

Cric

By C. Alessandra Colaianni

When the call comes, I am seated on my couch, eating – it will soon seem impossibly decadent – blueberries and cream. When the call comes, I have been home from the hospital where I'm doing my fellowship for an hour, have had time to remove my soiled scrubs, feed the cat, scrounge a meal from the depths of my refrigerator, and put on my partner's soft T-shirt bearing the name of an esoteric Canadian indie band. When the call comes, what I hear in the resident's voice is uncertainty in the extreme. *I've got a bad situation here, says the resident, I'm not sure. I know you're not on call tonight but I know the attending who is would want no part of this.*

I hear myself say, *Why don't I start heading in and we can figure it out together*, as I open the drawer and grab a fresh pair of scrubs. *That would be great*, he says, and his relief, probably premature, washes over me too. I feel calm, a novel calm, even in the face of this uncertainty. I remember how it felt, during residency, to have the person on the other end of the line not question me, not put up a fight, but to hear a call for help for what it was and just come in. I remember once when I was in my third year, telling the on-call attending about a patient who was struggling to breathe, who I thought needed an emergency tracheotomy, and hearing the attending say, *let's not make a stable situation unstable*. I remember hanging up and calling another attending who heard the panic in my voice and said *let me figure out who I can leave my son with, I am on my way*, and who, gracefully, once we were in the operating room, repeated my exam on this struggling patient, looked me straight in the eye, and said those five beautiful, merciful, validating words, *I agree with your assessment*, just before we cut the patient's neck open and saved his life.

I call my pregnant sister on my quick drive to the hospital. *You have the craziest job*, she says. *Do you need a pep talk?* *All good*, I say as I pull into a parking space. *I love you*, she says, *go get 'em*.

Facts of the case are sparse and mystifying. The woman was driving cross-country with her husband. Her heart stopped, nobody knows why. Her husband pushed on her chest and called an ambulance and got her to a nearby hospital. At that hospital, they tried to put a tube down her throat and failed, and she was dying, and so someone stabbed her in the neck to try to Establish An Emergency Airway. This is called a cricothyrotomy, cric for short, and to do it you feel for the thin membrane between the thyroid cartilage and the cricoid cartilage and cut an opening into the windpipe. It is harder than it sounds. The individual who tried to Establish The Airway was doubtless well-intentioned, but managed to put the scalpel straight into a blood vessel in the woman's thyroid gland instead. Another person did succeed in putting a breathing tube down her throat, and in that condition she was deemed stable enough to transfer to our bigger hospital. But now in addition to whatever problem caused her heart to stop she is bleeding from her neck. *They put a stitch in but it's not doing anything*, the resident had said over the phone. *I push on her neck and blood just pours out. They aren't sure if she is stable enough to go to the operating room. I'm not sure what to do.* The woman's husband just kept driving once the ambulance took her away.

I remember a gathering years ago at a cabin on a river, attended entirely by resident physicians from different specialties. One resident asked me how many emergency airway surgeries I'd done. *I'm signed off on crics, I can officially do cricothyrotomies solo*, he bragged, leaning down and putting his face in my face. *I aced the module*. They'd been required to do some simulation, stabbing scalpels through pig throats to Get A Feel For It. I imagine the room, full of eager trainees, suffused with that same awkwardness I feel demonstrating CPR on rubber dolls. Shouting "Sir, are you okay?" at a motionless mannequin, getting credit for calling for help. For the rest of the weekend when he greeted me he would yell, *Cric me, bro!* at the top of his lungs.

The woman in the trauma bay is short, with square shoulders and square hips. She has tubes coming out of her mouth, her groin, her neck; her skin is gray. She has a mastectomy scar and a C-section scar and now I know some things about her life. Her neck is swollen and bruised, with an incision the size of my thumbnail that has been halfheartedly closed with a black silk stitch in a figure-of-eight. I push on her neck. Blood pours out of the stab wound and her neck gets a little less swollen. Donor blood in a bag goes into her arm and comes out her neck. *Come take a quick look at her scan*, says the resident.

The radiologist sits fifteen feet away, in a darkened room. On our way we run into the anesthesia team who we have called because the operating room is the safest place to control bleeding like this. The anesthesiologist recognizes me, we have worked together before. *Tell me what you think*, he says, *if you want to take her to the OR we can take her to the OR, I don't know if she will survive it. But I'll do it, if that's what you want*.

What do I want? I want to be sitting on my couch eating the blueberries. I want to have the skills to fix this problem. I want to help this woman and stop her neck from bleeding. I want to climb into a basket of warm laundry and pretend I never went to medical school. I want to make an unstable situation more stable, reversing the entropy that has led us all here, to this night, to this mess. I want the woman's husband to appear so that I can tell him that we tried. I want someone to tell me who she was before this catastrophe. *In my experience*, says the anesthesiologist gently, *when we don't know why someone coded in the first place, it's unlikely that operating will fix the problem*.

But what if the problem now is just this bleeding? I ask. *What if this is the issue that is currently most dangerous to her?* I think but do not say, what if the person who tried to save her life accidentally did the thing that causes her death, and what if I can't fix it?

He goes to examine her while we talk to the radiologist. *She is bleeding from everywhere*, the radiologist says, *her lungs, her neck, I've really only seen this in disseminated intravascular coagulation*.

A tap on my shoulder. The anesthesiologist again. *She looks really bad*, he says, *she looks like she's about to die*.

No OR then, I say, walking back to the trauma bay. I turn to the resident. *If she can't get to the OR we will hold manual pressure on the neck while they try to stabilize her*. He finds me a scissor and I release the useless black stitch. I put my gloved finger in the wound and hold pressure. Her neck stops bleeding. But the anesthesiologist was right, she looks really bad, and soon her heart stops again.

I hold pressure in the wound, tucked next to the armpit of the person pounding on her chest: their hard work, my stillness. My resident suction blood, blood, and more blood out of her endotracheal tube. Her lungs are bleeding. Her eyes are bleeding. Everything is bleeding. She seems, indeed, to be in that paradoxical state called *disseminated intravascular coagulation* where everything is bleeding and clotting at the same time. Intellectually I know that my hand holding pressure on her neck is doing nothing, that she doesn't even have enough blood pressure to generate bleeding anymore, but I stay because what else can I do? *Does anyone have any other ideas*, asks the resident running the code, and someone says, *Bicarb?* They stop after two rounds of compressions. Someone puts an ultrasound probe over the woman's heart and says, *no organized activity*. The woman's gray body. Blood on the floor. *Time of death, 9:03 PM*. I've been in the emergency room, I realize, for less than twenty minutes. The emergency room attending leads a moment of silence that feels formulaic but I feel my face get warm in spite of it. A pause after the storm has come through; we stand together surveying the wreckage. I feel wrung out. Someone says, *Does anyone know how to get abold of her husband?*

The resident walks with me back towards my car. We are both silently shaking our heads. In our specialty, we are not often present at the moment of our patients' death. *I used to scribe in the ED before medical school*, he says. *One time an attending told me that every death he witnessed took away a little piece of him*.

Isn't it strange, I say, *how quickly you can owe emotion to a person you only ever knew as a body*. We hug in the hospital lobby, which feels rebellious in these No Contact times. *Forever indebted to you*, he says, and over my shoulder I reply, *don't be silly. Call me anytime*.

I call my partner, a psychiatrist, on the drive home. *How do you decompress after something like this*, he says, and I respond, *I talk to you!* He laughs. *I'm sure I'm impossibly soothing*. You are, I think, and I laugh too, a needed exhalation. His is the voice of someone who knows me outside of that room, who reminds me that there is a parallel universe where the woman didn't collapse, where I am still on my couch eating the berries. I catch my own expression in the rearview mirror, my eyes are wide, darting, animal.

I can't help myself, on the elevator up to my apartment I check her chart, and it's all just happened, it's still too soon to get the alert message that You Are Entering The Medical Record Of A Deceased Patient. The radiologist has posted her final read of the scan. There are masses everywhere, in her ribs, in her spine, in her brain, presumed to be metastatic from the breast cancer that must have earned her the mastectomy scar. This answers none of my questions about why, how, what. As if those answers would make it better, explainable, explained. As if those answers would preclude the same thing happening to the bodies I know. I will make an effort to sleep, I will take off my scrubs and pick up my soft shirt from the floor where I threw it, but instead I will toss and turn and rise well before my alarm goes off, and I will pick up my computer and start to write it all down. I wonder if anyone reached the husband. I wonder if he's still driving.

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