

Inside Surgery with Pediatric Surgeon, Edward M. Barksdale, Jr., MD

(0:04 - 0:26)

There is a saying that the two most important days of your life are the day that you were born and the day that you realise what you were born to do. When I was an adult surgeon, I was much more ego-driven. I was about saving lives, but I realised when I started taking care of kids, it was about saving whole lifetimes.

(0:26 - 0:53)

When you save a whole lifetime, no one remembers the little bitty things that happened that saved a lifetime, so you become insignificant. And it was that insignificance, that humility, that really led me to the humanity, if you will, of paediatric surgery. Hello beautiful, how are you? Good.

(0:54 - 1:12)

Did you sleep last night? Yeah. Yeah, you did? Did you pick out any good dreams this morning for when they put you to sleep? No, you've got to do that. Were there any questions that you had for me that I didn't address when we saw you in the office or today? No.

(1:13 - 1:26)

Okay. My mom will be good support for you, okay? Good? Alright. What made me think that I could kind of do surgery? I didn't see anything that made me feel that I couldn't do it.

(1:26 - 1:38)

I'm a surgeon. I'm not a nuclear scientist or a space engineer. I'm not kind of creating conceptual ideas that are not there.

(1:38 - 1:53)

I watched people do it and I tried to mimic that. I remember the first time I scrubbed in, in surgery. There was a patient who came in that I actually saw in the emergency room.

(1:53 - 2:07)

He had a bowel blockage, what we call a bowel obstruction. He was really sick and we took him up to the operating room. It was about two in the morning and I was there with the resident and he said, Ed, I'm going to let you make the incision.

(2:07 - 2:14)

And so I made the incision. It's really tentative, you know, like this. I hope the patient doesn't have a zigzag from the tremor I had.

(2:14 - 2:26)

And there it was, this big piece of distended bowel that was twisted on itself. And we cut the scar tissue and the intestine pinked up and they let me cut that. And I was hooked.

(2:27 - 2:32)

I mean, I fixed that problem. Good morning, everyone. Good morning.

(2:34 - 2:53)

Are we all set for our timeout? Yes. We walk into the room, there's a lot of perfunctory and performative actions that occur before the patient gets to sleep. And the one thing that I use there to help me focus for every patient, I always say when we do the consent, the timeout, that this is the world-famous so-and-so.

(2:53 - 3:12)

That is my own internal recognition that this is someone's child. And this is not the same hernia that I did the case before. And that it helps me recognise, and I hope it brings in the power of the room into the focus, that we're here for this one child at this one moment.

(3:12 - 3:25)

We're doing a laparoscopic possible open cholecystectomy. The consent is signed, timed, and dated. So for me, surgery day, which is Thursday for the most part, is game day.

(3:26 - 3:43)

And game day is a completely different mentality than today. Today, I may be jocular, I'm joking, I'm having fun, but I am laser-focused on what I have to do for a patient and their family on game day. I wake up with two things that kind of guide my day on game day.

(3:44 - 3:51)

One is prayer. That evokes kind of divine inspiration and power. And the other is meditation.

(3:51 - 4:14)

That evokes internal sense of ability and power. And again, sometimes the term power seems bad, but when you're operating on someone's child, no matter how trivial or how intense, you have to have a sense of personal power, a sense of confidence. And I get into a mood in which I try to have very few distractions.

(4:15 - 4:24)

Okay, now. And then there's the sear band. Yeah, so I do that the other way, right? So you don't come into the artery and clear up along the liver.

(4:26 - 4:50)

The least of what I do as a surgeon is what I do with my hands. The most important things that I do is with my head, is how I compose the operation, how I understand the cadence, which for me is tempo, and tempo is procedure and pause. And so in my mind, I'm thinking of procedure and pause, tempo, cadence.

(4:50 - 5:04)

And sometimes it's time to speed up. Sometimes it's almost important to kind of step back and see the entire field so you don't get tunnel vision. And then once the operation is complete, I try to make sure that everything is ordered.

(5:05 - 5:25)

We did everything that we planned to do, and we wait to make sure that the child awakens appropriately. And I go out and I talk to the parents. That is where I think I do the second most important part of the case or a part of who I am, which is parallel to the head.

(5:26 - 5:40)

That's where I use my heart. And I recognise that at times mothers in particular, but fathers in very hidden or subtle ways, are really anxious. How did things go? And sometimes things didn't go as well.

(5:40 - 5:58)

And I have to use my heart in a compassionate way to touch them so that I can either bring them strength or bring them solace. And I hope she'll be able to go home tomorrow. We keep her overnight and make sure that she doesn't have any nausea and that the pain is controlled.

(5:59 - 6:14)

You know how we are taking care of kids. We're probably a little bit more protective. And as great as we think we are, most parents want to forget that Ed Barksdale ever existed.

(6:14 - 6:20)

And Ed Barksdale wants them to forget that he ever existed because that meant that things went well.