

Excerpt from *False Positive*

“Heaney clamp!” Dr. Dalmuth Kedar reached toward the scrub nurse.

She whirled around and barked an order to the circulating nurse. “Open a hyst set. I don’t have the Heaney’s up!” “We’re doing a hysterectomy?” Red Richison, the second-year resident, stared at the surgeon who stood hunched over the patient.

Dr. Kedar nodded and turned toward the circulating nurse. “Blot me, please.” The nurse came over and wiped the perspiration from his forehead and around his eyes. Then the surgeon turned his attention back to Red. From behind his facemask, he explained. “We can’t save the uterus; the damage is too extensive. I can’t believe this. They not only perforated it; they also destroyed all the blood vessels on this side. No wonder she was in shock when she hit the ER. Have you ever first-assisted a hyst, Dr. Richison?”

“No. But I’ve scrubbed in on a bunch as an intern, and I’m ready to learn.” Red had stood by for the past twenty minutes, his heart pumping hard as the patient in shock seemed intent on bleeding to death. He felt a little insecure but fortunate to get training on a surgical procedure from the highly esteemed head of maternal-fetal medicine. Red looked at the operative field, then back up.

Their eyes met. “All right then. We can do it,” Dr. Kedar assured him. “I don’t think we’ll need another resident.”

Red gave the thumbs up and glanced at the clock. Eleven-forty-three.

Dr. Kedar nodded slightly.

The circulating nurse pushed open the OR door, carrying the wrapped instrument set, which she proceeded to open and slide onto the OR table using sterile technique.

“You saw the patient in the ER, right?” Dr. Kedar asked Red.

“Yes, sir. She came in around eleven this morning, shocky and bleeding profusely per vaginum. It was a scramble. She already had one IV running, and we started a second one—large bore full throttle. Then I set up for the laparotomy and had you paged. Before she got here, we had a call from the megavolume abortion center—the one everyone calls ‘VIP’—alerting the ER that a ‘complication’ was on the way. I assumed we’d need at least an exam under anesthesia. Blood was pouring out fast. Bright red—I could tell it was arterial. And I knew we didn’t have much time.”

“Hmmm.... Good call. She was in big trouble. How old is she?”

“Seventeen.”

Dalmuth Kedar shook his head. “Tragic.” He leaned forward over the anesthesiologist’s screen to glance at the patient’s face. Then he shook his head again. He looked back at Red. “Let me walk you through what I’ve done, and what we must do. I’ve already opened the hematoma. It’s quite large. She’s got a pool of blood collecting just under the surface and side of the uterus. I’ve isolated the blood supply and clamped off the bleeders. But I found enormous damage to both the uterine artery and vein. Must have been with the suction curette or uterine sound.” He pointed to a specific spot in the operative field with his tissue forceps. “These traumatic injuries to the side of the uterus—I’ve got them clamped off, and we can probably get her stabilized. But there’s no way to prevent a

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fulminant infection. We have to remove the uterus. No choice.”

Red stared at Dr. Kedar, noticing his air of calm while blood spilled everywhere. “She’s only seventeen. A hysterectomy...?”

Dr. Kedar nodded and talked as he set back to work. “The ovaries are undamaged, so she will still have some opportunity with the reproductive technologies available. She’ll need a surrogate, though.”

Red turned to mimic Dr. Kedar’s surgical steps as he himself worked on the undamaged side. They methodically made their way down the uterus, clamping, cutting, tying, double tying, until they reached the top of the vagina. Red looked at the clock again. Twelve fourteen. They made an incision and removed the damaged organ.

“Probably only twelve weeks along,” Dr. Kedar said with a sigh.

“Yes, sir. The chart they sent from the clinic said ‘voluntary interruption of pregnancy, ten to twelve weeks.’”

“Yes, another VIP from ‘VIP,’” Dr. Kedar muttered. “Seems like every time I’m on ER walk-in call, we get some catastrophe from that place. Don’t our own residents help staff it?”

Red nodded. “Along with several other ob-gyn programs in the city.”

“Well, you need to call the guy who did this and tell him—or her—how it all turned out. I’m sure they’ll be hearing more about this, probably from the friendly legal eagles.”

“Okay. You think whoever did it will get sued?”

Dr. Kedar stopped in the middle of a stitch and looked up. “We’ll all get sued. A seventeen-year-old woman goes for an abortion and winds up nearly bleeding to death. Then she leaves without a uterus.”

“Is the hospital at less legal risk if she recovers well?”

Dr. Kedar shook his head. “Actually, when the patient dies, the malpractice exposure is limited—less than if she lives and has long term problems.”

“But we did everything right. We saved her life!”

Dr. Kedar looked at Red with gentle eyes and spoke softly. “Malpractice is rarely about right and wrong. It’s mostly about money, and in whose pockets most of it ends up. And just so you know, your chosen specialty is a popular target for the malpractice guys.”