Emergency Surgery: The Easy Part

Category: Emergencies
written by Ellen Rand | November 3, 2022

“When I went in, it was as if a grenade had gone off in there.” That was what my husband’s surgeon told me after he performed emergency surgery to address the havoc in my husband’s colon and bladder. A diverticular sac had ruptured and eaten a lima-bean–sized hole in my husband’s bladder. This was no mere urinary tract infection, as my husband had thought; it was massive infection, called a colovesical fistula.

Weight loss, weakness, and stomach pain had finally prompted my husband to see his primary care doctor, who arranged for a CT scan and prescribed an antibiotic. “This requires a surgical solution,” he advised my husband, after he saw the scan results. We met with the surgeon days after that. “It’s serious but treatable,” the surgeon assured us.

Weirdly, the oft-invoked Monopoly phrase—“Do not pass Go, do not collect $200”—flitted through my mind as the surgeon said to go straight to the hospital emergency room. The next day, my husband would have step one of what the surgeon envisioned as a two-step process of returning him to good health. At that point, I felt a sense of relief, once I’d recovered from the initial shock of learning about the diagnosis and possible risks and imagining the long road ahead.

That first surgery the next day went quickly and without incident, including a partial resection of my husband’s sigmoid colon and a colostomy. The day after that, my husband was sitting up in a chair in his room, joking with his nurses. We were optimistic that our surgeon would be able to tackle the second step in eight to 12 weeks, as he had envisioned (including a colostomy reversal and a return to normal bowel function).

But stubborn infections don’t necessarily get with the program. For the next year, the road to recovery was rocky, frustrating, complicated, and often maddeningly uncertain. Instead of two surgeries there were four (with surgery #2 done during the rise of the Omicron variant in January 2022, when I couldn’t be there). Surgery #3, in April 2022, was supposed to be for the reversal but was not because—surprise!—there was a new abscess to contend with. Surgery #4, the finale, took place at the end of June 2022. Recovery after each surgery took some time, longer for an older person than might otherwise have been the case.

The happy ending is that my husband has recovered well. But the original emergency surgery was the easiest part of it all.

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