

# MIND TO MIND

*Creative writing that explores the abstract side  
of our profession and our lives*

*Stephen T. Harvey, M.D., Editor*

## Texting under Anesthesia

David Guardiola, Michael Guardiola, Scott D. Cook-Sather, M.D.

### The Patient (age 16)

The morning of my surgery. Oh God. Time for people I have never met to go digging around in my back to pull out a tumor that has been there for God knows how long. I am stressed but don't show it. I use my phone to find a gift for my girlfriend. I am happily absorbed in the search, then sad: I will miss her birthday while recovering in the hospital.

My nervousness returns. And over there are Mom and Dad, tense and uneasy. How bad must they feel right now? Suddenly, an amusing idea. I take my phone and schedule a text message to be sent to my parents well after surgery is underway. This will lighten the mood!

*Okay so u may be creeped out by me texting you and not being conscious.  
Weird things happen. Get over it. Just remember that I love you and I'll  
be out soon.*

### The Father

The day before our 20<sup>th</sup> wedding anniversary we rise before dawn to take our oldest son to the children's hospital. A week ago we received news of a tumor in his spine. Life stops. And now we are in the holding area, about

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Carol Wiley Cassella, M.D., served as Handling Editor for this submission.

From the Children's Hospital of Philadelphia and the Perelman School of Medicine at the University of Pennsylvania, Philadelphia, Pennsylvania (S.D.C.-S.). sather@email.chop.edu

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to say “I’ll see you later ...” He seems distracted, texting away before having to relinquish his phone. Probably writing his friends.

Now he is off. We wait. We take a walk and get breakfast. More waiting. I’m worried—about David, about my wife, about what is to come. More waiting. Another walk to get lunch. Just as we start to eat, we both get a text from our son. I look again at my phone. I look up at my wife. Really, he’s texting us? But I can see his phone in my wife’s purse. What is going on? I read his message and the tears well up. Seconds later another message confirms he did this to crack us up. He figured out how to delay sending us a text message until mid-surgery. When I saw him texting and seemingly ignoring us earlier, he was crafting a message to reassure us. For an instant, I had thought he was talking to us from beyond. I want to kill him and kiss him at the same time. We tell the nurse what he did and she gets such a kick out of it that she goes to share the story in the OR.

### The Anesthesiologist

I meet a quiet patient and family in the preoperative area. In the moment before anything is said, I am taken back some twenty-five years when I was the patient about to undergo surgery for a large, worrisome mass. This quiet is the fear I know well, but I can’t tell my story now. I got relieve; he may not. I am concerned and supportive. I hope that in providing some procedural details, I also offer comfort.

He is safely off to sleep, the intravascular catheters and breathing tube are in, and he is turned prone. The neurophysiologist places electrodes to monitor the integrity of his spinal cord and those nerves in the vicinity of the tumor. The surgeons are operating and we watch for progress. We prepare for potential untoward events. The patient becomes the typical complex array of data projected onto screens. He is here, but he is not here. He is under anesthesia.

Elsewhere the pathologist evaluates the biopsy specimen. We wait in the OR while the beep, beep, beep of the pulse oximeter marks time. The parent nurse liaison enters and reports the texting mischief. The news fills the OR with grins and laughter; the data, metrics and the even the tumor itself all recede. David the prankster emerges! A colleague declares, “hire this guy!” David’s creativity and love move us all.

The initial pathology is favorable, and the final—benign.

### The Patient

As I recover, I am sore and I am happy. My parents are relieved and proud. I learn that they shared our texting story with some of the nurses and doctors caring for me. I tell myself, “Great now everyone thinks I’m a weirdo.” But they don’t. They think I am way cool.