

## "Guidance in the Void: Exploring Urologic Proverbs"

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Everything was going well until the bleeding began. All of the sudden, the operating room's walls, and the patient's body wall, feel as if they're closing in. The patient's heart rate is quickening, or is it yours that you're feeling? The background music drowns out as all senses hone in on the geyser of blood below. A look up to your attending is met with unfazed eyes, silently telling you, "you're the surgeon, what are you going to do?"

*I'm going to get control of the bleeding. Yes. Focus. "4-0 Prolene please!"*

For some reason, your scrub tech hands you the extra-long Castros. The extra-long Castros also seem to be the extra-shaky Castros. *Why do I always get the extra-long extra-shaky Castros?* They never seem to lock or unlock when you want them to. The needle gets twisted so easily. There's no hope of looking slick in front of the medical student you forgot was next to you.

"Hey." Your attending points down at the rising pool of blood, inundating your field. "Are you going to fix that, or not?"

*Those kinds of comments are really not helpful. But yes. Right. Focus. "Yes!"*

Just getting the hole in view is hard enough. Somehow the patient got even deeper in the last five minutes. *Was he this fat the whole time? When did the bowel start bulging in so much? Why is it so hard to see now?* Each needle bite just tears, and the bleeding gets worse. Trying to reposition and find a new angle just becomes more clumsy and awkward. What started as bad has only gotten worse. *Did I just see a drop of my sweat fall into the patient?*

After a long sigh, the attending takes over, and you can see the smirk through the mask. **"Don't lose your exposure...or your composure"**. Somehow, with a few Metzenbaum maneuvers, the field becomes clearer and cleaner. The blood doesn't seem to be gushing as fast. The hole is closed as quickly as it opened. The rest of the case finishes, and the self-reflection begins.

Similar to other surgical mantras, the reminder to maintain exposure and composure serves as a way to refocus during difficult surgical situations. You cannot fix a problem you cannot see. You cannot manage a problem if you cannot manage yourself. Inexperienced surgeons lose exposure and composure quickly. Experienced surgeons often have one but not the other. Master surgeons maintain both, and in this way, tackle the most complex cases with grace. As training continues and experience is gained, I say the phrase to myself in increasingly complicated scenarios. It helps to reprioritize my thoughts and filter out the noise in order to conquer the task at hand. Suddenly, the field gets clearer and cleaner. My confidence builds. The case moves on. And the medical student thought it was slick.