

Nose for news, but not blood



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In case you hadn't given it thought, there's a reason why surgeons go to school. Years of studying anatomy, physiology, complex physics, that's nothing. When it comes down to surgery where blood, mucus and scar tissue lay waiting to be discovered, herein lies the real test. With head bowed between my legs in between sips of water, this reality came all too clear to me this past week. Taking part in a recent job shadowing experience with facial, plastic and reconstructive surgeon Dr. Robert Gray, with my pen and pad in hand, I was possibly the most unlikely person to meet in a plastic surgeon's office. Still, I followed Dr. Gray into several routine patient

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check-ups, consultations, and surgeries for several hours.

Luckily I was not alone in my role as an all-too-obvious fly on the wall by the addition of Bill Brown, the executive director of Gospel Center Rescue Mission in Stockton.

Both outsiders to the medical industry, I soon learned that was possibly the only thing the two of us had in common that day.

Brown, unlike myself, found the sights and smells of the nasal surgery tolerable.

The surgery was routine. Dr. Gray informed us that the patient had been to see him many times following the removal of a cancerous portion of his nose. In his recovery from the surgery, the patient had developed a sizable amount of scar tissue. During this routine nasal surgery today, Dr. Gray was expecting to open the patient's nose and virtually fish out the scar tissue.

Dealing with scar tissue, he thankfully warned me prior to surgery, draws blood. How much blood, he did not say. But even if he had, I probably wouldn't have believed him.

Never having been one to linger on shows like TLC's "Trauma: Life in the ER," I can't say that blood or the sight of cutting into someone's nasal passages ranks high on my list of pleasurable experiences.

The patient, who was given Novocain to numb the procedure we were invited to witness, was surprisingly conscious during the 45-minute surgery.

Using a cauterizing device to burn away some of the tissue, the room had developed a smell similar to burnt hair. Sounding like a dentist's drill, the doctor's instrument drew an inquiry from the patient about the tool before the patient felt inclined to tell Dr. Gray where portions of his nose had come from.

Like many of Dr. Gray's patients who have been victims of cancer, this patient had had a portion of his ear lobe extracted to fill in the empty crater on his nose left by the removal of the cancer.

Often, dense portions of the ear lobe, thick portions that will withstand the pulling and tugging of surgery, or portions of a patient's forehead, will replace what cancer has taken, Dr. Gray would tell me later.

Dr. Gray's response to his patient's declaration embodied the wit of the young physician, telling his patient, "Well, the ear is the spare tire for the nose."

Following lines carefully drawn on the patient's nose, Dr. Gray cut away at the area, revealing interior portions of the nasal cavity that I hope never to have to witness again.

The job of a surgeon is not for the weak, nor the faint-hearted, which is what would soon prompt me to grab a seat in the waiting room.

There's a certain tolerance to blood and gore that must be part of the reason that surgeons must slave through a grueling six years of intense training, schooling and residency before they are allowed to set up practice. Their experience over those years must build up their resistance to cut into a patient's most sensitive and crucial body parts.

Drawing the scalpel, I thought back to what Dr. Gray told me in a previous interview, about the satisfaction of repairing something that's not working.

"There is a lot of satisfaction in cutting something out and fixing it," Gray said. "As a surgeon, you can either fix it, or you can't. That's the allure of surgery for me."

Observing the precision of each cut, then subsequent wipe of the blood by the nurse, it reminded me that the years spent in school also were to make the surgeon flawless.

Where some jobs allow for room to make mistakes, a surgeon's mistake makes million-dollar lawsuits out of the slightest quiver of the hand.

Luckily in this patient's case, he was under the watchful eye and maneuverings of a board certified, UC San Francisco fellowship member who graduated with a medical degree from the St. Louis University School of Medicine in the top fifth percentile of his class.

His credentials earned in residencies around the country and his lengthy lists of awards have enabled him to not just tolerate, but relish in the challenges that face him daily at his office and on the surgery table.

Dr. Gray, who says what he enjoys most about his job is the challenge, has found a challenge in the surgery today. Taking longer than usual to perform the usually 30-minute procedure, Gray has found more built-up scar tissue than expected and must temporarily delay his incoming appointments.

Now 20 minutes into the procedure, I find myself becoming light-headed with the warmth, smell, and sights of the room.

Moving into the waiting room, I wait along with the rest of his hour's patients.

Soon, I see the patient returning from his operation and I head back to the doctor. By the time I catch up with him, he has changed back into his suit and tie and is ready to see patients. The past surgery went well, he informs me, though the delay has set him back a few minutes.

These delays and unexpected circumstances are part of dealing with people. Often, Dr. Gray informs me, things come up unex-

pectedly, such as a patient's x-rays not showing up, which is another challenge he has had to deal with each day.

As he soon begins taking his next 20 patients that have been scheduled following the nasal surgery, I observe this time with ease.

Seeing patients with enlarged tonsils, hearing loss, sinus and ear infections; each patient's symptoms are different, while the questions are basically the same.

Working like a detective to discover the cause of the pain or infection, Dr. Gray performs the routine with a fresh knowledge of the names of diseases and medications with ease.

While I cut out of the office at 4:00 p.m., I feel almost guilty as I realize that Dr. Gray will be at the office for several more hours, see-

ing patients, diagnosing their problem, and making out prescriptions. And he will be back tomorrow, just as he is five days a week.

His job is not 9 to 5, but rather more like 12 hours a day, he tells me; "living" in his office before he can return home to his wife and two children at the end of the day.

While society views the job of a plastic surgeon as a life of ease: a posh house, nice car, and a pretty salary at the end of the week, it is also a life of tolerance, I believe.

Not only is there a tolerance to viewing what is buried under the skin, which I realized all too soon is buried for a purpose; but, more importantly, there is a tolerance to sacrificing your own quality of life in an effort to improve and beautify the quality of life of others.