

A Lesson Learned

In a Hospital Room

My most memorable code blue occurred when I was a general surgery resident in India. I distinctly remember the night when Mr. N was admitted with an acute abdomen after a motor vehicle accident. Mr. N was taken to the operating room for an exploratory laparotomy and was found to have an injury of the head of the pancreas. The operating team decided to carry out Whipple's operation. The surgery—the first of its kind at our center—took approximately 4.5 hours to complete. Mr. N was then taken to the medical intensive care unit where he stayed for a few days for postoperative care, and later he was moved to the general surgical ward.

A few days after the operation, we noticed some tissue fragments in one of the drainage bags and soon realized that the anastomosis between the pancreas and the duodenum had leaked. We decided to manage him conservatively and hoped that the pancreatic enzymes would not eat away the inferior vena caval walls and lead to hemorrhage.

Mr. N was a farmer who had a large family to sup-

port. While he was recuperating in the hospital, we learned that, in order to bear the expenses of Mr. N's ongoing treatment, Mr. N's family had to sell their farm, their house, and their land, being left with no other means of financial support.

On the 48th postoperative day, we decided to discharge Mr. N because the drainage from the drain site was minimal and we hoped it would heal on its own. The family brought a van to pick up Mr. N in the morning. As he was being taken from the bed to the stretcher to be transported, he suddenly became short of breath and started turning blue. A code was called—unfortunately, all resuscitative measures failed.

On autopsy, he was found to have a massive fresh pulmonary embolus. We had no words to console Mr. N's family, but a valuable lesson was learned. From that point on, prophylaxis for deep vein thrombosis was started on all eligible postoperative patients.

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