An uneventful life

Goutam Sen¹

Received: 26 September 2017 / Accepted: 2 October 2017 / Published online: 14 October 2017
© Indian Association of Cardiovascular-Thoracic Surgeons 2017

In 1976, I was deputed by the Government of Rajasthan to train in Cardiothoracic and Vascular Surgery for the M Ch. Course at AIIMS, Delhi.

Our ‘Chief’ was Dr. N Gopinath—a towering six feet plus, dark and myopic figure whose normal voice was a growl. Abdul Ahad Guru from Jammu and Kashmir and I were the sole residents selected for that year. Both of us were already thirty-four years old and senior faculty members in our respective Medical Colleges. Although there were six seats, it was policy to select only two. So, we were expected to do the job of the six people. There were no nights or days, no weekdays or Sundays. All we did was stay in the ward premises and the OT. This was the practice all over India wherever the M Ch. Course was being conducted. It was supposed to harden us to face the vicissitudes of cardiac surgery in the future.

Soon, we got accustomed to all this. We developed eyes and ears behind our heads to make sure we knew what was going on at all times. Chief would turn up at odd moments and silently poke his head through the door to see what was happening. It had to be a small infraction and we would get a good and proper dressing down. In the first six months, the ‘adrenaline levels’ in our blood were always quite high.

The amazing fact was that as we got accustomed to the routine we seemed to be able to do our job faster and better.

Goutam Sen is a former Professor and Head, Department of Cardiothoracic and Vascular Surgery, Sawai Man Singh Medical College, Jaipur from 1981 to 1991. He is also a former Consultant, Cardiothoracic and Vascular Surgery, Santokba Durlabhji Memorial Hospital, Jaipur from 1991 to 2015.

✉ Goutam Sen
sensgoutam@gmail.com

¹ CTVS, SMS Medical College and Hospital, J L N Marg, Jaipur, Rajasthan 302001, India

One of the ‘punishments’ the younger faculty had devised for residents was to ban us from open heart surgery and force us to assist the ‘Chief’ in his favourite operations. They were mostly tricky lung operations or constrictive pericarditis.

He had a particular affinity for ‘Constrictive Pericarditis’ cases. Saturday was the day for all such surgeries. He would come into the OT at 8:00 am sharp. It was expected that the patient would be ready and waiting on the tables with all the lines in place. He never allowed induction to take place until he was in the OT. While he waited, he would chat with his nurses in a voice we had never heard before—soft and charming. Once in a while, he would give us a baleful glance as we waited to drape the patient. He was a changed man once the operation started. As the heart was exposed through a left antero-lateral incision and the thickened pericardium was visible, he would become totally focused. As soon as the peeling began and he was able to find the right plain he would start humming songs. He would do a bit and stop. He would chat about all possible things with us—movies, film stars, family, local news and international events. Sometimes, he would just go on chatting for minutes. At first, I thought this was just one of his idiosyncrasies. Later, I realised he would do this only when the heart was irritable or the bulge of the released heart became too prominent. Even when the peel was easy, he would do it very slow and steady. He was giving rest to the heart intermittently.

He never finished such an operation in less than two to three hours. At the end of the operation, he would not allow the closure until every parameter had settled.

It is a fact that his patients needed the least amount of inotropes and the shortest duration of ventilation. The lesson of slow and steady procedure has helped me in tackling my cases with safety all my life.

Later in life, whenever my wife and I called on him he was at his charming best.

*_*_*_*_*

I was posted in JLN Medical College, Ajmer, as a Unit Head in 1978 after completing M Ch. in CTVS from AIIMS, Delhi. This was a general surgical unit and at that time my whole aim was to be able to do as much cardiothoracic surgery as possible. No fund or scope existed to start an open heart surgery centre. But there was a possibility of doing closed cardiothoracic surgery. It had never been done in JLN

We waited impatiently for the electric supply to return. After about ten minutes, which felt much longer, we had the lights back. The rest of the procedure went on without any

hitch. That is how the first closed mitral valvotomy was performed in Ajmer in 1978. We continued to do more surgeries in the year we spent there.

To our utter surprise, we made the headlines in the local newspaper the next day. The patient's husband was a newspaper man. The patient lived to be a grandmother.

_ _ *_*.

As a part of my training, I had the good fortune to be a Commonwealth Fellow with Mr. Marian Ionescu at the General Infirmary at Leeds, UK. In 1981, he was a giant amongst the few cardiac surgeons of the world. He was a refugee from Romania where the dictator Ceausescu was persecuting all liberal thinkers. Mr. Ionescu and his wife Christina, a cardiologist, had escaped in his small two seater Fiat 600 car through Yugoslavia and Italy in 1965 in a dramatic fashion. He was supported by some friends in Paris but finally settled down in Leeds at the invitation of Mr. Wooler who was looking for a good surgeon to replace himself before he retired at the General Infirmary and Killingbeck Hospital at Leeds.

By 1981, Mr. Ionescu was deeply involved in creation of an artificial heart valve which would be sturdy and not require anticoagulation. Having gone through many versions of stented and un-stented porcine valves, he had finally come to the conclusion that glutaraldehyde-preserved Bovine pericardium mounted on a covered titanium frame was the most suitable valve. He was trying to design a low profile flexible stent when I was working with him.

In collaboration with the Shiley Laboratories in California, the first of the famous 'Ionescu-Shiley Pericardial Xenograft Valves' had become commercially available. He observed that these valves functioned well for six to ten years in the young patients. He also reported a normal functioning valve twenty-six years after implantation in an older person. Unfortunately, the Shiley Laboratories closed down in the mid-eighties due to legal problems.

Mr. Ionescu was at his prime when I was working with him. Besides surgery, he was a voracious reader and was writing books too. He autographed and gifted to me as a Christmas present the book 'Current Controversies in Cardiovascular Disease (1980)' when I was there. I still cherish the book for the memories of the good times I had in Leeds. He was still innovating. I remember that he was upset that after CABG the heart was lying directly under the sternum. He was the first person to suggest the usage of sheets of preserved Bovine pericardium to close the pericardium.

He was a hard taskmaster but a generous soul. He drove all the people around him as hard as he did himself. I can never forget how he helped me when I was informed that my mother had become quadriplegic due to Atlanto-axial dislocation and would require an immediate fixation. I went to him and requested him to cancel my Fellowship and relieve me. He asked me to wait for a day. He called me next morning and handed me a return air ticket to Kolkata and told me about the coach which would take me directly from Leeds to Heathrow. I was flabbergasted. I told him I did not have the money to pay for the ticket. He just smiled and said you go and look after your mother and come back when she is settled. I will look after your family here. I have never met such a generous and concerned person before.

He was fun-loving and his vacations used to be spent in the Swiss Alps climbing difficult peaks. One of his luxuries was the red Ferrari which he loved to drive. I can still remember the fast trip to Manchester in that car. He loved good food and invited us to a farewell dinner at a posh restaurant. He was an excellent recounter with a great sense of humour and many tales to tell. He cracked jokes with a twinkle in his blue eyes. After his retirement in 1989, Christina and he settled down in Monaco. For his climbing expeditions he built a chalet for himself in Chamonix. I consider myself fortunate to have worked with such a doyen in cardiac surgery.