



Volume 12
Issue 1
2017

Naming, Not Blaming: A Story about a Surgery Gone Wrong

Cammy S.H. Lee

Decisions are made every day. Some are so small, seemingly insignificant, yet others are monumental, changing lives forever. This piece is about my process of healing, and how the combined efforts of mindfulness-based practices, including writing, have helped me learn and grow from an event that almost killed me.

Here's my story.

The Surgery

In 2013, as newlyweds, my husband and I decided on a common day procedure in hopes of having a family, to “create space,” as we were told: uterine polyp removal. I was advised that I could go to work the following day, since it was billed as easy, simple, and routine. So it was booked for June 13. What I didn't know was that a “simple day surgery” would change my life forever.

The surgeon had punctured my uterus. She assured me that that would correct itself, and not to worry. Despite her reassurances, I did not feel well

and was dizzy and nauseated. I told them this but they did not listen, so I was still discharged the following day.

I was back in Emergency three days later. It was well after midnight, and the hospital was quiet. A team of medical staff rushed to my side, and told my husband and me that, in addition to puncturing my uterus, the surgeon had also unknowingly perforated my bowel in two places. I had gone septic. I needed another surgery to repair the damage. My organs were shutting down in one hour. There was no choice: if they didn't operate, I would die.

This surgeon saved my life performing a laparotomy. The surgery took four hours, and an hour and a half of that was spent scrubbing my organs so I wouldn't re-infect and die. Just out of the ICU, I contracted a *C. difficile* infection and was sent to isolation. *C. diff* could kill me as well.

I was being carefully monitored: blood pressure was too high, oxygen in the blood too low, heart rate too high; breathing was laboured and not deep enough. Elevated white blood cell counts meant a blood transfusion was necessary. Blood was drawn on a daily basis, but after a few days of poking, and with bruising on both arms from hand to elbow, they couldn't draw anything. As a result, another procedure was required: a PICC line would be inserted in my upper arm, directly accessing my jugular. To do this, I was wheeled into another room where they hoisted me onto a table. I realized now this was serious. And yet, the two young men who were about to insert this

PICC line were chatting about their upcoming weekends and where they were going clubbing. Was I dreaming? But then, as I lay shivering on the metal table, one of them said, “Please don’t move when we put this in, because if you do, it could cause paralysis.”

Countless CT scans, ultrasounds, X-rays followed as my body ballooned out beyond recognition due to medicine and water retention. Time and again, doctors commented to me, my husband, and family on how strong I was, surprised I hadn’t died, saying things like, “A lesser woman wouldn’t have made it.”

Contrary to being administered the highest legal dose of morphine, I spent most of my time awake and lucid. So lucid in fact, that I needed to notify staff that on a few occasions they had given me the wrong name bracelet. Being awake also meant that I overheard doctors’ conversations regarding my care and was therefore able to tell a nurse that the form of medicine she brought was incorrect. Thankfully, she followed up with a doctor and brought the right medicine.

Along with sutures, twenty-four staples held the incision together. But the wound needed to be opened in three places so it could “drain.” This required a new dressing daily, and each time, I couldn’t look at my own body. And like that, on July 2, with seventeen staples intact over a partially opened incision, I was sent home.

That meant a whole new phase of recovery began. A homecare nurse tended to my wound every day until September 30. In hospital, my toes

looked like sausages, but in a day and a half I lost all the weight and was less than 100 pounds, which is at least 20 pounds underweight. Another unexpected surprise was that in some people, major trauma to the body causes hormonal shifts, so most of my long black wavy hair fell out.

It would not be until March of 2015 that I would take my first yoga class since the surgery. And when I lay face down with my abdomen pressing against the mat, the unevenness of breath was audible.

The Aftermath

I walked into hospital as a strong, athletic woman, and left it in a wheelchair. Unlike the gradual process of aging, my transformation was dramatic and sudden.

I became consumed with all things physical: healing my body, its functions, tracking everything that went in and out, coping with extreme hair and weight loss. Soon after, I eliminated meat because too much scar tissue on my bowel made digestion painful. Told that I may herniate, I was preoccupied with thoughts of my insides spilling outside. I lived in a constant state of fear. Anything and everything was threatening.

During this period of recovery, I had a profound experience. The day arrived when the home-care nurse would have to remove the remaining seventeen staples. In anticipation, I was terrified and tense, but everything went smoothly—that is, until the last staple, which was caught. And when he pulled I thought I was going to go out of my

mind in pain. The nurse saw this and immediately asked me, “What do you do?”

I replied, “I’m a teacher.”

He said, “Tell me about a happy teaching experience.”

So I told him about my last week at school when my students surprised me with a birthday cake and we had a party. As I recounted the details, I was re-living the experience, visualizing it, making it real. And before I knew it, the staple was out, and the wound redressed. In such acute physical anguish, I got *out* of my body by getting *into* my mind. Although I didn’t realize it then, that was the beginning of learning how powerful the mind can be. And how my mind and mindfulness would play a role in my recovery.

Until the surgery, I had always trusted doctors, but now my faith in the medical profession was shattered. As my body healed, thoughts about what happened and why took over. The realization of the inability to conceive was overwhelming; fertility experts explained that the extent of the internal damage was difficult to gauge but that it most probably obstructed the passage of the remaining healthy eggs, which were already reduced given my age.

To accelerate my healing, I used homeopathic remedies, tried hypnosis, even smoked marijuana to stimulate appetite. Whereas before I could fall asleep anywhere, now I took melatonin nightly for a full year, as my mind wouldn’t, and couldn’t, shut off. It was like my body was on high alert because it felt it needed to be. And, in hospital, it did,

as my story shows. But afterwards when I was safe, I found I still couldn't let go. Any event, it seemed, was triggering.

Dark clouds of blame swirled around me. And though I knew I was not responsible, this left little comfort. After all that had happened, feeling butchered in hospital, perhaps the worst part was that in my darkness, I realized I had become my own butcher. It was at this point that I sought out psychotherapy. And there I tackled the worst kind of blame: self-blame. Given my superstitious Asian upbringing, and the prospect of karma, I felt I was being punished for *daring* simply to want more.

I was diagnosed with post-traumatic stress disorder (PTSD). But no doctor told me this, though they told each other in referral letters. I only know because I had asked for copies. So I began to do my own research. Finally, I had a name for this fearful belief that everything and anything was potentially damaging. I wasn't losing my mind after all. Post-hospital, I was an open walking wound. And then when I wasn't, somehow I still was. It would not be until two years later, once my body and its functions stabilized, that I felt I could then focus more on the PTSD. I learned that left unchecked and untreated, PTSD could be fatal.

In 2015, help came first not from a doctor, but from a caring neighbour who told me about the mindfulness-based stress reduction (MBSR) program. Pioneered by Jon Kabat-Zinn, it is an eight-week course, facilitated by a medical doctor, in my case, Dr. Heidi Walk. It is a group environment but not group therapy. People work individually and

learn together. Various tools are introduced to help manage stress, including different forms of meditation, body scans, visualizations, journaling, and yoga. We train to pay attention to our responses, our body, thoughts, feelings, and behaviours—and how they are all interconnected. MBSR is not a religious program but takes a scientific approach to mindfulness and how meditation actually has physiological effects and produces cognitive changes.

Presently, I meditate every day, from twenty to forty minutes. I am learning to focus on my thoughts and try to look at their processes rather than their content. As a result of my combined efforts, sometimes—not always—I am able to put a space between something that happens and my reaction to it, that I am not a victim to my automatic responses. In this small way, I feel like I have choice. And it is this element of choice that is enormously liberating.

But it wasn't until the fall of 2015, when I took Professor Mary Beattie's course at the University of Toronto at the Ontario Institute for Studies in Education called "Narrative and Story in Research and Professional Practice," that I would learn the power of storying this experience. I had talked quite extensively about my surgery, but I had never written about it: there was resistance and fear. I wondered if enough time had lapsed, enough distance between me and it. And yet, I know that I carry "it" with me wherever I go: this experience altered everything about me, from the food I eat, to the clothes I wear, to the relation-

ships I have, and to the way I teach. When, then, is one ready?

My surgery was a story I was unsure I wanted to write, yet I also knew, deep down, that it was the story I *had* to write. As I struggled to name my experience, Canadian writer Ann Michaels' words inspired me: "If one could isolate the space, that damaged chromosome in words, in an image, then perhaps one could restore order by naming" (Michaels, 1997, p. 111). For order was what I felt I had lost.

Writing pushed my healing to another level: it put distance between me and my experience. I learned that I could inhabit this space and breathe. And in this space, I could think about and question not only the "why" or the "how" of the surgery, but of the "what now?" And going forward, how this impacts me not only physically, but spiritually, emotionally, and psychically. In storying, I've attempted to re-make the self that got hurt, that was then lost to me. Writing allowed me not only to re-claim, but re-create.

Conclusion

I will never be able to make sense of what happened to me. Writing about my trauma doesn't make it understandable. Or make something bad into something better. But I learned that writing can turn it into something more. For one, it opened up a whole area of research I am driven to learn more about.

By providing the opportunity to story my traumatic experience, the self-study had given me a

way to capture and channel some of that fugitive energy into a craft that has saved me many times over. In the paper, I wrote: “As a patient on the operating table I was unconscious, helpless, and vulnerable. But as a survivor, I can choose to be conscious, informed, equipped, and prepared as much as I can be. For it was the trauma that brought me to MBSR training where I would relearn practices with a renewed sense of purpose, that while helping me cope in the present, can sustain me for a lifetime” (Lee, 2015, p. 10).

Granted, my recovery is on-going, as it is with such traumatic events. But I am beginning to experience more moments of space. I am slowly moving out of a place of darkness and into a place of light. Perhaps I have found “that crack that would let in a sliver of light” (Lee, 2011). I’ve had to completely change my life. A new diet means there is little to no discomfort, and I am doing many activities I used to do, albeit with a greater degree of mindfulness: things like yoga, Pilates, meditation, and journaling. But I also know that I was not alone in my recovery; the love and support of certain hospital staff, family, and friends were instrumental. More and more, I am experiencing gratitude. Every morning when I lie awake in bed, I recite this part of His Holiness the Dalai Lama’s prayer: “Today I am fortunate to have woken up. I am alive, I have a precious Human life. I am not going to waste it.”

There are still times when some things will catch me off guard. Recently at school, a classmate asked us to put our hands on our womb. She ex-

plained it is the area between the belly button and reproductive organs. My scar begins 6 cm above my belly button and stretches 14 cm below, right over my womb...and so I cried. I am learning to welcome my feelings, all of them, and without judgment.

Stresses and challenges continue, as is the nature of life, but now I have tools that can help me cope, whether I use them or not, sometimes or always, perfectly or imperfectly. Regardless, I know the resources are there, and it is *that* knowing that changes everything.

References

- Lee, C. (2011). *Reflections on Being Alone Again*. Professional Unpublished Journal.
- Lee, C. (2015). *A work-in-progress: An autoethnography on my learning, unlearning, and relearning*. Unpublished Paper.
- Michaels, A. (1996). *Fugitive pieces*. Toronto: McClelland & Stewart.

Cammy Lee, M.A., is a PhD Candidate at the University of Toronto at the Ontario Institute for Studies in Education (OISE). Cammy is also a writer and an ESL teacher. Email: cammy.lee@mail.utoronto.ca