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Shipwrecked to plain sailing

Confessions of a capsized trainee; returning to work with mental health symptoms.

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As surgeons, there is an unwritten rule that we must be mentally strong. Of course, the General Medical Council requires us to be physically and mentally well in order to practice.[1] There are many situations where we need resilience or mental strength. We see patients at their most unwell and when they are vulnerable; we break bad news; we see traumatic situations; we diagnose cancers, work shift patterns with busy on-calls, varying teams and some big personalities; and as trainees we move every year, putting strain on our friendships, relationships and families. We must also portray confidence and strength to our patients as we consent them and gain their trust that we will perform to our best surgical ability. When we are not mentally strong, these things become more difficult or even impossible.

As a junior surgical trainee, I was excited to begin core training (in a themed job close by). However, my first year didn't quite go to plan. A few months into training I had a significant accident. During a holiday, I was sailing a catamaran around the Cape in South Africa. Out of the harbour it was very windy and the sea was incredibly choppy. I was thrown sideways through the rigging and became trapped underneath the boat tangled in ropes. I was struck heavily to the right side of my head and body. The more I struggled the tighter the ropes became. I looked about to try to orientate myself, noting that I was far from the light at the ocean's surface with no air supply. My thoughts raced. I could feel vibrating. I gulped salt water, terrified.

Time slowed. The whirring of boats nearby, the screams and the noises around me became more distant, the bright light of the sun streaming through the rough waves became dull. I grew tired and I stopped wrestling with the ropes. I was so cold. I battled to keep the direction of the surface known. Calm settled in my mind as I ceased to struggle. I closed my eyes. I could barely hear the background churning and the screaming and everything became dark.

Luckily my clothes were spotted by another passenger who had also been thrown from the boat. I have a vague recollection of a force pulling on my right arm. I was dragged to the surface and gulped fresh air. It became clear that the 40-foot catamaran, with its five passengers and three crew, had capsized. The sunlight was very bright at the sea's surface. I had survived.

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Various physical diagnoses were made when I was repatriated to my local major trauma centre. A right shoulder fracture dislocation and a left wrist soft-tissue injury, I was splinted and non-weight-bearing on both arms for a few months. A left ankle fracture immobilised for six weeks, lacerations and rope burns to my legs, water ingestion and, presumably, a head injury. The surgeons mentioned the possibility of psychological injury at that time. Once all my physical injuries had been addressed, the psychological impact became more apparent. At that point, I did not realise the effect nor the extent of my psychological injuries.

Weeks later I walked into the deanery prize day and a friend of mine aptly said 'good morning humpty dumpty,' noting my many splints, cautious movement and fearful eyes. Unfortunately, it wasn't a short wall that I had fallen off; rather, what seemed a near-catastrophic accident. What my friend couldn't see were the psychological symptoms, which are difficult to explain and express, all the more so when one has little insight or understanding of their own symptoms and given the stigma and misconceptions that surround mental health.[2] These symptoms were difficult to express to colleagues who had become friends and even harder to express to new colleagues, senior colleagues and perhaps surgeons in particular. Professor Greenberg, who is an expert in post-traumatic stress disorder (PTSD) explains that as people become more unwell they also become more worried about the stigma attached to mental illness.[3]

Over the following few months I became more anxious and normal activities were increasingly difficult. I became paranoid and fearful outside home and frightened of death. I had vivid nightmares. During the day I had flashbacks, a cold sensation that rushed from my head to my toes, a sensation of being at sea, floating up and down on the waves. When I felt frightened I would sweat profusely and clutch my neck. I avoided bright lights, crowds, people moving in different directions, feeling cold, all of which are common in the theatre environment. Over the period of an hour I could burst into tears or fits of giggles without reason or warning. I was easily upset and hypervigilant, so I would continuously check over my shoulder, which can all be 'normal' after traumatic experiences. It felt like being naked and I couldn't understand what was happening to me.

My first day back to work was four months later and came very quickly. I was shaking on the way into the building. I hadn't slept. I felt embarrassed, ashamed and guilty, common symptoms after trauma. Physically I was almost healed, but emotionally and mentally I felt like a shipwreck, and I was unsure whether to or even how to explain that to my boss. It is known that people with symptoms of PTSD worry what their senior will think and that they may be seen as weak, which prevents them from seeking treatment.[4]

I was worried about seeing SHO colleagues, worried what they would think of me and my extended time off work. I wanted to hide the story. Being in scrubs I felt stupid, not worthy of adorning them. The first time I attended theatre after the accident the stimulation was huge. I began to sweat profusely and felt very frightened,

my thoughts racing. I was opening a private document, my occupational health report, with my back faced to the room, so that I couldn't see what was happening behind. My friend, another SHO, rested his arm on my shoulder and said, 'I heard about the accident, that must have been terrifying.' I burst into tears and ran from theatre. I was ushered into a room I didn't know. I felt lost, ashamed, humiliated and upset. I sat with my back against the wall: my position of safety. I recalled the theatre staff who had seen me in tears, and I feared their judgement, fearing that they would think of me as 'unstable or mentally unwell'.

My consultant found me terrified in this unknown room clutching my scrubs and holding my neck, unbeknown to him this was because I felt unsafe. Both my consultant and the anaesthetic consultant took time away from their busy training lists and trainees to provide me with their undivided attention. They asked me many questions, which felt intrusive. I wanted to peel my skin off and kept tugging at my scrubs to try to cover myself further. The consultants shared personal pains that they had suffered and how they moved forward. I sat with my back against the wall. These consultants had both gone out of their way to help me; they promised to support me and I felt able to trust them. At that point I realised that the psychological injuries would take longer to heal than the physical injuries, that I was unwell and I needed help. Greenberg states that two influential factors in management of PTSD symptoms are social support and the amount of stress that occurs while a person is recovering.[5] I had developed social support but the stress of returning to work brought the symptoms to light.

As I walked back down the theatre corridor squinting at the lights, I considered the requirements of a good surgeon. Surgeons need to be strong, confident, decisive, leaders, good under pressure, with sound judgement and of course good knife skills. Those things for me had faded. I was shaking and exhausted, tortured by my own mind with continuous anxiety and fear. I felt I had no control and that was very difficult. However, I did have support. My consultant had said 'be kind to yourself'. This was probably the most useful advice I had been given while recovering.

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Over eight weeks I made daily progress in returning to work. It was important to return to a routine. I had a highly personalised and supported schedule with direct supervision by an approachable and supportive consultant who was aware of my training needs during recovery. The plan at first was made on a daily basis. I faced increasingly difficult challenges, which allowed me to heal. I began by studying in the theatre coffee room to familiarise myself with the environment again and the continuous stimulus. The following day I attended a multidisciplinary team meeting to listen to the presentations and clinical decisions. I then attended a clinic as an observer and the following day I examined patients in clinic. For the next clinic, I sat with the specialist nurse while she managed a patient who had been given a cancer diagnosis. After this, I attended theatre and scrubbed and then assisted.

Each step was combined with a daily reflection on what I had achieved and any changes that needed to be made. Working in what I perceived as a safe and supported environment under the supervision of one consultant was integral to return to training. I was open and honest with my trainer about my symptoms and we formed a trusting relationship, which enabled me to return to training and to being a useful team member. Notably, both my trainer and I learnt along the way, neither of us having had experience of managing return to work after a traumatic experience. Together we made continual adjustments. I had to trust him fully. I learnt the importance of fun at work and of daily reflection and continuous feedback on training to enable learning after this challenging situation. Most importantly, I had a surgical trainer who was kind, caring and consistently supportive. It is a challenge to discuss mental health problems and to seek help and these are both very necessary steps on the route to recovery.

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