

1



Anna

Thursday, 4 April 2019, 16:32

There is blood on my neck.

A single drop, no bigger than a freckle. Minuscule in the grand scheme of things. A man lies before me with cut flesh and exposed bone; black, tar-stained lungs cranked apart to expose his heart. And yet for all the gore, all I can think about is that one small speck searing into me like a burn.

I switch the blade from my left hand to my right and roll my wrist until I feel the satisfying crunch beneath the skin. The room is so quiet that the sound carries a faint echo, ricocheting off the cold tiled walls.

Everyone in the room has their eyes on me, assessing the stillness of my hand, the glint of the scalpel beneath the bright strip lights, rosy at the tip from the man's blood. And yet

despite the scrutiny, my palms remain dry, and my grip holds steady. But buried beneath my scrubs, my heart is pounding so fast that I can almost taste it.

Peter's heart, however, is stone cold.

Mr Downing's double coronary bypass was straightforward, until suddenly it wasn't. After cutting and sawing my way through the chest, I bypassed the blocked arteries using veins from his leg to return healthy blood flow back to the heart. By removing the clamp from the aorta to resume blood flow, and rinsing away the cold potassium fluid injected to keep it still, Peter's heart should wake from its medically induced slumber.

I stare down at his splayed chest, waiting for a twitch, a spasm, the first jolt to signify life.

Nothing.

'Lungs off, please.'

'Lungs off,' Dr Burke repeats.

'Return to bypass.'

'Returning to bypass,' Karin calls back from the perfusionist's station.

I pass the scalpel to my aide and wait in the deafening silence. When the heart is finally back on bypass, I feel the tension leave the room like a hot, stale sigh.

'Let's give it a minute,' I say, and clamp the aorta. 'Poor thing's probably knackered.'

'Aren't we all?' Dr Burke quips, giving me a supportive wink over the top of his glasses.

It is a thoughtful gesture, but we both know I am on my own. Each surgery is a collaborative effort up to this point: Dr Burke manages the medications, breathing tube and monitoring lines; Karin controls the heart-lung machine; the surgical care practitioner standing at the foot of the bed harvests the leg

veins for transplantation; each specialist with their own aide. Beside me stands my own, Margot, assisting with every tool and swab. But when it comes to the heart, the responsibility is all mine.

A wave of heat scores my back, prickling across my shoulder blades.

Focus.

I assess the chest cavity. The bypass was done well: the grafts are good, with clean, airtight joins. We have given the heart time to recuperate, administered a cocktail of drugs to try and stimulate electrical activity, and run tests for metabolic abnormalities or any other complaints we might have missed. I have checked, rechecked and tidied my work, in the hope that it was due to a mistake I made and could ultimately fix. None of it worked.

I glance at the clock on the wall. We are fast approaching the end of the four-hour window we have before damaging the heart becomes inevitable. Once passed, each second ticked off the clock might as well be a nail hammering down the lid to the patient's coffin.

My top lip tingles with approaching sweat. I fight the urge to dab it dry, and recite the advice my mentor once gave me.

Never show your nerves. If you panic, they panic. You can't bring a ship into the dock if your crew has jumped overboard.

I squeeze the patient's heart in my fist, contracting and releasing in the rhythm it has followed so many times before, and gently lay it inside the chest cavity. The flesh has turned rosy-pink from my grip. In a strange way, it almost looks pretty, like a cheek flushed from the cold.

'Let's give it one last go,' I say, the implications pulsing behind my words.

I reach in slowly, prolonging the patient's life for as long as I can, and release the clamp's hold on the aorta. A river of blood flows into the heart.

Still, nothing happens.

I squeeze the heart repeatedly, but even with the potassium fluid flushed out it feels strangely cold; wet and slippery like a hog's snout.

Come on, Peter.

My shoulders tense where I hunch over the table and put all of my strength into manually manipulating the heart. Sweat gathers upon my face; Margot slips in silently and dabs each droplet away.

I'm not sure how much time has passed – a minute, ten – but when I look up from the chest cavity, glistening with perspiration and breathing heavily behind my mask, I realise that the whole team is staring at me, their eyes awash with pity. That is when it finally hits me.

This heart won't ever beat again.

Stress pains pulse behind my eyes, spasm in the knotted muscles of my shoulders. I look down at my hands, aching and trembling from seizing the heart so firmly, and release the smallest of sighs.

'Bypass off, please.'

Karin nods once and looks away. A man will die today, and we will orchestrate it. Me, with the command. Her, flicking the switch.

'Bypass off,' she confirms.

'Lungs off, please.'

'Lungs off,' Dr Burke replies.

And then we wait.

The heart–lung machine winds to a stop. The tubes clear of

blood as it returns to the patient's circulatory system. And then, the inevitable: the flatline of a motionless heart. The sound screams through all of us, piercing through the theatre in shrill echoes, ringing off every apparatus and stainless-steel tool.

I glance at the clock on the wall.

'Time of death: 16:53.'