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Minimally Invasive
POSTERIOR SPINAL FUSION

After Battle with Cancer, CST Becomes Patient Advocate

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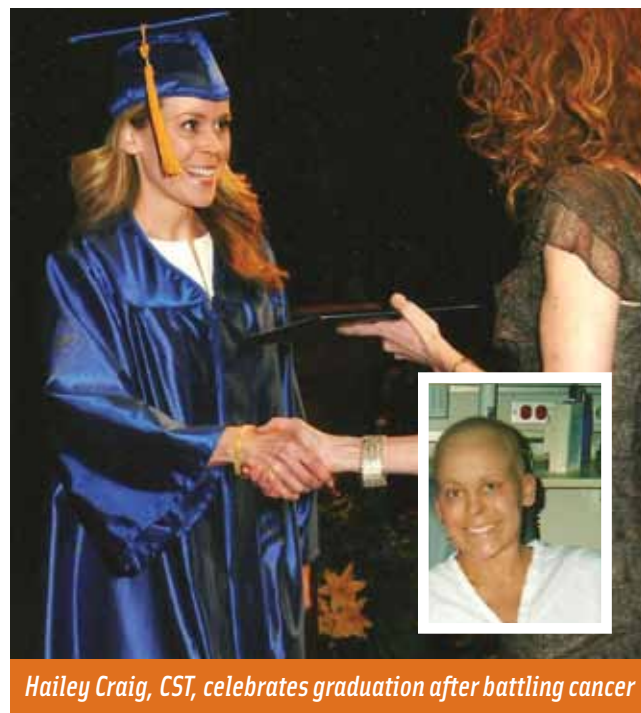
FINDING MY CALLING



I am not a stranger to the hospital. In 2005, I was hospitalized for 10 months at Mayo Clinic's Rochester Methodist Hospital due to a grim diagnosis: acute myeloid leukemia. I became an unwitting citizen of that dark place called cancer. My first hospital orientation was quite a crash course.

Prior to my diagnosis, I received my BA from the University of Wisconsin-Milwaukee. I was working in the mortgage industry and teaching gymnastics. My daily routine consisted of a morning workout and then going to work. I never had been seriously ill in my life, so when my routine was interrupted one morning with extreme fatigue and throbbing pain, I knew there was something very wrong with my body. It was an overall feeling of being unwell. During the next two weeks, my fatigue didn't subside and I developed several high-grade fevers. After three urgent care visits, I demanded a blood test and X-ray. The next day I received a call at my office from an oncologist. He wanted me to see him immediately. I said, "I'm at work. Can't this wait?" After a moment of silence I asked, "Is it bad?" "Yes," he said. He referred me to the world-renowned Mayo Clinic and two hours later, my perilous condition was being explained to me by a hematologist, Louis Letendre, MD. AML — cancer of the white blood cells — is a condition in which even a paper cut is an emergency.

I remember being terrified to put my trust and, ultimately, my life in someone else's hands. I hardly knew what the words hematology and leukemia meant as I began my first round of hospitalized chemotherapy. This extremely aggressive form of chemotherapy, called induction, consisted of Idarubicin and Cytarabine drug infusions via my Hickman catheter for 23 hours a day for seven days. I would have approximately seven to 10 days for my blood counts to recover before my next round of chemo. However, due to residual cancer cells, I had to do a "reinduction" chemotherapy round less than one week later. During this time, I



Hailey Craig, CST, celebrates graduation after battling cancer

experienced revolting side effects due to a depleted immune system which resulted in a life-threatening infection. This painful infection was feared to be necrotizing fasciitis. I was told I may need surgical intervention within six hours that would end up disfiguring my body and could offer deadly complications. Even after an emergency MRI, which fortunately proved the infection was contained in the soft tissue, I was told I was still "not out of the woods." Since there were no white blood cells in my body to fight the infection, I received four granulocyte transfusions from my father, aunt and uncle along with 14 different antibiotic infusions simultaneously for four days.

After 42 days in the hospital, I felt I was entering an abyss. I knew I had to have a focus and decided to educate myself on this violent mutation taking over my body.

I began by watching and listening to the medical staff closely. I asked questions and researched medical literature. I wanted to know what drugs were being given to me and why. I verified the blood, platelet, antibiotic and chemotherapy bags with the nurses before they would be infused in me for the next four hours. I was diligent at maintaining my Hickman catheter by daily care routines and flushes with heparin and saline. I knew the life-span of the Hickman was only 400 days and I thankfully made it to 300 days before it had to be removed. I asked nurses to write my blood counts on the dry erase board in my hospital room so I could keep track and see if my hemoglobin, platelet and neutrophil counts were rising. I was astounded by the knowledge of the staff and the compassion with which they operated. They made me feel as if I was their only patient (only to later find out there were 26 other leukemia patients being treated on the same floor). I got to know the staff very well and started to understand how the hospital operated. When I felt well, nights were spent walking around a small loop near the nurses' station. Other nights were spent looking through my hospital window at the smoke plume coming out of the buildings, hearing the monitors beeping to alarm of my next dose of antibiotics and the call button I would press when I was too weak to walk. There was only one instance in which I had to tell a staff member to leave my room after she failed to put on a pair of gloves and a mask. I was not afraid to be my own advocate. After four more rounds of hospitalized chemotherapy, I prepared for an allogeneic bone marrow transplant which presented a cure. My donor and transplant saved my life. Behind all of the thoughtfully calculated research and dramatic decision-making were my amazing doctors: Letendre, MD, Mark Litzow, MD, Alexandra Wolanskyj, MD, and Keith Swetz, MD, as well as countless other hospital staff. I am forever indebted to them as well as my family and friends.

Two years later, after fully recovering from my transplant, I was able to go back to work and did so for a few years. Despite being grateful to be working again, my work and thoughts were interrupted by abundant reflections on my experience as a patient. I wasn't content with the work I was doing. I knew I wanted to use my experience to fulfill a purpose — to directly help other people. Undoubtedly, there were many other patients going through similar and even worse diagnoses. I knew they may be affected by the same fears and vulnerabilities I faced as a patient. I wanted to be an advocate for patients, so I decided to make

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I began the markedly intense program in August 2010. The program consisted of an eight-week "Boot Camp," which included learning names of the instruments, sutures and drugs as well as a lab portion for learning skills. The skills and instrument exams required a 100% passing grade; if this degree of excellence was not achieved after three attempts, you could be asked to leave the program. The program also required a reverent mental attitude. Program director David Yount, CST, and instructor Lori Ferrer, CST, as well as our clinical instructors Ruth Collis, CST, and Patty Barth, CST, made it clear we were responsible for our education. If we did not prove we could handle the demands of the program, we did not belong in an operating room. I agreed.

I immersed myself in my studies. It wasn't enough for me to look at the textbook to do my case research. I had to analyze and investigate through other modes of research to be prepared for the clinical setting. I found it not only intriguing but refreshing to learn the intricacies of the human body and how it can heal after trauma. I utilized my time with the surgical tech preceptors, RNs and surgeons by asking pertinent questions. Even though I was extremely concerned about making mistakes, I tried to put all of my energy and focus on the patient, the procedure and watching the people I was learning from. I was fortunate my clinical experience included very receptive staff; many of them were excited to educate students. In May, I graduated from CVTC's surgical technologist program along with eight other students.

As a result of my experience, I have been presented with countless opportunities. I proudly serve on a grant and scholarship review committee for a young adult cancer survivor organization called The SAMFund. I speak annually to the second-year medical students at Mayo Medical School in Rochester, Minnesota, during their hematology didactic session about my experience as a patient. And most recent-

ly in July, I presented my story to the physicians, fellows and residents of hematology at Mayo Clinic's "Humanitarian Series." However, I want to make it clear I do not feel I fought harder or "won" a battle. Everyone who deals with adversity deserves a chance. I will never know why I got this second chance at life, but I do know I need to give back to everyone who has supported not only me but supported others during dark times of uncertainty.

Two months before I graduated from the surgical technologist program, I was fortunate enough to be hired at Sacred Heart Hospital in Eau Claire, Wisconsin, which was recently named one of the best places to work in healthcare by *Becker's Hospital Review*. I began working as a general surgery team member in June. I now have this opportunity to learn from the experts at Sacred Heart Hospital on a daily basis! Although it is overwhelming at times, the staff has been enthusiastic and helpful. I am impressed by the recurring theme: "the patient first." Most importantly, I know the patients we encounter have entrusted their lives in our

hands and I feel this is a privilege that should be honored and appreciated. I have been on their side and am grateful to be the CST involved in their care and also proud to be a part of this challenging and rewarding profession.

What's your calling?

Do you have a story about how you were "called" to become a surgical tech? Did a life-changing event persuade you to enter the field or does your story take a more mild route? Whatever it is, AST wants to hear from you! Send your story about becoming a CST, along with a photo of yourself, to AST Editor *Jodi Farmer* at jodi.farmer@ast.org. Your story could be published in an upcoming edition of the *Journal*.