
ESSAYS/PERSONAL REFLECTIONS

Healing and shampoo, 1989

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I was in her pelvis—a dark, deep tunnel. I could barely reach to clamp her uterine artery. “Don’t injure the ureter,” I heard an inner voice say. The “bridge over troubled water” they call it—the ureter slithers just below the uterine artery.

At five foot two inches and 100 pounds, I stood on a footstool to operate and had to reach over Mrs. Sully’s body through the horizontal incision and into her pelvis. Sweat was running down my sides and back.

I wasn’t thinking about how I held her warm hand as the anesthesiologist put her to sleep. I wasn’t thinking about how I meticulously prepared for this surgery or about her husband sitting in the family waiting area. All I was thinking was I didn’t want to hurt her, or worse kill her.

This was one of the first hysterectomies I had done since finishing my residency. I knew Mrs. Sully well. We discussed the pros and cons of removing her uterus due to large fibroids that were painful and causing heavy bleeding. She was a bubbly, talkative woman who told me she knitted hats for a women’s shelter. At 5 foot 5 and 190 pounds, she carried herself so comfortably that I didn’t anticipate the excess weight would make her pelvis difficult to reach.

“Call Dr. Cummings and see if he can come over,” I said to the circulating nurse.

My colleague arrived five minutes later, graciously, and we extended the incision and adjusted the lights. We repacked the bowel and asked the scrub nurse for longer instruments. The surgery was completed without incident.

I saw Mrs. Sully that evening and the following morning. She was doing fine, sitting up in a chair, her vital signs and blood count stable. I saw her again

at 7:00 p.m. the following evening after finishing office hours.

“Do you need anything?” I asked.

“I would love to have my hair washed,” she replied, “but the nurse said she is too busy.”

Every time I had operated I felt the weight of the woman’s life in my hands. And postoperatively, I worried. I was concerned that Mrs. Sully recover from the surgery without complication. Her hair was the last thing on my mind.

But I knew how good it felt to have my hair washed—especially when I was feeling poorly.

I got a blue plastic basin, a plastic cup, and a small bottle of Johnson & Johnson Baby Shampoo from the supply room along with several towels. With Mrs. Sully sitting up and the bedside tray in front of her, I washed her dark brown hair with warm water, using the cup to rinse out the foam. After gently wrapping the towel into a turban on her head, I found a hair dryer in the supply closet and, with a brush Mrs. Sully had packed, blew her hair dry.

“Thank you so much,” she said. “I feel 100% better.”

She went home as planned three days after the surgery. At her postop visit in the office six weeks later, I examined her well-healing incision. “I want to thank you so much,” she said, “for washing my hair.”

“Her hair!” I thought to myself, “What about the five pounds I lost sweating as I strained to operate within her deep pelvis. That was one of the hardest hysterectomies I’d ever done.”

Five years later, I moved my practice to the other side of town, and Mrs. Sully followed me faithfully. I knew it was not the successful surgery that had her drive 45 minutes out of her way.

It was the simple kindness of washing her hair.

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