

Grey's Anatomy season 11, episode 10

excerpts

["This is between April and her God. \n [Scoffs] Okay. \n And if you think she is going to agree \n – to abort her child... \n Our child! \n You are... \n Get that straight. It's our child. \n Stop it! Stop it! Sto"]

transcript

[Glass rattles]

[Glass rattles]

[Elliphant's "Never Been In Love" playing]

♪ Summer's cold and I am broke, man ♪

♪ And my bills don't wait ♪

♪ Mommy's angry, club is old ♪

♪ And I'm born too late ♪

♪ Vicious city try to break me ♪

♪ But I walk right through ♪

♪ I couldn't care less nor am I fearless ♪

♪ On my way to you ♪

Meredith

: They found this guy in Maine who had been living completely alone in the woods for 30 years.

♪ I don't care, no, I don't care ♪

They called him the last true hermit.

♪ Radio keep crying but... ♪

[Both moaning]

[Laughs and squeals] [Laughs]

30 years without the warmth of human touch.

[Cell phone vibrating]

Without conversation.

Jo

: [Moans]

♪ People keep jumping ♪

[Cell phone continues vibrating] [Laughs]

The hermit felt more lonely when he was out in the world...

Alex! Alex!

Than he ever felt in the woods by himself.

♪ Hearts keep on breaking, souls keep on aching ♪

♪ But I never been in love before ♪

Surrounded by people but drowning in solitude...

That kind of loneliness?

♪ Yeah, yeah, oh, oh ♪

♪

♪ Oh, oh, yeah, yeah, yeah ♪

Can swallow you whole.

[Machine whirring]

[Woman speaking indistinctly over P.A.]

Hey! I texted you.

Yeah, I saw that. I was busy.

Well, Cristina would've responded.

That's not how it works.

Not if she was doing what I was doing.

You pause. That's the rule.

What? If the text is urgent, Cristina would say to Owen, "pause," and I would say to Derek, "pause," then we'd text each other back.

– In the middle of sex?

If the the text is urgent.

The fact you are checking a text while you're doing it is already sad.

We had a special ringtone.

Hey, you want a special ringtone?

No. Wait, this pause thing...

[Laughs] Like, your legs are in the air and you're screaming and...

Pause.

No, I don't pause. Jo doesn't pause.

She fast-forwards and she rewinds, but she doesn't pause.

Okay, that's gross.

Do you wanna scrub in on my I.V.C. sarcoma?

Is it a kid?

No.

Then no. Why?

Because I want some company.

Get a resident.

I have a resident.

I want a grownup.

Bye.

Cristina would've scrubbed in. You're no good at this.

Bailey!

You wanna scrub in on my I.V.C. sarcoma?

Well, you don't need me for that. Don't you have a resident?

Residents are boring. All they wanna do is learn.

Come on. It's gonna be good.

It's all over the liver, hepatic vein.

It's gonna be bloody and gross.

[Elevator bell dings]

Does look like fun.

Page me when you're ready. See you in the O.R.

Adrian Nelson, 51. Presents with abdominal pain.

Scans show a leiomyosarcoma behind the liver, including the I.V.C.

What's the surgical plan?

Laparotomy to isolate the vessel, resect the tumor, and then replace with a graft.

It's a pretty straightforward procedure, Adrian.

I don't foresee any problems.

Could I ask you to...

I... It's silly. Never mind.

Meredith

: What is it?

She wants you to... to swear on the book.

[Horn honks in distance]

"The odyssey."

It's... it's the first book I ever sold Adrian.

The day we met.

Michael's a rare book vendor.

Our hands touched when I was ringing her up...

And it was... [Laughs] It was such a high.

It was electric.

We were both too shy to ask for a date.

So I wrote my number on a bookmark.

I saw it as soon as I got home, and then I called.

We've been together ever since. [Chuckles]

This book, it's... it's... it's our wedding ring.

Could you swear on the book, Dr. Grey, that you'll do your best?

It would mean so much.

[Telephone rings in distance]

Dr. Wilson, too.

Sure.

I swear.

[Elevator bell dings]

So Dr. Wilson will prep you, and I'll see you up there.

[Lowered voice] They're adorable.

They're weirdos.

Okay, you're gonna feel a little bit of pressure.

And this will tell us conclusively if the osteogenesis imperfecta is type II or III?

Yeah.

It's probably type III though, right?

I mean, so far there's been no indication of fetal distress.

Well, we'll know soon enough.

[Whooshing continues]

It'll be okay. O.I. type III, it's hard, sure, when there's surgeries and challenges, but we're surgeons.

We can... We can handle challenges, right?

Mm-hmm.

I mean, we'll...

We'll still be able to give our baby a wonderful life.

Right?

Many type III babies live very, very happy lives.

Shouldn't Dr. Herman be doing this?

Mm, it's a very routine procedure.

Dr. Herman is the big g*n.

We only fire the big g*n when we need the big g*n.

I'm the little g*n, so...

[Whispers] Let the little g*n work.

[Whooshing continues]

Thank you so much. I know that took up a lot of your time.

I just wanna get all of the views with the thinnest cross sections I can get.

And I find that adorable.

You really think you can pull off your plan, huh?

I've got all your past medical records.

Once I get a firm grasp on the roads your other surgeons took to get to "no,"
I can cut away a clear path to "yes."

By the time I'm done with your tumor, I'm gonna be able to tell you what street this bastard
grew up on and where it lost its virginity.

Hmm.

Well, you certainly are confident.

Thank you.

Or delusional.

One of the two.

It's hard to tell.

They look so similar.

So I think we need to talk about what we'll decide if it turns out the baby's type III.

I already told you, he won't be.

Yeah, I know that's what you believe. So do I, obviously.

But if he is type II, then it's so terrible...

I know.

And fatal...

[Sighs]

Usually.

All right? And before that, it's even worse.

I... I know all of this. I just... I don't wanna talk about it.

But we should talk about it. We need to talk about it.

W-why? Why can't we just wait until tomorrow?

Because we should have a plan. What do you mean?

Okay, well, uh, what do you wanna do?

That's what I'm saying. I think we should decide.

No, no. I'm... I'm... I'm asking what you want.

I want for us to figure this out together.

I don't... I don't think that's true.

I think that you already know what you would wanna do.

So...

What?

Just... yeah, just say it out loud.

Don't...

Right now. Well, what do you wanna do?

[Sighs deeply]

If our baby is type II, I...

I think we should terminate.

And I don't care whether our baby is type II or type III.

[Voice breaks] Either way, I wanna keep him.

Wh... April.

I told you I didn't wanna talk about this.

Jo

: Look at all these adhesions.

Miranda

: No way to see 'em coming.

Sneaky little bastards won't show up on the scan.

Meredith

: And there's more of them posteriorly, too.

I need some more exposure.

You're thinking of extending the incision?

I have to. I can't see what's up in there.

This tumor just keeps coming.

And all the landmarks are obscured.

I'm lost in here. It's like going in blind.

Hey, uh, would you bring those scans closer, please?

Man

: Yes, Doctor.

See, the tumor should be in the suprahepatic I.V.C. only.

Meredith

: That can't be right.

It doesn't show any further local invasion.

Show me the coronal view?

[Beep]

What's the tumor doing all the way over there?

That's what I want to know.

How old are these scans?

They're only two weeks old.

And they're completely outdated.

I mean, this thing is growing too fast.

Nothing is where it's supposed to be.

Tumor has extended to the I.V.C. tributaries.

Yeah, these scans are useless.

I can't see what I'm doing.

Oh, God. It's also spreading through the diaphragm.

Suction.

I can't even see where...

Neither can I.

Don't touch that. It's tearing.

Well, the tumor's extended all the way up between the lungs.

Someone page cardio!

It's all the way up into the pericardium.

Get the suction out. Don't touch it. Don't do anything.

Page... page cardio 9-1-1!

We gotta get out. Everybody out. Hands off.

What are we doing? What's going on?

Can someone say something? What are we doing?

It's spread from her major blood vessels to her liver, diaphragm, pericardium, maybe even her heart.

How can one tumor grow this big this fast?

It is everywhere.

It's a monster.

So what do we do?

I have no idea.

Meredith

: Michael, I'm afraid Adrian's tumor has grown considerably and it's now reaching around her heart.

So Dr. Pierce is here.

Her... her heart?

It's entangled through the vein that stretches up from her liver to her heart.

And it's growing more rapidly than anticipated.

So we need to take her for more MRI's so we can see how extensive the tumor's growth is.

Now there's all of you.

Three doctors.

[Voice breaks] Three is a lot.

Look, um, Odysseus didn't return to Ithaca all by himself.

He needed a lot of help, right, from the Phaeacians?

Well, we're the Phaeacians.

You want all the Phaeacians you can get.

We are going to figure this tumor out.

[Woman speaking indistinctly over P.A.]

Oh.

Mmm! So light.

And it's last year's model.

We're weeks away from unveiling one that will weigh 30% less.

Mm.

Wow. Very impressive.

[Chuckles]

Your project is impressive.

Robotic limbs for injured vets?

Sexy as hell.

And we at Cybersystems are dying to climb into bed with you.

Well, that's very flattering.

Owen

: Mm-hmm.

Good. I want it to be.

[Elevator bell dings]

I'll leave you this folder so you can go over the materials.

I'll be in Seattle another day, so please, call me if you need... anything.

Thank you. Thank you for coming in.

So... [Sighs] What do you think?

I think you should definitely go for it.

Really?

'Cause I was not that impressed with these transducers.

What? No.

No, those... those things are crap.

I'm talking about her.

Her vibes? You didn't feel her vibes?

Major vibage for Major Hunt.

[Scoffs] You read that totally wrong.

Oh, please.

[Breathy voice] "Your project's sexy as hell.

Ooh, ooh, let's climb into bed."

I was actually uncomfortable.

Stop it!

[Giggles]

There you are. Where have you been?

I was performing a C.V.S. on April Kepner.

We're just waiting for the results.

[Whispers] God, I hate waiting.

In peds, it is... it's much easier.

You know, the parents are right there.

And... and you talk to them, and then their kid is right there, so they can hold them close and hope for the best.

The cat's on the roof.

With this, there's no kid to hold.

The problem feels so theoretical.

You know, there's no cat, there's no roof.

There's just two scared parents feeling totally helpless.

And you've had the results rushed?

[Sighs] Yeah. I should get them in, like, 24 hours.

Well, then there's nothing more to do about it today, which is good.

I have been working miracles.

I have found us the most incredible surgeries, all for the next few weeks.

Look, a T.T.T.S. in a 19-weeker.

A 21-week T.R.A.P. sequence that needs an R.F.A.

A unilateral pulmonary agenesis.

And that is just the beginning.

The beginning of what?

Your crash course.

I have hunted down the most screwed up, medically compromised fetuses that I could find, and I'm bringing them all here to this hospital for you to learn and us to save.

And you'll get to fix them all?

We will.

Start reading.

You can thank me later.

Mm.

And then... and this sounds crazy, I know, so don't even...

I'll... I'll build in a distribution of a radioactive seed during surgery, keeping Dr. Herman's tumor bed free of recurring cells.

I thought you were gonna use a laser.

I am. I already did. We're way past that.

Richard

: Try and keep up.

Uh, I'm sorry, Shepherd, but this is a great opportunity for them to learn.

I know. It's fine.

The laser is for ablating cells off the optic nerve...

It's a massive butterfly glioma.

Well, it's not just massive. I mean...

It's magnificent.

No, no, no.

I—I mean that, won't a laser take months?

A—again, uh, before that, I'll be using the ultrasonic surgical aspirator to mush and flush the cells, then the sexy laser and the... Yeah.

I'm sorry. I'm just lost.

Um, you were just talking about laser ablation.

So is that confined to the optic chiasm or will that extend...

Guys, step back.

Look at the whole big, beautiful, shapely thing.

Every part of this tumor's body will respond differently.

You will need a multitude of approaches.

You will have to be gentle with one part and rough with the other.

That is the only way she will respond.

Get it?

I don't see tumors the way she does.

[Clears throat] Didn't five surgeons say any one of these approaches would likely k*ll the patient?

Six.

But none of them tried it all at the same time.

It should work.

Maybe we should start over again from the beginning.

Okay.

I will begin with a, uh, bifrontal approach.

I—is that the right atrium? I can't tell.

Everything looks like mush.

Well, look at this angle right here.

Is that invading the right atrium?

I think that's a motion artifact.

Crap.

Adrian's back in her room.

Stable for now. How we doing here?

Has the cyclops revealed himself?

The cyclops?

Well, the patient's a fan of "The Odyssey," so I'm calling the tumor the cyclops 'cause it's a big, ugly monster.

And I feel like I'm working with one eye because I can see it, but I can't get a sense of the whole thing.

Every view is incomplete.

Okay, what if we get a new set of scans, with contrast, this time with 3-D reconstruction?

Well, the woman's lying open in her bed.

We don't have time for a lot of trial and error.

I just wanna reach in and grab it.

Well, we could go in with these, but, yeah, I can't see.

If I could just hold it in my hand so that I could see it...

Holy crap.

What?

She's having an idea.

I already had it last year, and it's brilliant.

[Typing] We are going to print it.

The whole tumor.

I tried it with the portal veins, but it's not working.

But with this, we don't need it to function.

She's got a functioning tumor.

[Beep] We just need to be able to see it so we know how to k*ll it.

Know your enemy.

Is this gonna work?

It'll work.

Ooh, 2% left to upload.

This is how we beat this thing.

This is how we get visualization.

We are going to have a tangible, anatomically correct 3-D model of this exact tumor, and correlate to the adjacent organs...

Done!

Loaded! [Laughs]

[Printer whirring]

In 10 hours.

The longest documented surviving type II case that I could find lived for all of 18 months.

In an I.C.U. his entire life, hooked up to a feeding tubes and a ventilator.

That's not a life.

That's not a life I want for my son.

I... of c... neither do I. I...

Okay. So then how can you...

Because we don't know what will happen.

We don't even know if he's type II.

Okay, but what if he is?

[Whispers] Any amount of time that he survives...

Any amount of time that he lives will be...

Will be with us, in our arms...

Yes.

Knowing that he's loved and wanted.

And his bones can break if you touch him.

His bones can break if we're changing his diaper.

We're doctors. We can handle it.

If... if anyone can handle it, we can.

I'm not saying we can't handle it.

I'm asking if we should.

Yeah, we're doctors.

Maybe we are better equipped to make an educated decision here.

And maybe we were given this baby for a reason.

Karen

: April.

[Sighs]

You called your mom.

Yeah. People need their mom in a crisis.

No, not everybody does.

I came as soon as I got your call, sweetie.

It's okay. Everything's gonna be okay.

I'm here.

[Exhales deeply]

Are you working today?

No.

Then let's get out of here.

You could use a change of scenery.

That's actually a really good idea. We should take the day, go somewhere nice, maybe drive to the ocean.

Let's go to church.

You'll find comfort there.

[Indistinct conversations]

Yeah, go ahead.

Let's go pray.

[Indistinct conversations]

[Monitor beeping steadily]

She is doing fine.

Those chairs will k*ll your back.

You should go home and get some rest.

I-I can't.

I-I can't go home alone when she's like this.

Thought I'd just stay and read.

Okay. That's fine. [Gloves snap]

But I can't read either.

Can't concentrate.

It's odd. I-I've... I've never had that problem.

I think it's because...

I don't know where she is.

I-I always know where she is.

Well, she's right here.

It's just as if she's asleep in the bed next to you.

Not really.

[Voice breaks] Because she might not wake up.

I feel like...

Like she's sailed away and I don't know if she's coming back.

That's the feeling, you know?

Michael, we are working very hard to solve this.

I know.

I know. I just...

I just want her to come back.

I do, too.

This H.L.H.S. case seems impossible.

Mother's pregnant for the third time, and each baby was stillborn.

Well, this one will be, too.

22Q11 deletion?

She should adopt.

[Folder clatters]

Now this one, however...

Tracheal balloon occlusion for C.D.H.?

Card that puppy.

How do you do this without... I mean, these stories are awful.

They're patients, Robbins.

The more you find, the more you learn, the more we save.

It's as simple as that.

Your work is making these three categories...

Possible, impossible, maybe.

Any other approach is a waste of our time.

[Exhales deeply]

Kat Dahlia: ♪ Think that Cupid's up to something ♪

Ahh. [Clink]

[Chuckles]

[Chuckles]

Oh, wow.

♪ But lately color seem so bright ♪

Holy crap.

[Gasps] It's fate!

Look! It's your sexy tech rep!

[High-pitched voice] Your sexy tech rep!

She... she's not my sexy anything.

Not yet, but she could be.

[Laughs] I came out tonight with you to... to unwind, not to...

And she's a... she's a tech rep. That's a conflict of interest.

Not if we don't buy her transducers.

Mm.

They're junk, anyway.

Come on! You gotta get back in the saddle.

And she's got a nice saddle.

Oh, yeah. [Chuckles]

[Glass thuds]

What? Whoa. Whoa. What are you doing?

Ahh.

Okay, so listen, I'm not, uh, really great at this kind of thing, so I'm just gonna blurt it out.

I think that you were interested in more than just our program today.

Oh, you picked up on that?

I was right! Ha ha ha!

I knew it! Okay. So this should be easy.

Owen is a little bit shy, but he's a great guy.

And, uh... The feeling's mutual.

So...

[Chuckles] So what do you say?

I would say that there's something about him that doesn't quite... feel like he's my type.

What?! No! He's... [Laughs]

He's very attractive. He's nice. He's funny.

People like funny, right? I mean, come on. Give him a chance.

What about him isn't your type?

He has a penis.

[Door bell jingles]

[Laughs] Oh!

[Chuckles] Ohh.

Oh.

Wait. No. You were... [Sighs] You... you were flirty.

I was, but not with him.

♪ Again ♪

Oh.

[Chuckles nervously]

Um...

Wow.

I am wildly saddened by my, uh, intense... [Laughs] Lack of game right now.

I can't believe I didn't see that coming.

I... there was a time when I would've been all, "that's right. I know it's me."

But right now, I'm just like, uh, "uh... " [Laughs] 'Cause, uh, you looking at me like that...

[Inhales deeply] You are gorgeous, by the way.

Uh... Do people just tell you that all the time?

[Laughing]

Because you are gorgeous.

I'm not.

Am I?

No.

Am I?

No. Wait. No, no. Wait, wait. Stop. Stop, stop, stop, stop.

Not into women?

No, no, no. I am, totally.

Women. Men. People, really.

I'm just... I'm just... I'm just... I'm just not really shopping right now.

I'm... I'm divorced.

And it's... [Chuckles] Was recent and painful and brutal.

Brutal, actually.

Well, if you wanna forget for just a little while, I fly out tomorrow.

Doesn't have to be anything more than one night.

I would love...

I would love to love that. I'm just not ready.

I'm... I'm so sorry.

♪ I think I'm in love ♪

♪ I think I'm in love ♪

W...

♪ again ♪

[Knocks on door]

Hi, guys.

Hey.

You're here late.

Well, we're on a timeline.

I, uh, was taking a look at Dr. Wall's notes, and I found some contradictory information.

He was the second opinion?

Wall is where?

Case Western.

Uh, he was third.

Mm. He's radiation.

Right. Just getting my dates straight.

What are all these?

Cases. Fetuses.

Each card represents a fetus that I'm gonna teach Robbins how to fix.

That I... estimate we can get to in the time I have.

– And those?

Uh, these?

No. These are the ones that I could save,

uh, if I had time.

You should just think of them as babies who will die if it turns out that you're full of crap and can't take out my tumor.

Ah. No pressure.

Oh, no. Pressure.

We're... we're on a timeline here, right?

Try being me.

Okay. [Chuckles]

Woman

: Dr. Meadows, labor and delivery.

Dr. Meadows, labor and delivery.

[Siren wailing]

[Door opens and closes]

Oh, good! You're home!

Just in time for dinner.

Smells good.

How was church?

[Gasps] The choir was there, practicing for their service tomorrow night.

Really beautiful. We should all go to it.

Ah, I don't think we'll know what we'll be up for tomorrow, Karen.

Because of the test results?

April told me about the test, and I told her there's really no point in even getting those results.

Excuse me?

God gives what he wants to give.

No test is going to change that.

And April's already so upset, so stressed.

It's not good for the baby.

Just focus on loving that sweet little baby.

That's all that matters.

No, that's definitely not all that matters.

I know. It's hard to understand sometimes how His plan will unfold.

Yeah, but I'm not worried about His plan, am I?

I'm worried about our plan.

He never gives us more than we can handle.

Getting the results, being informed about our baby's condition... that's how we handle it.

I called our pastor at home.

April spoke to him at length. He was very helpful.

April.

Me. Let me help you.

[Sighs] Whatever happens, we will shoulder the burden
– when it is placed upon us.

We will.

You and I. We'll shoulder the burden.

She's just trying to help.

Is she, though? Really? Is she helping?

Don't snap at her.

Don't talk to her in that tone.

What tone?

I'm not talking using a tone. I'm trying to understand.

You're trying to talk my little girl into doing something she knows in her heart and soul she does not want to do.

I'm not trying to talk her into anything.

I'm supporting her in trying to make the best choice possible
for our baby, for her, for our family.

This is between April and her God.

[Scoffs] Okay.

And if you think she is going to agree

– to abort her child...

Our child!

You are...

Get that straight. It's our child.

Stop it! Stop it! Stop it! Stop it!

None of this is helping!

You are not helping, neither of you.

I am standing here, listening to you tell me that God only gives me one choice, and you telling me that I should forgo God's choice.

And the truth is, I don't know anything except that I am scared and sad and I'm alone.

You're both just standing there, yelling at each other and talking at me,

but I am alone, and it is terrifying!

And the louder you get, the more terrified I become,

so I just need you both to just shut up!

Can you... Can you do that?

Can you please... can you please both just shut up?

[Exhales shakily]

[Siren wailing]

[Printer continues whirring]

What are you guys still doing here?

We're solving a tumor by 3-D printing it.

[Sighs] Yeah.

What are you still doing here?

Also solving a tumor.

Maybe you should 3-D print your tumor.

[Sighs] Visibility is not my problem.

I can see my tumor in all its problematic glory, and it's giving me the middle finger in front of Richard Webber and a bunch of residents.

Where are the kids?

Upstairs.

Daycare. Nightcare. Whatever care.

It's open 24 hours.

You know that's only for surgeons on call, right?

Bailey, don't judge me. Derek lives in D.C.

No, I'm saying if they ask you, make up something about being on call.

When I had my genome lab, I was on call twice a week.

You all realize that printing this thing is gonna take, like, five more hours?

7-ish.

7 hours and 20 minutes.

7 and a half.

I'm just saying you could go home, sleep, and then come back.

Someone has to stay in case the printer crashes.

[Whirring continues]

Plus, I don't mind. I like the sound.

It's kinda soothing.

[Sighs]

It feels weird to sleep alone.

I'm not used to it. I don't know why.

He used to go away all the time, but this time, he's...

He's gone, and I know he's gone.

And the bed feels lonely.

It's like I don't know how to sleep alone.

You don't.

I mean, before three months ago, any time I called your house or came over or skyped or whatever, Cristina was there.

There's no way you ever slept alone. I mean, you had Derek.

And if you didn't have Derek, you had Cristina.

I'm guessing if it came down to it, you were, like, the middle spoon in the middle of a very weird spooning situation.

I've never met a less alone person than you used...

Used to be.

I have to learn to sleep alone.

Ben snores.

And he sometimes talks in his sleep.

And he's hot.

Like... a furnace.

Like flames sh**t' out of him.

He's lucky I love him.

And he's a resident and hardly home at night.

Or he'd be dead.

Woman

: ♪ I will be your... ♪

I miss sleeping with a man in my bed.

You know, facing away from each other, barely touching expect for just the arm thrown over your waist.

When I'd wake up at night, terrified of... me, I liked knowing he was there and I wasn't by myself.

♪ Ooh-ooh, ooh, ooh ♪

[Sighs]

I cannot sleep with someone lying next to me.

Literally cannot.

My one serious guy? Dean.

Dean just loved to spoon and snuggle, and I would just... lie there, [Laughs]

Staring up silently, counting the seconds until he would fall asleep and I could sneak off to sleep on the sofa.

And then I'd sneak back into bed before he woke up in the morning.

[Giggles]

Yeah, people think that's a cute story. It's not a cute story.

That sofa was hard as a rock. I was exhausted.

Dean is a really sweet guy.

He's tall and kind.

Civil rights lawyer.

He's funny.

So when he proposed, I explained to him about the sleeping.

I said, "you know, maybe you could sleep in a room down the hall."

I wanted to sleep alone.

And what happened?

Well, he is now married to someone who loves to spoon and snuggle.

[Chuckles]

And I sleep like a baby every night.

I might be too good at being alone.

[Sighs]

♪ Ooh-ooh, ooh, ooh ♪

♪ Let the light back in ♪

Maybe I could... [sighs] print a Derek.

[Whirring continues]

Just for sleeping.

♪ Ooh ♪

♪ Ooh-ooh, ooh, ooh ♪

♪ Let the light back in ♪

♪ Ooh-ooh, ooh, ooh ♪

♪ Ooh-ooh, ooh, ooh, ooh ♪

[Crickets chirping]

Hey, move your butts.

[Chuckles]

Hello again, cyclops.

Jo

: It is crazy cool amazing.

It could not be more amazing.

Okay, hit me. What's next?

I think we can divide the diaphragm to resect the pericardial component of the tumor.

Maggie

: But carefully.

We'll need to dissect 2 to 3 centimeters proximal to the I.V.C. first to control flow.

Yep, and then we can clamp and create the veno-venous bypass flap.

You sure you don't wanna do a sternotomy?

Now you have something to say? Where were you yesterday?

You should've showed me this.

Karev, what's your point?

Well... [Sighs] I would do McGinn's technique to access the chest with less invasiveness to avoid diaphragmatic hernia postradiation.

[Sighs]

He's got a point.

Back to the beginning.

[Indistinct conversations]

♪

Meredith

: Okay, so feel this right here.

Okay, that's... What?

Like, 5 centimeters superior to the renal vein?

Okay, but stop.

Close your eyes and just feel.

Okay.

Because all we have to go on is muscle memory.

Um, it's... 2 fingerbreadths from the confluence of the hepatic veins.

And then we anastomose the bifurcated graft.

Bailey?

Yeah.

Write that up.

♪

You're their board bitch.

You're jealous, aren't you?

No.

A little.

Wilson!

Oh, yeah. Uh, on it.

♪

Okay, my finger is in the foramen of Winslow.

Bailey, can you feel me?

Yeah, I'm right behind you.

I can feel the edge of the lesser omentum.

I think that gives me enough space to control the porta hepatis.

Mm-hmm.

Yes. Yes. I can palpate a good window.

Good. That works.

[Cell phone chimes and vibrates]

No.

All right, what next?

There is no next.

The wound-V.A.C. has frank blood.

She's bleeding. We have to get her up to the O.R.

You need an extra set of hands?

Yes. Wilson's.

Take that white board. Bring it up where everyone can see it.

We haven't even gotten to the retroperitoneal dissection yet.

We will when we get up there. We'll figure it out as we go.

You are coming with me.

I'm into the retrohepatic area. More suction.

Jo

: Okay, then you're on to step two.

Step two... access the pericardial I.V.C.

Bailey, a little more retraction?

Okay, I'm at the pericardium.

Well, it branches 2 centimeters in either direction, so you're close.

Damn it. Adhesions here, too.

Meredith

: There's too much blood. Suction!

I need to do a partial resection of the liver, but I just can't see to do it. [Suction gurgling]

Same problem up here. Can I get some more suction, please?

Should we control the hepatic veins and resect part of the liver?

I'm trying.

I think that's the only way. But without visibility, I might hit a major vessel.

Pierce?

I can't see the field.

Yeah, I can't see anything.

Crap. They're drowning.

I'm not sure the model's gonna help them.

It's not telling them any more than the scans did.

And they still can't see enough to...

The model is how they'll see,

without adhesions and bleeding in the way.

How the pieces relate to her anatomy.

It's the big picture.

Oh, my God.

I get it.

You're welcome.

[Sighs deeply]

How's it coming?

You know, by millimeters.

Your notebook-wielding minions got bored and ditched me for another tumor.

Well, I thought you might need this.

Are you keeping tabs on me?

Is that what's happening?

No. Why would you say that?

Because you might be worried about me, and that I... [Inhales deeply]

Have decided I can do something that cannot be done just so that I can prove that I am okay
and that I deserve to be here.

That I'm overreaching.

Should I be keeping tabs on you?

[Scoffs] I mean, you saw the look on those residents' faces yesterday.

They think that I am certifiable.

And... [Laughs] Why shouldn't they?

Why should I think that I can do this?

Why shouldn't I think that I'm gonna k*ll this woman and all those little babies with her?

You are not doing that.

Nobody thinks that this can work.

No one understands it.

You were talking way over those residents' heads.

And you think so fast it made my eyes spin.

But you have a plan.

And just because you're the only one that can see the endgame doesn't mean that you're wrong.

It just means it's lonely.

And scary.

You'd be a fool if you weren't scared.

[Blows air]

I'm gonna leave you be.

Ugh. Don't. Then I'll be alone with this thing.

[Inhales deeply]

What you were talking about yesterday...

The whole big, beautiful body?

Um, I think I get it.

I think.

So you do the fluorescein first.

Tell me why.

So you can keep an eye on the pituitary stalk even though you're nowhere near it.

Because?

Because...

You want to appreciate the whole thing at once.

Right?

Yes.

Thank you.

You can go now.

Steph

: [Chuckles]

Meredith

: Oh, there. Got it. Just ligated the hepatic veins.

What's next?

Okay, you just controlled the lower end of the tumor, so...

[Suction gurgling]

That's as far as you got. That's the last step.

[Sighs]

Okay, so next we...

Dissect around the diaphragm.

Finish my dissection retroperitoneally.

Uh, that's...

Two ways to go.

[Monitor beeping rapidly] Her heart can't handle all the clamping.

Whatever we do, we have to do it now.

You mean cut blind?

No. Wait. Jo, bring the cyclops over here.

On it.

Bring it over here, hold it up, turn it slowly.

Okay, so we're gonna anastomose the graft to the lower end.

And then I'll start from the upper end, yeah.

Okay.

Find me.

I am at the diaphragm.

6-0 prolene and graft stat.

I'm on top of the right hepatic vein.

This is where we cut, right here.

That's my finger.

Oh. Okay.

No, it's, uh...

Got it. Here. It extends 10 cm off where the veins meet.

Right? This is it. This is it right here.

This is where we cut right here.

How much do you trust that thing?

I'll let you know in a second. Metz.

[Exhales deeply]

[Monitor continues beeping rapidly]

No excess bleeding.

Not any more than before.

Your dissection was flawless.

Then she's comin' out.

Okay, cyclops, show me that ugly face.

[Squishing]

Ugh! So gross and so freaking cool! [Laughs]

Oh! Got some bleeders!

Beautiful bleeders, right where we can see them.

Jetta

: ♪ Running through the black night ♪

♪ I'm sure I had the green light ♪

♪ Car ran over ♪

♪ I thought that I would die ♪

♪ Then from the X-ray ♪

♪ Back to the rat race ♪

Oh! [Sighs deeply]

She was... really pretty.

The... woman.

At the bar.

Oh.

With the nice transducers.

Ugh. I'm not ready.

You gotta start sometime.

Owen... [Chuckles]

The last woman that I kissed in that bar, I ended up marrying.

Well, maybe just take the next one home then.

Uh...

Right?

Shut up. [Laughs]

Hey, you're not ready either.

You know, I can't even imagine it.

[Exhales deeply] Mm.

It's sex.

Sure, you know, I've gone out and had one-night stands before.

Mm-hmm.

But...

[Inhales sharply] I don't know.

I can't...

Something real?

I pulled that icicle out of her chest.

Hell, I-I bathed her when she couldn't bathe herself.

I can't imagine belonging to anyone like that again.

Have we used up all our happy?

♪ I pay a high price ♪

You ever afraid of that, that this is all there is now?

It's like I had a certain amount of happy that was supposed to last my whole life, and I've used it all up.

Do you think that's true?

God, I hope not.

Huh.

Meredith

: The last true hermit was found and dragged out of hiding and into the world.

Most might find his existence sad, but the hermit knew something we didn't.

[Ringtone plays]

Mm! Pause!

No! [Grunts]

Oh! Steph's rocking neuro with girl Shepherd.

She got assigned her crazy tumor! Yeah!

Who taught you "pause"?

Oh, um, Grey told me about it when we were scrubbing out.

Great rule. Now...

Unpause.

[Grunts]

He knew that when it comes down to it, even when you're with someone...

[Fan blades whirring]

♪ Oh, whoa ♪

♪ Oh, whoa, oh ♪

♪ Oh, whoa ♪

Or in the noisy rush of people...

♪ Oh, whoa, oh ♪

[Air turns off, blades continue whirring]

It's just you.

♪ Under the motel neon sign ♪

The one you can count on...

♪ The back of the alley ♪

And lean on...

♪ You're wearing my coat ♪

And depend on.

[Beep, dialing]

It has to be you.

Hi.

Hey.

Is something wrong?

No. Just... What are you doing?

Nothing.

Nothing. You?

I'm just lying in bed with my tumor.

– Aw! You brought it home.

[Laughs]

Can I see it?

Mm-hmm.

And once you figure that out...

[Gasps]

That's when being alone...

Well...

It's no 3-D husband, but it's something.

It'll do for now.

[Laughs] Oh, my God. I have to...

Becomes a choice.

♪ Like coming home ♪

[Inhales deeply]

[Exhales deeply]

[Door opens]

[Door closes]

Um, it'll be a minute.

[Whispers] Okay.

What?

This is a big g*ns conversation, isn't it?

[Exhales sharply]

Yeah.

[Door closes]

April, Jackson, we have your test results.