

THE BREATH BEFORE THE CUT: A RESIDENT'S PERSPECTIVE ON SURGERY, MUSIC, AND THE BODY

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KEYWORDS: Surgery; Surgical training; Music; Opera; Embodiment; Anxiety; Mindfulness; Narrative medicine

My father's hands are in my earliest memories. As a pianist, his left hand is wider than his right, stretched by years of playing stride – a genre requiring a very broad reach across the lowest notes. I was always mesmerized by the way his fingers flew across the keys, shaping sound and time. I wondered if my own hands would ever fly.

My mother would be there too, his lifelong duet partner, singing along and organizing the sheet music and just generally making the whole thing work. She would put her hand on my shoulder while I hovered nearby, peering over the piano lid. Her touch has always been warm.

Years later, when I first found myself in an operating room, sawing through the leg of someone I had just met, I found myself again thinking of my father's hands, my mother's touch. There is a flashbulb moment in your first surgery: when scalpel meets skin, you learn instantly whether the OR is for you. I was convinced I would faint and, being 6'2", was worried I would knock over the scrub nurses like bowling pins. To my surprise, the cut deepened, and the blood welled, and I was fine. And – because I'm a first-born daughter – I decided to do the hardest thing I could think of. I would be a surgeon.

As it turns out, the process of surgical residency has been even harder than I expected. Hugely rewarding, sure, deeply satisfying and immensely gratifying, but often so challenging that it leaves no breathing room

for life. Unlike music, I wasn't raised living and breathing surgery. (My father was initially disappointed I had chosen medicine at all – "But honey, you're so talented!" – the only parent upset at a med school acceptance letter.) And while the cognitive aspects of learning surgery have been difficult, the physical experience of operating has been just as hard.

In the years before medical school, I planned to be a professional musician. I studied classical voice and had big dreams for life as an opera singer like my mother. But over the course of my voice degree, I became intimately familiar with the mind-body connection. Stress shuts down the voice faster than almost anything else: the minute muscles of the larynx and pharynx lock, thyroarytenoids, cricothyroids, all interconnect with the fine muscles of the neck, the bulk and breadth of the shoulders, the long lines of the back. When one tightens, they all tighten. The anxiety I felt as a music student translated itself directly to my voice, and over the years of my degree, when I couldn't seem to figure out how to make my body loosen, I fell out of love with singing. The piano in my childhood living room felt very far away.

I moved into research and did a master's degree in music and dementia, wanting to be close to music but needing to approach it from a different perspective. My grad school experience taught me I wanted more face time with patients, and I pivoted to medicine, which was how I found myself assisting in the below-knee amputation that sealed the deal on my surgery career. The operating room and the opera stage share more than you'd think: a high-intensity environment, complex teamwork, the ability to change someone's world in real time. And that's not even including the performativity of both spaces. Surgery is a series of auditions. Impressing your attendings is a full song and dance that doesn't end until graduation.

So it came as no surprise that my body reacted the same way to surgical residency as to music school: by locking up. Early in the clerkship portion of medical school, after I'd sailed through the amputation, I fainted in the OR as we removed a woman's breast cancer – a much less gory, less physically demanding operation. I'd forgotten to breathe as I held the retractors. Fortunately, no nurses were bowled over.

The pattern continued: I would walk into the OR, feel my heart start to race, suddenly get flushed and fuzzy-headed and shaky, and realize I was both ravenous and too nauseated to think about food. Every time I scrubbed in, I was convinced I'd go down. Although it never happened again, that anxiety blocked out all thoughts of the case, of learning the anatomy or the operative steps or anything beyond taking one breath after another.

I'm still not completely sure why I stuck to my plan of becoming a surgeon when going to the OR felt like entering a gladiator ring against my own body. I never told anyone – not teachers, not peers, not the rare resident I encountered as a regional campus student. It felt embarrassing, shameful. I wasn't going to show weakness. I'd chased myself out of music, and I wasn't going to do the same with surgery.

There was so much beauty in my medical school experience. I made lifelong friends, learned a completely new way of understanding the world through the biomedical sciences, and encountered innumerable opportunities to contribute meaningfully to my community. I feel deep gratitude for the privilege of medical training. But it has its costs for everyone.

The turning point came one day during a Whipple surgery. While it may seem impossible, I trained at a community site where a single general surgeon had been grandfathered into doing hepatobiliary surgery, otherwise the exclusive purview of major academic centres. Dr. Husien is a soft-spoken, affable, kind-hearted attending and an absolute beast in the OR. He performs these kinds of massive operations like they're nothing. The lack of drama and fuss made it easier to relax around him, and he never yelled when we got questions wrong.

I was standing in the OR as we performed a Whipple, a procedure removing the patient's duodenal cancer, which could easily go for five or six hours (including a delightful snack break). I was engaged and trying my best to help – I'd reviewed the anatomy, watched YouTube videos, tried to understand the steps. Still, as his hands flew, there was only so much I could do. In the quiet space he made, I thought of the piano. For the first time, I considered the memory of those childhood sing-alongs without frustration or hurt. I remembered how I had felt, the warmth, the touch. I felt my shoulders lower, and then drop; I hadn't realized I'd been holding them around my ears. My breathing slowed, the way you inhale deliberately, carefully, to set up the first phrase in a song. I felt my mum giving me a hug from behind, like I could soften and lean back against her. And I was safe.

That OR was a turning point in my surgical training. I still grapple with anxiety, not improved by the fact that, as a musician, I'm often trying to play catch-up on my basic scientific and medical knowledge as compared with my peers. But the feeling of that hug, of being held, has made operating possible. Most of the time it's even fun.

I met my wife during my first year of General Surgery residency. Without this training program, our paths probably wouldn't have crossed, so I have yet another reason for gratitude in this career. Now it's her hug I pull around me when a case gets challenging, when I feel my heartbeat climbing in my ears and my hands start to shake. It's the same feeling I try to share with my Queer patients when I name drop her. I see the shoulders drop, the fine trembles slow. That quiet comfort didn't come from pushing through, from trying to muscle my way into a life that doesn't quite fit. It's been a deliberate series of choices to trust that I'm where I belong. As I advance in training and start taking ownership of cases, each OR is an opportunity. And it's all possible because of being loved.

I started my fourth year of residency in July. My father has finally come around and is now convinced I'm somehow going to "change the world of medicine"; that's an ongoing conversation. He plays for me whenever I visit home, and sometimes I sing along. My mother loves to hear about my cases. And my wife walks with me through difficult moments with grace and the kind of love I never expected. As I plan the next steps of my career, I carry them all with me; they live in my body. They're in my hands whenever I care for a patient, comfort a grieving family member, or lift a scalpel – that first, hushed moment before the curtain rises. I am held, and I hold others, a series of bodies moving together and apart, making our own kind of music. ■

Biographical Note

Sarah Klapman is a fourth-year General Surgery resident at Queen's University in Kingston, Ontario, Canada. Prior to entering medical school at McMaster University, she completed degrees in both classical music and psychology at Mount Allison University. She then combined these interests in a Master's degree in music neuroscience at Western University. Sarah is currently studying narrative medicine, a field applying literature, philosophy, and advocacy to healthcare. She is excited to apply her unusual skills and background in her future work as a surgical oncologist (a surgeon providing cancer care). She thanks the IJWPC for providing this opportunity to share her story.