

Resident's Corner

Surgical residency: A tenant's view

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'To sleep: perchance to dream', is the frequent mantra of the surgical resident. However, unlike Hamlet, there is no ensuing speculation as to what dreams may come as there are seldom any!! Surgical residency has been both vilified and immortalized, but the fact remains that it is one of the most challenging, provocative and vibrant times of one's life. Surgery is one of the few professions where one is given a narrow time slice into our patient's lives, in which we can use our skills to effect good, and ensure that the rest of the pie remains in good working order.

A Quixotean ideal? Residency has been defined as an immortal period where one is suspended in the limbo that gives one the powers to operate, the hindsight to know that one shouldn't have, and the opportunity to learn from one's errors and improve. This does indeed come with great responsibility. Different rotations provide insights into diverse fields, and help one grow considerably.

The neurosurgery rotation provides an interesting (frequently literal!) insight into our patient's minds. There is the local resident alcoholic who will always stumble in (or will be carried in) following the odd pint of beer (never believe this!), which has been guaranteed to shave at least three points off any self respecting coma score! After his requisite overnight snooze, he'll then proceed to loudly reclaim any lost points that may have been dropped post imbibing.

Having acquired the mantle of the neurosurgical registrar-on call, one garners extraordinary scopes into the field of radiology. (Indeed, the radiology registrar should have become your new best friend!) How so? One will frequently be called upon to give radiological interpretation on many CT scans of the head. (It helps to cultivate a sober manner to accompany your pontificating!)

The classic scenario calls to mind a parasuicidal patient observed to have swallowed some poison. A CT scan will frequently be done, and yes, they will require an urgent neurosurgery review, so brace yourself! After a few well drawn out hems and haws, and an educated squint at the normal scan, you can declare the patient surgically safe and free to continue with their medical management. All sensibilities satisfied, you can then chalk the consultation down, to a greater appreciation of the normal, which will help you later, in discerning subtleties on an abnormal scan.

Any self respecting resident knows the set of murphysms that will conspire to guide and focus any operations (read craniotomies) performed by the resident. (For the uninitiated, Murphy, also known as Sod's law, states that anything that can possibly go wrong will!) Under this premise of constants, any bleeding will automatically stop as soon as the consultant arrives (you've woken them up at 3 am!), missing instruments will be retrieved as the consultant arrives, and if there are any mishaps to be made (dropping the perforator, over-enthusiastic drilling etc), they will only happen when the consultant is in attendance (possible performance pressure?)

However tribute needs to be paid to the humour and good cheer that pervades the work environment and the team that manages our patients whether in the casualty, the wards or in our theatres. Many poignant and heart-wrenching moments occur within a practice such as ours that caters to a wide scope of patients. One is frequently faced with the gamut of acute severe head injuries to patients with brain tumours with debilitating or terminal outlooks. These moments may be occasionally discouraging, but may also serve to offer hope, for it is at these moments, that our practice is

clarified. Frequently humour plays a special part in the management of our patients and in our team interactions, which indeed deserves to be commended. Our best example remains our patients, who frequently handle their diagnoses with good humour, charm and a dignity that is humbling to us all.

At the end of the day we have the power to effect change, practice evidence, and do it with good cheer. Now where was that perforator.....