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From Retention to Reflection

Working is more than a job when you realize taking care of people is the call. The middle-of-the-night consultations test your patience and dedication as it can feel like a never ending mountain to climb. Every time the phone rings, there's a looming awareness of the definite tasks that come tomorrow – the full clinic or OR with patients that have been scheduled for months. As I answered the phone yet again, I weighed my options based on the story: “So, he really hasn't voided in 3 days... How much pain is he in? Who else tried to place the foley? Did anyone bladder scan him to know how much he is retaining?”. When met with the somber reality of going in for this, a sigh escaped my lips. As I rolled out of bed and slapped on some scrubs, the next moments were a sequence of managing my thoughts. “This foley better actually be difficult... well, I guess if it's not difficult, I can get back home quicker.” My alertness improved as I got closer to the hospital, and sadly I recognized the time out of bed had already been 30 minutes. I opened the first available computer to look up the patient's name and ensure he didn't have a complicated urethral stricture history. After seeing no previous records, I walked in. I suddenly felt awful for hesitating to leave my house after witnessing his situation. He was an amputee writhing in pain, and it looked like a bloody crime scene from previous attempts at foley placement: strike one to morale. He was a veteran who had been self-catheterizing for years and required dilations in the OR biannually. He hadn't been able to get his catheter in for the past week and was pending an appointment at the VA. This would not be the quick foley placement I'd hoped for: strike two to morale. Although fighting back tears, the patient was appreciative of my presence as he stared with hope filled eyes, knowing I'd end his torture. I fumbled through the limited urology cart to find my catheter options, a 14 French or 26 French coudé: strike three against morale. Of course, the 14 French coudé was unsuccessful, and a bedside suprapubic tube seemed more reasonable at this point. The patient desperately preferred his urethral catheter, so I trudged to the basement supply room for a Glidewire, an open-ended catheter, and a dilation kit. Between each painful pass of the dilators, he disclosed how he lost his legs in combat and how he experienced the most growth from his personal loss to serve people he'd never met. Afterwards, he thanked me for another opportunity to persevere. I became less aware of the two hours spent out of bed as I drove home and reflected on the power of perspective. Instead of seeing an opportunity cost, perceive the gift in the moment earned: your priceless token to humanity through healing the sick and improving quality of life for our patients.