

IT'S ABOUT THE PATIENT

By Anothai Kaewkaen

A bold red line runs along the floor at the entrance to the operating facilities at the University of Illinois at Chicago Medical Center. A plaque on the receptionist's desk declares in capital red letters: RESTRICTED AREA. PROPER ATTIRE ONLY.

At the employee locker room before the entrance, Nonglak Kaewkaen begins the transformation necessary to cross into this other realm. She slips off her street clothes and dons the sterile blue smock and loose, faintly green scrubs of an operating room nurse. She slips netting over her work shoes, shoes padded at the soles for those who may stand for hours at a time, and similar blue netting over her short, black hair.

Finally, Nonglak, who is not quite 50, takes off her necklace, a thin chain from which dangles the symbol of Virgo - prudent, fastidious Virgo - and shuts it in her locker with her other belongings. The transformation complete, she is ready to step across the red borderline into the operating rooms, where tough jobs await her daily.

"My job is difficult," Nonglak said, "because I have to be with life and death. You have to deal with the serious nature of the operations: serious disease, open heart, brain disease, trauma from violent crime. It's all in the operating room, and you have to deal with it - whatever it is."

The operating room Nonglak described is a strenuous workplace where complicated operations like open heart procedures can last over four hours at a time.

"During this time you can't leave the room at all - or even sit down - if there is no one to

relieve you," she said. "No, you have to stand beside the operating table, handing the surgeon his tools, monitoring and arranging them on the mayo stand, and facilitate the operation.

Usually we have to stanch excess blood or stitch up wounds after a procedure."

The mayo stand is a tray placed beside the operating table where all the tools needed in surgery are arranged. It's also the site where accidents can take place.

"Almost everyone I know who works in the operating room has been nicked by a scalpel or a surgical blade while working the mayo stand," Nonglak said.

Her most recent accident at the mayo stand found Nonglak cut on the forearm by a contaminated blade. After waiting for someone to take her place at the table and reporting it to her floor manager, Nonglak was rushed through the emergency room to have her blood tested.

"They put me on a fast track through the ER to get my blood drawn and compared with the patient's blood to see if he had any contagious diseases," she said. "Someone from Pharmacy came to talk to me and asked me all these questions - am I pregnant, what medications am I allergic to - before putting me on a laxis regimen, a preventative medication."

Nonglak said, however, that the incident did not bother her much. "Other people might have gotten excited or become scared, but I'm not really that kind of person. If it happens, it already happened, right? Nothing can be done...if you have the misfortune to contract something."

Nonglak's main concern seemed to be for the patients. She told the gruesome story of a recent case: a woman had given birth at home and miscarried. The placenta, however, was too deeply embedded inside the woman to detach properly and she was "gushing blood." The woman had had two C-section operations prior to this pregnancy and built up too much scar

tissue to give birth without an invasive procedure. Nonglak and the surgical team had to make incisions at the woman's womb to get at the source of blood flow, and then administered over eight units of blood to make up for what had been lost.

"The pressure to save lives is the hardest part about being a nurse," Nonglak said.

"When I see the patient in a helpless position - under anesthesia, or cut open like that woman was - I'm more scared for *that* person than I am for myself. I don't want to see that anymore. I'm too old for that. But it is my job."

Despite the dramatic description of what an operating room nurse can expect to encounter, Nonglak remarked that she rarely gets excited at work. "It could be," she said, "that few things frighten me anymore...What strikes others as exciting has become commonplace to me."

This attitude is hardly surprising. During the early and mid-80s, Nonglak was part of the International Red Cross' relief efforts along the eastern and northeastern borders of Thailand. War and famine in neighboring Laos and Cambodia sent refugees flooding into Nonglak's homeland, driving them to wander through tropical forests and pathless wilds to escape the Khmer Rouge.

Back then, due to the rural location, the operating room for Nonglak would have been in a makeshift hospital, a thatched roof mounted on wooden poles and open to the air on each side, or a military-style medical tent. There was always a constant stream of people needing medical attention, whether racked by disease, gaunt with malnutrition, or suffering from open wounds.

The threat of land mines was also always near. "One time I arrived at the camp on the military transport to find the site deserted," Nonglak recalled. "A mine had gone off, and

nearly brought down the thatched hut."

Then, in the late 80s, relief efforts were disbanded as the two countries started to gain some semblance of peace. Nonglak came to the United States as part of the wave of foreign nurses the nation recruited to satisfy its enormous domestic nursing shortage.

She was followed by her husband, Uthai, who had been a United Nations field officer at the refugee camps. Nowadays, Uthai works as a chef at a Thai restaurant in the Chicago area, but he is still mindful of the unchanged rigor of his wife's hospital work.

"She works long hours," he said. "Three in the afternoon to eleven at night on weekdays. Back-to-back sixteen hour shifts every other weekend. She doesn't usually have time to do her laundry, prepare her own meals, or look after the house. So I have the kids take care of that, and make her lunch boxes myself."

Nonglak's nursing program placed her at the UIC Medical Center in 1995. Since then, the operating room has been transformed in many ways. A far cry from the distant medical outposts she worked in along Cambodian borders, the technology of today's operating rooms is a challenge for nurses of her generation to have to work with. Tasks previously conducted manually now require the use of various probes, cameras, and other technical pieces of equipment.

"You have to learn a lot of stuff," Nonglak said. "Sometimes you want to say you are just a nurse and not a technician. If you want it done, you do it! You can only troubleshoot so much. Aside from the patient, nurses have to deal with equipment now. It can get overwhelming...but you have to accept the change. Everything is computerized now."

Despite changing times and settings, Nonglak's insists her underlying task as a nurse remains the same.

"A nurse's job is difficult because it's never about her," she said. "It's about the patient."