

Grey's Anatomy season 8, episode 15

excerpts

[" not on the same page. \n Oh, be ... because I don't do what you want me to do. \n Because you had an abortion. \n Uh, we've done couples therapy before. \n He has P. T. S. D. \n From the w*r, and she's had it, to", "at isn't everything, and maybe what I need is worthy of some consideration? \n And we're back to the abortion? \n Yeah. \n Yeah, we are. \n I'm ready for the transfer, Avery. \n Dr. Sloan. \n Yes. \n You know that t"]

transcript

We fight.

No, we don't.

You yell and then you go silent.

I yell because you ... We don't communicate.

There's no intimacy.

There's intimacy.

Okay. All right. There's intimacy, but we're not on the same page.

Oh, be ... because I don't do what you want me to do.

Because you had an abortion.

Uh, we've done couples therapy before.

He has P. T. S. D.

From the w*r, and she's had it, too.

From the sh**ting, but not at the same time.

We—we didn't have it at the same time.

And mine wasn't as bad as his is.

You lay on the floor of an O.R.

You choked me.

You quit being a doctor. So ... For a little while.

Uh, but now we're fine.

Really?

Oh, sure. Okay. We're fine.

I meant the P. T. S. D.

Okay. Yeah. We're fine.

We're fine.

Mm-hmm.

Except for the part where you aborted the child that I wanted.

Except for the part where you held my hand while I exercised my right to choose and then four months later, you screamed I k*llled your baby in front of all our friends.

When you've tried everything

but that headache won't go away, you can't stop coughing, the swelling won't go down, that's when you turn to a professional.

So ...

As surgeons, we spend years developing skills of perception that allow us to see exactly what the problem is.

You haven't even looked.

Amy, I am telling you, it is unrescetable. Let it go.

I came all the way from L. A. to show you this.

You could spend more than 30 seconds.

I am looking right at it.

It's a gliosarcoma that has invaded the carotid artery.

You try and remove it, she will stroke out.

Stop being a jackass.

Wow.

I'm ... she called ... she called you a jackass.

Dr. Grey, excuse us.

Dr. Grey, stay here. I need backup.

Fine.

You just got out of rehab.

I want you to get on your feet.

But you can't help her.

Look at his face.

His name is Mason.

This gliosarcoma belongs to his mother Erica.

He's a great kid. I don't know him that well, but he seems great.

I do know his dad well. His name is Cooper, and he works with me and he is a good guy.

He is a good dad, which means he is the one who is gonna have to tell Mason that his mom is dead, that he doesn't have a mom anymore because we didn't do anything.

You tell Cooper you're sorry. You tried.

Let it go.

I have a surgery.

Trouble is, sometimes all that time spent

developing those skills of perception

can leave a person with an extremely narrow point of view.

And how are you supposed to argue with someone

who has science on their side?

Ah.

65-year-old woman enters the E. R. in shock.

Presents with a pulsatile, expanding abdominal mass.

Go.

Ruptured triple-A.

I would take the patient straight to the O.R.

and access the peritoneal cavity through a vertical midline incision.

Nice.

You guys studying for the oral boards in the middle of the day?

Just another benefit of having a study buddy.

You should get one.

I have one.

It's just that my stupid study buddy's too busy trying to save her stupid marriage to actually help me study.

Well, you know what's better than a study buddy?

A study lackey. Check it.

Hey, you.

Brown-haired girl, you're up.

Uh, trauma incident or a surgical situation?

You made your interns come up with study questions?

Surprise me.

A 12-year-old boy fell off his bike, hitting his abdomen against the handlebars.

Complains of progressive abdominal pain and is short of breath.

Breath sounds cloudy.

What is it?

Sloan. 9-1-1.

Hey, if you want, we could ... I don't need help. I'm an excellent surgeon.

You know it, and I know it.

Everybody knows it.

I don't have to prove myself to anyone.

Yeah, except to the american board of surgery.

Yeah, there's that.

Meredith Grey.

No.

Not Grey.

Yang, maybe.

Yang's a cowboy.

Kepner.

Kepner?

Not kepner.

Definitely not Grey.

She spent all that time in neuro, and suddenly, she's chasing general.

She's unfocused.

You're underestimating her.

I think she'd surprise you.

She'd have to.

She will.

She'll have to come to me.

I'd do an exploratory laparotomy.

You said that already.

I know. Um ... The patient's still crashing?

Yep.

Oh! I gotta crack open his chest.

You've gotta what?

Uh, relax. N-not you.

Good morning, Chuck.

Hey, Karev. And, Dr. Peterson, it's always nice to see you in peds.

Thank you, Dr. Robbins.

Uh, so, uh, Chuck's looking pretty good.

Um, his, uh, abdominal pain's decreased, and I think it's a good time to schedule a gastroscopy.

Great, great.

Well, then, you're in luck, Dr. Peterson, because I think that Karev would be an excellent supervisor for your first gastroscopy.

Thank you.

Okay, uh, Megan. Let's go schedule that gastroscopy.

Uh, it-it's Morgan.

What is?

My name. It's Morgan.

Whatever. Same difference.

Carrie Rissler is my patient.

Has been for eight years.

I'm aware.

She was given six months to live, but after a mastectomy, oophorectomy, and risky experimental biological therapy, I managed to save her life.

Which is awesome.

D ... no, it is not awesome.

It is a miracle.

And when I saw on the O.R. board that my patient ... my miracle ... is undergoing a lymph node transfer without my knowledge ... She came to us, Dr. Bailey.

Said she brought it to you a few months ago, and you shot it down.

'Cause her extensive scarring makes her a poor candidate.

That's what I thought.

But then Avery suggested we do some angio studies on her arm ... Avery suggested?

Dr. Bailey, this procedure has had outstanding results for patients with—with vessels just like Mrs. Rissler's, okay?

This ... this could make it worse.

It—it—it could even k*ll her.

That's not gonna happen.

Well, y—you're right, it's not, because you're not operating, not after I speak to my patient.

You paged me 9-1-1 to get yelled at?

No, I paged you 9-1-1 so that you could help me convince Bailey we're doing the right thing here.

You failed.

Okay. So what do we do now?

Well, let's hope Carrie's a little bit more persuasive than you are.

Dr. Torres, Dr. Webber suggested ... Unh-unh, here's how this is gonna work ... I talk, and you listen.

You are here because you and your little pals are all freaked out about the oral boards, and Dr. Webber suggested that Callie Torres might have a special secret study method, right?

Mm-hmm.

Yeah, Dr. Webber's correct.

Callie Torres does have a study method, an excellent study method, but she's not about to just give it away.

Callie Torres' study method has to be earned.

Frankly, she doesn't think that Meredith Grey has what it takes.

I think she does?

I think Meredith Grey has what it takes?

His B. P. was low and his vessels are collapsed.

We could only get one good I. V. in.

We're gonna have to get another one.

For her sake, Meredith Grey better hope she's right, 'cause today, today is gonna be a grind.

Excuse me. Coming through.

Excuse me.

A grind? Really?

It's a meat grinder.

Oh, whatever. Like you weren't thinking it, too.

Hang in there, Dom.

Yeah, you're looking good, bro, real good.

You're lying, Tommy.

I look like sopersata.

Don't worry, Dominic.

We just gave you some dr*gs for the pain.

Okay.

You're gonna start to feel better real quick.

What do you think, Dr. Torres? Is this an amputation?

I-I don't know. Is it?

Tommy.

What?

No, you tell me, Dr. Grey.

Does this look like an amputation to you?

I mean, yeah.

Amputate?

No, you can't. I need my hand.

Tommy, don't let them take my ... All right.

Whoa. Is he ... No, those are the dr*gs.

They work quickly, just like we have to.

But you're just gonna cut off his arm? I mean, I ... No, this is a teaching hospital, Mike, okay?

I'm doing a thing.

Grey, here's how it's gonna work if you want my help on the boards.

You're gonna run this.

You're gonna decide our course of action.

You're gonna be the person that stands between Dominic and a hook for a hand.

You in or you out?

I already said amputation is our best option.

Oh. Best?

Yeah, best.

Okay, so book an O.R. and fire up the bone saw.

Let's move him out, people. Grey wants to amputate.

Whoa.

Yeah.

Dr. Torres, wait.

I have a finger here.

I knew that already, Dr. Grey.

No, a viable finger.

Look at the cap refill.

I—is that bad or good?

Dr. Grey, is that bad or good?

That's good.

All right. So what do you want to do?

I think we should take this thing off and see what's left.

All right. Time's a factor here, Grey.

Why is time a factor?

Because the longer his hand stays in there, the more we compromise his circulation.

Tick tock, Dr. Grey.

So let's call up to maintenance and get a sawzall.

Mm. You really want to wait that long?

Uh, fire and rescue has tools.

Better.

Okay.

Hey, th--these tools, what are they gonna do, Rip apart the grinder?

To save his hand.

Yeah, we dropped a couple grand on that thing.

You can't trash it.

To save his hand?

Mike, how long is it gonna take you to get that thing apart?

I-I take it apart and ... and clean it every night.

We can get him out.

Yeah.

Quick.

Dr. Torres?

Can you do it in under 45 minutes?

Give or take?

Grey?

Dr. Grey what?

Do I think it's okay to let a couple of civilians take apart the machine that's grinding their brother's hand?

Yeah.

Let's do it.

Okay. I'm gonna need a set of allen wrenches and a phillips head screwdriver.

Make that two.

Stat!

Hang in there, Dom.

Hey, you paged?

Look, I can remove the tumor and the diseased carotid together.

All I have to do is run balloon catheters in through the femoral, place them in precise position, inflate them to stop the blood flow, do two arteriotomies, then feed a heparinized shunt into place, and reestablish blood flow.

That's all?

Oh, and I have to do it in 90 seconds.

Any more than that, and she strokes out.

Is that even possible?

Not sure. I would love to test it out.

We should set up a simulator.

Uh, don't we need to get Derek's approval?

Yeah, but that shouldn't be a big problem ... He loves to say no to me.

That is his favorite thing to do.

Maybe you should refrain from calling him a jackass.

I can't help it, 'cause he is one.

Maybe I should ask him.

Would you?

Yeah.

He's in surgery, O.R. two.

You just called me down here so that I would go to Derek for you, made me feel like it was my idea.

Aren't I good?

Amazing.

I have always been clear ... You have not always been clear.

She loves to say that.

Always been clear ... I do not want kids.

He knew that.

I did not know that.

You knew that.

I did not know that in the beginning.

What, I have an icicle in me, and I'm supposed to tell a stranger, "Hey, I don't want to have kids"?

I'm not talking about the icicle.

I am talking about after.

After.

No, I told you when it was relevant to the relationship.

Most people would've considered dropping a b*mb like that before the wedding.

That is when it would've been relevant.

Well, uh, you proposed, and we were married like 12 hours later.

So sue me if, in the moment, I was thinking of other things.

I-I know the lymphedema is bad.

Oh, it's miserable.

These are sausages, not arms.

I can't lift them. Oh.

I'm in pain all the time.

I think ... Look, we just need to be happy the cancer is gone and look at the lymphedema as ... the price we're paying ... The price I'm paying.

Oh, look ... You don't think I felt awful, sneaking in here like a thief to get my surgery?

But I'm just ... You saved my life.

You know how I feel about you.

You're a hero to me.

But I ... I want to be able to brush my hair ... hold my grandson.

Erin had a baby?

Having one, in the spring.

Oh, e ... oh, my ... she was just starting college when you were first diagnosed.

I know.

You promised me I'd make it to her graduation.

If you ... really think this is a mistake, I won't do it.

O-okay. You got it? You got it?

I got it.

So what's your plan, Grey?

Okay, my plan is, they get this thing off, and then we assess.

Right, but what if they don't?

You need an alternate plan.

Well, I don't need an alternate plan, because they're gonna get it off.

What'd you do?

I didn't do anything.

The more you guys loosen that, the more he's gonna bleed.

Should we stop?

No, keep going, just go faster.

Y—you sure you have time for that?

If you have something to suggest, why don't you?

Now you're just wasting everyone's time.

Well, we have to get him up to the O.R.

or he's gonna bleed out.

Yeah, well, his hand's still trapped in that grinder.

Let's get a pneumatic tourniquet on his arm above the grinder.

That'll buy us a few minutes.

Okay.

I can give you guys 15 minutes, and after that, I have to amputate.

Understood.

We've operated on worse.

Lexie, she showed us a picture of a little boy.

I know. I—it's clear that she is passionate ... My sister is too emotionally wrapped up in this patient to clearly see that she can't help this woman.

You know, it tells me that she's passionate enough to try harder.

Yeah, well, all the passion in the world is not gonna make her plan doable in 90 seconds.

You need to see that for yourself, fine, set it up.

Only you're gonna be the one who sees a thing.

I mean, thank you.

Dr. Robbins said I would be doing this.

Yeah, how can you do a gastroscopy and read the index cards?

Come on. Keep 'em coming.

Congenital aganglionic megacolon, also known as ... Hirschsprung's disease.

Typical treatment?

A pull-through procedure.

Did you skip symptoms?

Uh, symptoms, right. Sorry.

Don't crap out on me now, Megan.

Morgan.

Uh, symptoms, uh, severe and persistent tightness in chest, indigestion, blurred vision, shortness of breath ... Yeah, that's not Hirschsprung's.

Severe headache, nausea.

Patient is 24 weeks pregnant.

Yeah? Well, that narrows it down.

Uh ... it could be P. I. H.

Yeah, I'd order labs and, uh, a U. A.

then I'd take her down to the O. B.

so she could be monitored.

Okay. Yeah. Y-yeah.

You should ... you should probably do that.

Hey. Hey. Hey!

Hey.

Are you gonna just stand there or are you gonna help her?

Morgan?

When were you gonna tell me you were pregnant?

Everybody in this hospital knows that I'm pregnant.

But then they ... they also know my name.

Well, there's a good fetal heart rate.

The baby looks fine.

These are definitely not contractions.

List the symptoms.

I am not quizzing you right now.

No, your symptoms. Chest tightness ... Nausea, shortness of breath, indigestion.

You mean like, uh, heartburn?

Mm-hmm.

Page cardio.

You're having a heart attack.

There is no deeper reason.

There has to be.

There is no deeper reason.

I wasn't abused.

I-I don't have a dark secret.

I wasn't mugged by a baby.

I just don't want kids.

Nobody doesn't want kids.

People can not want kids. It's a thing.

That is not a thing.

Well, it's my thing.

You're gonna change your mind.

You're gonna change your mind in three years or five.

You're gonna change your mind about having a baby, and then it's gonna be too late.

And you're gonna regret it.

And I will know and understand that I made a choice.

I choose medicine.

I choose me.

I choose that over the remote possibility that I might one day regret not having a child.

And by the way, it's all right to never want kids.

Some people don't ever want kids.

Well, I want to know why.

Why?

In 2004, I was removing mets from Carrie Rissler's abdomen and pelvis, and decided to go for one near her liver when she started bleeding out.

As I was trying to stop the bleeding, she went into heart failure.

I had to send her to the I.C.U. , tell her daughter Erin that she was in a coma and that there was a good chance she wouldn't wake up.

But she did.

And she still had two more surgeries ahead of her and chemo and radiation.

Her body is a b*ttlefield ... I get it. You talked her out of it.

No.

You're doing the lymph node transfer, but not without reading every page of this file twice.

But we're supposed to operate in half an hour.

Then start reading.

Okay.

I'm watching you, Avery.

Yes, ma'am.

Come on.

I almost got it.

Come on. Come on.

B. P. 's dropping, Grey.

You guys need to be done now.

Just one second, Dr. Grey.

Just one—one more ... And done.

We should be able to turn back the auger and pull him out.

No, we'll pull him out. It's time for you to go.

Grey, take this. You've got the auger.

Okay.

Look, can't we just stick around and see ... There we go.

Oh, holy god.

Okay, so ... we've got a piece of hand with sort of fingers on it.

What about these? Can these be saved?

I don't know. Can they?

Boom!

97 seconds.

Bite me!

Wow.

Sorry.

Just ... Sorry. I just ... I've been at 97 seconds for 8 freakin' tries now.

Maybe not the ninth.

If I can find another stopwatch.

I mean, Derek's probably right.

I'm just ... I'm gonna let her down.

He should know. I've let him down enough times.

Let's take a break.

Let's go, uh, you want to get something to eat?

I want something.

It's not food.

There's a guy who got his hand stuck in a meat grinder.

I ... wouldn't mind seeing that.

Yes.

Okay, Morgan, you had an acute M. I.

from a spontaneous coronary artery dissection.

Are you kidding? I-I don't have any of the risk factors.

Yeah, well, most likely, related to your pregnancy.

We need to get you upstairs right now.

Dr. Robbins, why are you here?

We need to repair the dissection immediately.

My baby's fine, right? You said that my baby was fine?

Morgan, listen to me ... If my baby's fine, why are you here!

Lie back, lie back, listen to me.

All right, we need to go right now.

But it's too early to take the baby out.

He-he-she could have R. D. S. or get septic?

The dissection's extensive.

We have to put you on bypass in order to fix it, so the baby needs to be delivered now.

She barely has any lungs.

24 weeks is premature, but there's a very good chance.

No, you—you can't say that, okay?

I know what you can and can't say is very good ... and you can't say that.

Listen, my baby was born at 23 weeks, and it's terrifying, I know, but I'll be here for you.

We're all gonna be here.

Will someone call my boyfriend?

His name is the first in my phone.

All right. Karev, call her boyfriend and let him know what's happening.

I'm scrubbing in.

She's your intern, Karev.

Yeah, okay.

Uh, wait. Uh ... Her name's, uh, Megan, right?

Her name is Morgan.

Grey, I'm surprised.

I wouldn't think you'd be thrown by a little thing like a severed finger.

Yeah, well, it's just, it smells like pork.

I might get lost in work there she goes again.

She's gonna yack.

Would you quit it with that, all right?

I gotta finish this thing before I go into surgery.

Hey, where is your study lackey?

Of course the one competent intern in the whole program just so happens to be pregnant and needs surgery for a coronary artery dissection.

Morgan needs surgery?

How do you know about Morgan?

Everybody knows about the pregnant intern, Karev.

There's my ride.

Here we go.

If Morgan needs surgery, then why are you here?

My attending gave me a job ... call the boyfriend.

I left, like, six messages.

Chris is a fourth year at the Cleveland clinic.

I mean, you know how busy it gets.

How do you know his name?

They're not just amputating and fitting him for a prosthetic?

No.

She thinks she's gonna be able to salvage the finger bits and reattach, because she's cracked.

That's gonna be so much harder.

You know what else would be harder?

Going through the carotid.

For fingers?

It would be harder, but there'd be better control than going through the femoral.

All right. All right. Come on. Here we go again.

Come on, Mer. Just a few chunks.

Oh, come on. Just puke already.

Oh, that's a good-looking lymph node.

You got it?

Yeah.

Oop.

Did-did he say "Oops"?

Dr. Bailey.

What a pleasant surprise.

The man said "Oops."

I didn't.

Actually, Dr. Bailey, I just said "Oop."

He was picking up a lymph node, almost dropped it, but didn't.

Let's make some room so Dr. Bailey can get a better view of our every move.

As you were, Avery.

Y ... you-you don't want a little more suction, Avery?

Dr. Bailey, while I'm always glad to hear your perspective, I'll instruct the resident.

But your instructions result in oops.

We don't oops in my O.R.

Let's try a little more suction.

With Mr. Hamilton's laminectomy, I want an epidural drain for the next few days.

Yes, doctor.

You should at least listen to her.

Look, I swear, you gotta stop encouraging her.

Well, this is what you taught me to do.

You taught me to not give up until we've tried everything.

Because you can handle it.

When we lose a patient, I know if you're okay or you're not because I'm right there with you.

With her, I cannot do that, because I don't think she can handle it.

Not now.

You are the one who is too emotionally involved.

Okay, if this tumor had come to you from any other doctor, you would still be looking at it.

You are so worried about your sister's outcome, you won't even think about her patient's.

Am I wrong?

You have to try.

I am. I'm—I'm trying.

We're supposed to focus on each other and breathe, and you're not.

I mean, your mind is totally elsewhere.

Oh, so now you know my every thought and intention?

We used to be able to look at each other.

And I'd feel ... like we were gonna be okay.

There is a reason we're together, Owen.

There is a reason we're married.

Please.

Look at me.

All right. I'm looking at you.

Right now ... I'm looking right at you.

He has to stop holding a grudge.

He has to see me for who I am.

He has to take his little list of all my crimes and rip it up, otherwise ... Otherwise what?

You know, I—I don't know.

How about you stop thinking that you're the sun, and that I revolve around you, and that being a cardio god, maybe that isn't everything, and maybe what I need is worthy of some consideration?

And we're back to the abortion?

Yeah.

Yeah, we are.

I'm ready for the transfer, Avery.

Dr. Sloan.

Yes.

You know that this patient has a history of multiple surgeries in that area.

She sure does.

Okay, then I don't understand why you think it's a good idea to continue to dissect right there.

Respectfully, Dr. Bailey, it's not entirely important that you understand everything I do every step of the way.

Uh, no, respectfully, Dr. Sloan, I disagree.

I think it's extremely important.

Now if you had read the file like you said you did, you'd know that she'd have massive scar tissue exactly in the area that you're dissecting, so I think going forward with that dissection is a monumentally stupid course ... Respectfully, Dr. Bailey, uh, the bulk of that scar tissue is gonna be found near her axilla.

So if Dr. Sloan continues dissecting right there, I really don't think there'll be a problem.

And I—I read that in ... in—in the file, the file that you ... Carrie's file ... that you gave me to read, I ... I did ... I did read it.

Damn it. Oh, we've got a big bleeder here.

Is that subclavian?

Respectfully, doctors, I told you so.

Okay, so I think it'll work.

If we cut down the macerated part of the finger, it'll be short, but it'll still be salvageable.

Okay, but this thumb, I'm gonna go ahead and say that's not salvageable.

Yeah, you're done here.

He'll be better off with a prosthetic.

No.

The thumb is responsible for 40% of hand function.

Without it, we're done.

But there's gotta be something else.

I mean, I read something about surgeons using a man's big toe as ... as a replacement for a thumb.

Let's do that. Let's ... let's use his big toe.

Listen, Dr. Frankenstein, the big toe, it's pretty important, you know, for walking.

And he can learn to rebalance.

Or he can keep his toe where it is.

This is a good fix. I know it is.

No, it's not.

Dr. Torres, it has to be.

The big toe is not the fix.

That is why we're gonna use the second toe.

It'll provide the same benefits, but reduce potential disability.

Really?

Yeah, but we're not doing anything without the patient's consent.

All right. Tell me what you're trying to do.

I'm going in through the carotid with two catheters, uh, one in the proximal ... A carotid stick?

That'll k*ll her even faster.

Damn it, Derek ... Amy, I'm sorry, but you can't stop and reestablish blood flow in 90 seconds.

I mean, I can't do it in 90 seconds.

Oh, well, the great god of neurosurgery has spoken ... Look, now I'm—I'm trying to help you.

But please don't put yourself through this.

You're too fragile.

I am not fragile.

I'm a drug addict.

I've fallen off the wagon twice, and I've gotten back on.

That does not make you fragile, Derek.

That makes you very freakin' strong.

I am standing in a building full of pills right now, a fact that I am painfully aware of, but I am doing this.

That is not fragile.

Okay.

Show me what you're trying to do.

So you think there's a way?

No, I don't.

But I can't stop you, so, um ... I'll be here with you.

Show me what you're trying to do.

I was right.

Right?

Too soon to tell.

Cut the crap, Torres.

You two are gonna put a toe on a man's hand.

That was her idea.

Maybe we are.

His toe? ! Are you serious? !

Maybe we're not.

Tommy, calm down.

I-I'm sorry. I'm sorry. I didn't mean to yell.

It's just ... That's weird.

Yeah.

But if I say okay, I get my hand back?

Otherwise, you fit me for a hook?

A prosthetic, but if you give the go-ahead ... He gets a hand.

Well, what are you looking at me for?

Take my toe already.

Take my left nut if it'll help.

I ... think the toe will be fine.

I was right.

So ... this is how you're gonna spend your time now, pulling strings behind the scenes like some kind of puppet master?

I am really good at it.

So I'm a 2-month-old baby.

Symptoms?

I'm underweight, fussy, I belch, and when I vomit, it hits the ceiling.

You have pyloric stenosis.

These cards are so detailed. Whose are these?

Uh, well, those would be the smart one's.

The only smart one.

What the hell?

What happened to Morgan's baby?

Wait. Morgan had her baby?

Oh, crap.

One more clamp, please.

Well, is it subclavian? Can you get under the clavicle?

Vascular clamp. It's still oozing, Dr. Avery.

How do you want to proceed?

Um ... I, uh, I don't ... I don't know.

Oh, he did not just say "I don't know."

Man, tell me what you see.

We're staring straight at the defect.

You think we should call in vascular?

No, no, I think—I think we can repair this ourself.

Um, maybe patch it? Stick-stick tie.

Patch it?

Yeah. Isn't that ... No, no, it's a good thought. Get on that.

Bovie.

Sorry, Dr. Sloan. Just a little distracted here.

Dr. Avery, let me give you one small piece of advice.

If there is anything, I mean anything, distracting you from helping your patient, you need to leave it outside.

Oh, respectfully, I ... This is your patient now.

Yours.

Uh, someone had better tell me what is going on and had better tell me right now.

Dr. Bailey ... you need to leave this O.R.

Excuse me?

This patient, my patient, developed a subclavian bleed because we misjudged her adhesions.

But I am now doing an arterioplasty, which is not an easy thing to do, and you are making it more difficult by distracting me.

You are compromising my ability to care for my patient, Dr. Bailey.

Well, if you're telling me you can't focus in ... I'm telling you, you need to get out.

Now.

Oh, Dr. Sloan, if you let your resident speak to an attending this way ... Dr. Bailey.

I believe Dr. Avery made it very clear.

Leave the O.R ... or I'll have you removed.

Get out of the way! Move! Move!

Damn it!

Wait. Is that for the Peterson baby?

For the mother. It's not good.

All right. Get outta the way!

Come on. Come on.

Crap.

What the hell happened?

We were barely in the NICU before he suffered an intestinal perf.

Scrub in. I need your extra hands.

Uh ... uh, give me a minute.

Hello?

Yeah, this is, uh, Dr. Alex Karev.

I work with, uh, Morgan in Seattle.

Uh, listen up, you're ... you're fourth year, right?

Good. Listen up, she's still in surgery, but she's critical, so's the baby.

You need to get on a plane right now.

Oh, come ... Meredith and I do not do everything together.

The twisted sisters.

Yeah, well, we're best friends. What do you expect?

She has a baby.

Oh, my god. That doesn't mean I have to.

I don't see why not. You do everything else together.

It's like you're a team.

Because she's my person.

I should be your person!

Be my person!

Be my person, Owen!

Be my freakin' person!

Be my person.

He's dorsal dominant, so I'm not going to use a plantar incision to find the artery.

Okay.

And I have isolated a good draining vein.

Uh-huh.

Is that it? You're not gonna ask me if I'm sure?

Are you ... sure?

Yes.

Okay, then.

You're impressive.

I am.

Look, there's always been a lot of hype surrounding you, okay?

"Meredith Grey, ooh, child of Ellis."

"Ooh, isn't she so special? "

You don't have to help me if you don't want to.

No, no, no, that's not ... that's not what I'm saying.

I'm saying ... you're tougher than I thought.

I'm saying, you're smart. I'm ... saying ... okay, look ... you know, we've never been friends, not even when I was with George.

Mainly because you thought I was a freak and you're blonde and very ... And now you have a baby, and I have a baby, and we're both married, and ... I don't know. I'm saying, we're both alike.

I'm saying I'll help you.

You're not a freak.

And we can be friends.

Every morning, five days a week, you are in my office at 4:00 A. M.

and we work, Grey.

If you don't show up, if you are late, I will kick your ass.

We work, Grey. We work.

And you're gonna pass this test.

You're gonna pass it hard.

Okay. We've got it threaded.

We need to position the balloons and then inflate.

You need to get yours in position faster.

I think you should do it.

You can do it. You just gotta get in there faster.

Okay, ready? Inflate.

Starting the clock. Let's move.

Mr. Price is awake and responsive.

And the rest of the post-ops are done.

What are you doing?

We needed two surgeons.

One on the internal carotid, the other on the external, controlling the balloons.

We've almost got it to 90 seconds.

You think it's gonna work?

Well, let's not get ahead of ourselves.

It's one step, one step of a very complicated tumor.

He doesn't think it's gonna work.

Well, we're gonna go down trying.

That's all. Thank you. You can go.

I want to go down trying.

All right. Pick up the stopwatch.

Ready?

Mm-hmm.

Hey, little boy.

I'm Dr. Robbins, and this is Dr. Karev.

You've got a long road ahead of you, but we're gonna do everything we can to help you.

And your mom, too.

How's she doing?

Morgan?

Oh. I haven't checked.

I ran a pregnant chick all over the hospital today.

Made her quiz me on my stupid boards till she damn near died, and I haven't even checked to see how she's doing.

Apparently, I'm the only person in this hospital who didn't know she was pregnant ... because I'm too busy worrying about my own stupid damn self to even make an effort to learn my interns freakin' names.

It doesn't matter if I pass those boards or not, I don't deserve that fellowship.

You know why I like you so much?

I honestly have no idea.

You remind me of me.

Peds surgeons? We're—we're vicious.

We're the most hard-core surgeons in the hospital.

I mean, when I was a resident, I was ... I was a full-on horror show.

But that's what it takes to learn how to save tiny humans like this one.

Yeah.

Yeah.

But do me a favor.

Learn your interns freakin' names.

We may not like it ...

but it really is important

to stop every once in a while, get out of your own head, and see the bigger picture.

Uh, Dr. Sloan, I need a word with you about Avery.

Dr. Bailey, I have a patient.

He was right.

Avery ... he was ... was right.

She's gonna be able to use her arms.

So ... why did I say no?

You were being careful.

Yeah, but she was my prize patient.

I've done ground-breaking work on her behalf.

You were a resident like Avery.

You get more experience, you get more conservative.

C-conservative?

O-oh, is that what success buys you?

What, you get happy and then you get scared?

Don't want anything in life to change?

You're a grown-up. You're risk-averse, 'cause you know risk has actual consequences.

That's why we keep residents around.

They keep us fresh.

Are you telling me that I'm not young anymore?

I'm trying to tell you, you've arrived.

Oh.

You pull that crap in my O.R. again, I'll report you to the board.

Actually ...

finding out that you've been looking at things all wrong ...

can be sort of liberating ...

What happened?

You're fine.

You know, Altman, she did a kick-ass repair on you.

My baby?

Where is my baby?

He's stable.

Okay? I mean, uh, that's the first thing.

He?

Oh, yeah. That's ... I guess the first thing.

He's, uh, he's a boy, and, uh, he's, uh, stable.

But?

He's intubated.

We're giving him indomethacin to, uh, treat his P. D. A.

and he had a, um, spontaneous intestinal perf that we fixed.

Robbins, she's, uh, she's observing him right now.

Listen, Morgan, he's ... he's doing great right now.

And Robbins is watching him, and, you know, when she leaves, I'm gonna watch him, and, you know, I-I talked to Chris, and he's on his way right now.

Okay?

Okay.

So, you know, I thought I'd just hang out here for a while with you, and, uh, you know, wait till Chris gets here.

Leave it at that, if that's okay.

You're hanging out here because it's quiet and you need to study.

What? No. No way.

You should.

I-I would.

And suddenly you see new potential ...

new possibilities ...

Okay.

Where you'd never seen them before.

Done.

We have blood flow.

86 seconds.

Call your patient. Get her up here.

And that's all fine when a hopeless situation suddenly looks good.

Unfortunately ...

I'm afraid our time is up.

Sometimes it goes the other way.