kits, chest tubes, and the thoracotomy tray. The trauma orchestra begins and all I can focus on is my knife entering his chest. I release his tense pericardium and my finger plugs the gushing hole in his ventricle. His pulses spring back to life. All around me people were playing their orchestra instruments. A chest tube goes into his right chest, his endotracheal tube is being secured and central access is being secured into his right femoral. Blood is being poured in and his blood pressure is barely hanging on. We arrived to the operating room with a stream of blood trailing us from behind.

We started in his chest while the vascular team came to assist us with his transected brachial artery. Each bite I took I am feeling the energy of his beating heart onto my fingers, causing them to tremble slightly. We opened his abdomen to find several enterotomies that we stapled off. His incision is oozing; I know we need to leave. We package him up for his next trip to the intensive care unit.

"Taylor Bentley Doe" is not an upstanding citizen, he is covered from head to toe in tattoos, and he was not minding his own business when he came into the trauma bay. He was shot five times and screaming profanities while entering the hospital. He spent four weeks on my service for various complications: a prolonged ileus, an intra-abdominal abscess, pericarditis, and severe deconditioning. I saw him every single day for a month—more than I had seen my husband that same month. He was not the man I met in the trauma bay. He was polite and appreciative and kind.

Over the course of his stay I learned that he had a wife and two kids. I would frequently find him coloring Sponge Bob pictures, which I initially thought was some strange form of hospital prescribed color therapy. Later I learned he was sending those pictures to his son to remind his son that his dad was ok and was gonna be coming home soon.

Every time I saw my patient I would be taken back to his trauma resuscitation. It was challenging and fast and amazing and it kept my adrenaline up for days. It also made me change how I thought about trauma in general. I had a pessimistic view of trauma in the beginning months of my rotation: *my patients are all drug addicts, homeless, gang members, or drunks who will keep coming back to the trauma bay with more gunshot wounds or drunk car crashes.* My patient was a gang member and also happened to be on drugs but he was also a good father, a husband, and a son. He deserved a doctor who would take care of him and ignore his cloudy past. He deserved to be cared for just like every other patient.

The story doesn't end with his final discharge home. It ends with a nice twist. Fast forward two weeks later and I find myself at the CVS pharmacy by my hospital. As I turn the corner I nearly run into him.

He had gained some weight back and color to his face. His arm was still casted and he was using a cane for support due to his deconditioning. He had two small kids holding onto him. He gave me a huge smile and a hug. He looked at his kids, "Kids, this is the doctor who saved my life." Four glowing eyes stared at me with such appreciation. I didn't need the recognition or the praise but it felt good to hear him say that. It felt even better to see him look so happy with his children.

My experience with Taylor Bentley Doe as a fourth year surgical resident changed my career path to trauma/critical care. This patient made me switch my fellowship plans completely from heading to a career in transplant to applying to a trauma/critical care fellowship. Although he was not a model citizen, he had a family who depended on him, and I feel like we saved them also. If I ever run into him again I will have to thank him for steering me toward a rewarding and challenging career in trauma and critical care.