

What's the talk about?

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Let's face it ... perfusionists and cardiac surgeons are completely dependent on each other!

Without an actual open heart, what is a perfusionist other than a glorified plumber? Without cardio-pulmonary bypass, what is a cardiac surgeon other than a general surgeon doing closed commisurotomies? Without each other, patients don't survive. We need each other like plants need water, fire needs oxygen, a car needs wheels. It's more than a marriage, yet the communication between perfusionist-cardiac surgeon has many parallels to a successful marriage. The exception being that polygamy is allowed since many perfusionists work with many cardiac surgeons and vice versa (one of the inter-personal challenges we face in our line of work). Unarguably, if you ask any happily married couple or marriage councillor, the secret to their success is communication!

Immediately one thinks of the verbal words spoken in the operating room between cardiac surgeon and perfusionist, but it's so much more than that! A marriage starts with courting and later communicating about the other party's perspective and approach to different things before the marriage even occurs, allowing a base perspective to be set. As such, a new perfusionist-cardiac surgeon relationship (successful communication) starts long before the operating room pump-run. Each party needs to understand the other's perspective of and approach to cardio-pulmonary bypass. After this the finer details need to be discussed and agreed on, way before standing in the operating room. Leaving this for the operating room when you're on the clock for CPB-time, is a sure recipe for stress and strife. In adult- or any well-established cardiac surgery program, these "base-rules" are usually "automatically" accepted, understood and agreed on. Major changes are usually discussed in group format between perfusion and cardiac surgery.

While this approach is acceptable for most run-of-the-mill adult cardiac cases, there are always some kind of nuance that needs special attention and re-communication before more complex adult and pediatric congenital cardiac surgery cases. For this reason, I don't only mention this in time-out or pre-operative huddle, but additionally also have a one-on-one discussion with the perfusionist before each complex case. Clarity and clear understanding between perfusion-cardiac surgeon is essential in mitigating errors on pump. Should you be working with surgeons that perhaps don't talk about things pre-operatively or forgot that specific day, it is your responsibility as perfusionist to initiate the communication, with the perspective of clarifying the plan for that case. NEVER ASSUME! If you have a doubt about any step/aspect, or there is an option to choose from... ASK! CLARIFY! Avoiding "choices", "misunderstandings" in the peak stress period for the cardiac surgeon (CPB, cardiac arrest and circulatory arrest), will surely lower the chances of conflict and errors that could affect patient outcomes.

A sure way to make a spouse mad, is to not respond when they are talking to you. We have all been on both sides of that coin. The same is true in the perfusionist-cardiac surgeon

relationship. In the last 2 decades, there has been a lot of focus and attention on “Closed-loop-communication”. I believe this mantra is ESSENTIAL for a successful, stress free pump run! After all, aren’t we 2 people managing one circulation, but different components there of? Unlike pilots in a cock-pit, that can see everything the other is doing on the control panel and only hear what the other is saying in headphones, we work where the other can’t necessarily see what the other is doing, and that in an environment where many people talk or distract. If we would work in different directions from one another, it would be like one pilot pulling the stick up and the other pushing down – the plane will crash! Since we as surgeons get tunnel vision through our loops, an audible confirmation goes a long way. In the same sentence, if perfusion communicates to the surgeon, that tunnel vision can make us hear but not listen. Giving back a confirmation to perfusion ensures mutual understanding. Asking a surgeon if he heard what you commented about the pump run, is not rude, “it closes the loop”!

Now what is more beautiful than a couple communicating to each other without a word being spoken. A look, a gesture, a touch! Like a perfect tango! That only comes with practice, time, stumbling and getting up again, communicating all the time. Being able to anticipate, act and trust! I have only witnessed or experienced this perfect harmony between cardiac surgeon-perfusionist a handful of times. Where less than 20 words were spoken through a pump run, yet there was communication throughout! A perfect harmony! A perfect case!

Communication between perfusionist and cardiac surgeon is a journey – never ending. Ever dynamic. Should be respectful. Ever striving for that perfect performance!