

The Art of Surgery and General Mower Mechanics

W. Richard Wrightson, MD

The life of a surgery resident does not lend itself to performing household chores and routine yard maintenance. The summer months are especially difficult, with long hours in the hospital and away from home. It had been countless weeks since my last trek into the backyard. When I could no longer see the top of my Boston Terrier's ears, I knew I could not postpone the task. After two liver resections and an esophagogastrectomy the day before, I decided it was time to put sleep aside and forget about catching up on my reading. I had to comply with the health department warnings of potential rodent infestation and mow my lawn.

I began my work by inspecting the mower and surveying the yard for sticks and debris. I filled the tank with gas and rolled it into position to tackle the waves of knee-high grass. With a pull of the cord, the roar of the engine broke the silence of a Sunday morning. I began to push the mower into the green abyss when I noticed a strange sound emanating from the motor. The engine cycled from low to high speed, progressing close to a stall at the completion of each cycle. With each passing minute, it seemed to struggle more, desperately gasping for air. My opportunity to mow the yard was vanishing as the mower decompensated.

Maybe I could repair it myself, I thought. Unfortunately, the last time I had touched a car or fiddled with any household machinery, it had resulted in costly service fees. Nevertheless, with my growing surgical skills, I could surely fix a simple mower! If I could cross clamp the aorta of a patient with a penetrating trauma or perform an esophagogastrectomy, I had to be able to repair a simple machine. Unquestionably, I told myself, the human body is more complex than a little lawn mower! All I needed to do was apply my surgical knowledge to repair it.

I thought it should be simple. Based on the symptoms, the mower obviously was having a myocardial

infarction or going into respiratory arrest. I reasoned that, had it been an infarct, the mower would have been dead or in full arrest by this point. Yet, the mower continued to go through labored cycles, gasping as if it were not oxygenating. It had to be respiratory failure. With this information in hand, I began to look for some apparatus similar to the lung.

I entered a lateral compartment by lifting a flap of tissue. There, within this cavity, was a spongy, filter-type organ. I elevated it from the wound, noting a thick black exudate throughout. I irrigated the organ copiously with water. Because I felt it was necessary to irrigate it with some of the machine's natural fluid as well, I located some 10-W-30 motor oil and saturated the spongy organ. After I returned the spongy organ to the cavity, I noted no further exudates and excellent "petrolstasis." I repositioned the flap over the organ and closed the wound with a single #20 machine screw.

The moment of truth arrived. I pulled on the cord. No response. A second pull was met by two gasps and silence. After a third pull, the machine began to hum with a steady, regular rhythm. I mowed the lawn and subsequently transferred the machine to the garage in stable condition.

I soon realized that surgery permeates every aspect of my life, providing an array of technical and problem-solving skills. Surgery is an art and a science that envelops us as residents and allows us to distance ourselves from many of the practical aspects of life. Simultaneously, surgery provides a unique perspective on many of the problems we encounter each day. Now, where's that faucet with incontinence?

Dr. Wrightson is a General Surgery Resident, University of Louisville, Louisville, KY.

Copyright 2002 by Turner White Communications Inc., Wayne, PA. All rights reserved.