

Thanksgiving for the Longest Night Call

By Deo Gratias



In our time, medical officer/registrar changeover of postings happened every May and November, but this is undergoing a change now...

This May, we started a new, difficult posting in the most challenging discipline ever – a “hardship” posting that will likely continue for the next 18 years. At least.

It is also the only posting where we get to take on multiple roles – be doctor, nurse, healthcare attendant AND anxious relative all in one.

There is only one superVVIP “patient”, who does not speak any language that is understood by any adult, is demanding, and needs a lot of care and attention. Luckily, our team of two is reasonably competent, and both of us have vested interest in this “patient”, and as in any posting, we have seniors to call upon.

We prepared for this posting by doing as much reading as we could, but didn’t have time or resources to arrange for hands-on attachment. What we didn’t expect was how the first night call stretched on indefinitely...

Flashback...

2 am.

“Wah! Wah! Wah!”

Both of us woke up and attended to the VVIP.

“What do you think he wants? He just ate, and I changed his diaper an hour ago.”

“Did you burp him?”

“Oh ya... No.”

“Well, let’s do it!”

Major spit up.

Another time...

“Oh look! Green poo! Eh, is it normal?”

Wikipedia... MummySG.com... BabyCenter.com...

Hmm, too many viewpoints; all anecdotal evidence.

“I think it’s time to escalate.”

“Okay!”

Call consultant.

“Hello? Mummy?”

We're sure all parents remember the tiresome "changes" – the two to three-hourly feedings, the constant carrying, how baby would start crying the second you sit down and demanding that you carry it and pace around, the constant BO/PU (bowel output/pass urine) and diaper changes, having to evade the jet of urine occasionally during diaper changing – and it just goes on, continuously, without relief!

Days passed into weeks... Weeks passed into months...

Everywhere we worked, it is commonly said that one gets more sleep on call than at home! We don't think that's true, but it sure felt like it!

In addition to the usual challenges in being first-time parents, we had some other worries along the way.

There was an abnormal first trimester screen, and we were scared silly by the high (one in five!) risk of trisomy 13 or trisomy 18. The amniocentesis was normal, which brought us great relief, until the ultrasound showed that the baby had congenital heart disease, requiring surgery.

Baby decided to arrive slightly early at 36 + 6, with a dramatic prelabour rupture of membranes. But baby was considerate enough to choose a Friday evening after our exit rounds, and arrived the next day, becoming "full term" by definition. Baby was in the intensive care unit (ICU) for a few days, and there was a delay in discharge due to a... strict adherence to protocol.

Baby also had neonatal jaundice, and needed regular blood tests, and an admission for phototherapy.

When it was time for the surgery, there were many minor problems with no general ward bed, no ICU bed, could not find vein for plug, blood clotted in tube requiring another poke...

But the important things were that the surgery was uneventful, and the post-op recovery was uneventful. We required only minimal updates, and no family conferences were needed.

We know that we are certainly not alone in this – every set of parents worries about their child; every child worries about their parents. There are patients with "more serious" conditions, there are patients with "minor" conditions, but we are sure we can all identify with that sickening sense of worry and fear.

Why are we sharing this? Because we are so thankful and glad, and we hope to share this happiness with you.

We are thankful to the doctors and nurses who looked after baby so well – you know who you are.

We are thankful for the nurse clinician who went out of her way to arrange the operating theatre and ICU for us – we know how difficult it is, to have to speak to another surgeon to ask permission for the list, to inform the anaesthetist regarding the added case, to speak to the ICU consultant to book and confirm a bed, and of course, to deal with anxious and irate parents.

We are thankful for the consultants who were so kind and gentle with baby – the surgeon, the anaesthetist and the ICU consultant.

We are thankful for the teams who did rounds, who carried out the changes – it feels weird to be on the other end!

We are thankful for the friends and colleagues who have been so supportive all throughout this period – covering for our work when we had countless medical appointments, in providing emotional support. Thank you for your prayers, thank you for keeping us company, thank you for making sure we ate and rested when baby was in ICU.

It was been a life changing experience – the daily mundane things which may irritate one sometimes, are now great sources of blessings.

We are thankful for the sounds of baby's steady breathing in bed; we are thankful for the loud crying; we are thankful for the diaper changes. Remind us of this when he's old enough to scribble on the walls, or play computer games all day without studying, or borrow the car without permission...

This Christmas, take a step back and think – *what are you thankful for?* **SMA**