Compassion in Medicine

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"Doctor, you know this patient’s HIV-positive."

The scrub nurse’s words hit me like a ton of bricks. I had been called into the operating room to assist one of my colleagues, a good friend and a good surgeon, who had requested my help after he had inadvertently gotten into the bladder during a hernia repair. I scrubbed in and took a look—the bladder neck was almost completely detached from the bladder. A small papillary tumor was visible, just lateral to the left ureteric orifice. I snailed off the tumor with the Metzenbaum scissors, ligatured it, and proceeded to help him sew the bladder back together with some resorbable suture. We were finishing the repair when I moved some peritoneum away with my hand and accidentally stuck the back of my left middle finger with the suture needle.

“What?”

The first thing you think of in this situation is that it didn’t happen; however, there clearly was blood beneath my glove—I had been exposed. My friend finished the repair over a Foley catheter and I took off my glove off—we dosed my hand in betadine and alcohol, and reality began to set in, along with incredulity. I had performed several vasectomies in the past on HIV-positive patients, and I always made sure that everyone involved in those procedures knew about the patient’s HIV status prior to starting the surgery. Apparently in this case, the surgical team, perhaps distracted by the unexpected complication, had forgotten to pass along to me that crucial bit of information, which was obtained by anesthesiology personnel when they had interviewed the patient prior to induction—he had been diagnosed years ago in a neighboring city, but was lost to follow-up after he moved to our area. I couldn’t help but think my brief seconds of carelessness might have been prevented had I known about the patient’s HIV status beforehand. Aren’t they supposed to offer you to double glove, or at the very least tell you when you scrub in that the patient is HIV-positive? I think all of us in this situation tend to fear the worst. What effect would being HIV-positive have on my marriage, my career, my health? How could this have happened?

The protocol for needlesticks is fairly standardized—both the patient and I had HIV bloodwork drawn. The emergency room staff was very sympathetic, but I had the feeling my visit was just a formality. The risk of acquiring HIV from a needlestick injury is low, but not zero. These are your options—you can elect to start post-exposure prophylaxis (PEP) within 72 hours of the incident, if you wish.

I looked over the half-page list of potential side effects of anti- retroviral therapy. I had studied these once for a test, but it sure meant a whole lot more now that I was faced with taking them myself. “I’m not sure,” I muttered. “I guess I’ll just take my chances.”

“OK—just sign here to decline, and someone from Employee Health will call you in the morning.” Initially I felt relieved that the whole thing was in the past now, for better or for worse.

Fortunately for me, however, that call came the next day from Anna Holliday, CFNP, a nurse practitioner in our hospital’s occupational health department. Anna asked me to come over to her office to discuss “the situation,” as she described it. Once again, I was presented with the laundry list of potential side effects of anti-retroviral therapy. The way she described the rationale for PEP was just perfect—that it was not a guarantee, but that it would greatly diminish my chances of becoming HIV-positive. “I just don’t think I can deal with these side effects, Anna.”

She disappeared for a few minutes. I was surprised to see one of my infectious disease colleagues pop into the exam room. Anna had called him to drop whatever he was doing and come right down to Occupational Health to talk with me. He explained that it really was the standard of care to take the PEP in this situation, and that the side effects were manageable. “You’re still within 24 hours of the exposure—a treatable window. All it takes is one virus particle to infect you…” I reconsidered. “OK, I’ll do it.” He smiled and left the room. He ordered two powerful anti-retroviral drugs for me. Isentrix, which prevents HIV integration into the genome, and Truvada, which blocks HIV replication, and within the next two hours, Anna had procured a thousand dollars worth of medication for me, gave me her cell number in case I had any problems, and called me at home to make sure that I had gotten the medicine and started taking it. Several days went by—by then, PEP was a piece of cake. Anna called me with the patient’s test results. His Western Blot was positive, but his viral load was not too high, a hopeful sign. The seriousness of the matter became even more evident to me after the University filed a claim with Workers’ Comp in my name to cover any present or future complications from the exposure. Everything seemed rosy until the drugs suddenly declared jihad on my GI tract a week later. I decided to take Anna up on her offer of anti-emetics (thank God for Zofran!), so that I could at least keep at food. The month of PEP finally passed, and I did not miss a dose. I then experienced what it must feel like to have a serious contagion—Occupational Health was at least as strict as the CDC when it comes to contact—no sex for 6 months. During this period, my incredible wife Louise was my rock. “Believe it’s just 6 times!” My office staff was similarly witty. My office manager offered to let me borrow an alpaca from her farm if I really got desperate (I declined—I have nowhere to keep an alpaca).

The 6 months did pass, though, and my serologies remained negative. Moreover, the contact patient healed up perfectly, and his first post-op cystoscopy showed no recurrence of his bladder tumor. He even established care with the same infectious disease specialist that I had seen, and is doing well.

This unfortunate experience did teach me a lot, however—my wife and I will never take each other for granted again, and I was blessed to benefit from the actions of a provider who truly cared; for this I will be forever grateful.