

# FROM TRAGEDY TO HOPE

SURGICAL AND SPIRITUAL NOTES BY: DR. PAUL GRAY

## THE STORY OF "M."

M. was a patient in our hospital for about a month. He was a 22 year old man who was working at a construction site where he sustained his injury. While working with a motorized cement mixer, his left forearm was caught in the machine and badly mangled. He was actually blessed to be alive since this process is often fatal as the machine relentlessly grinds limbs off. As he was evaluated at our hospital, it was found that both bones in his forearm were broken. Even more worrisome, much of the soft tissues, including muscle, tendon and skin, were ripped off the dorsal side of the forearm (the side of the back of the hand). One of the fractures was completely exposed along with much of the bone. One of the key elements to healing a fracture is having adequate soft tissue coverage. And there was simply nothing there to cover his wound. But his hand was alive and, with the exception of the missing tendons and muscle, functional.

## A DISTRUSTFUL SPIRIT

He was taken to the operating room where the wound was cleaned, a dressing and splint were applied. On rounds the following morning with the PAACS residents, we discussed with him the severity of the wounds. It is a hard blow for a young man to take, but we assured him that we were going to try to save the arm. We expressed our dependence on God to treat this and we offered to pray with him. With a distrustful and closed demeanor, he strongly refused prayer and expressed his faithfulness to a different religion.

## A FRIEND FOUND

Over the next several days, we

sequentially cleaned up the wound in the operating room. Concurrently, though, we showed him love and tried to care for him with tenderness. The PAACS residents in particular reached out to him and one of the residents who shares the same tribal language spent time with him outside the normal work hours to get to know him. It was a blessing for me to observe the friendships building as the residents cared for him and M. responded to their efforts. We later asked again to pray with him for his healing and he accepted.

Once the wound was sufficiently clean, we took him to the operating room to attempt definitive treatment. The fractures were pinned and rodded in place. Then we made a large U-shaped incision on his upper abdomen to elevate a flap of skin and fat, leaving a long edge of the rectangular flap still attached to his torso. We then placed the arm under the raised flap and sewed the three free edges of the flap to his arm, covering the wound. His arm was effectively sewn to his abdomen. For now, the blood supply to his new arm skin was still coming from his abdomen. For the next three weeks, we changed his dressings and kept the wounds clean while we waited for blood supply to grow from his arm up into the new flap of skin.

## A COMPASSIONATE DOCTOR

During this time, it was again the love and friendship of the residents that impressed me. The one resident especially spent a lot of time with him. They talked about the gospel of Jesus and the man was increasingly open to hearing about it. He eventually asked for a Bible and spent much of his free time (of which a guy with his arm sewn to his

abdomen has a lot) reading about Jesus and the good news of the gospel. We clearly expressed our love and concern for him, both for his body and his soul. But we never pressured him or coerced him. It appears that part of the change in his demeanor stemmed from his realization that our medical care for him was independent of his response to our religious beliefs. He knew that we were going to do our best for him regardless of whether or not he even listened to our beliefs, much less believed them.

## A HEALING WOUND

Three weeks later, we took him back to the operating room and, with some fear and trepidation in our inexperienced plastic surgery hearts; we divided the skin from his abdomen and by God's grace, the blood supply from his arm had indeed taken over. We were able to suture the remaining flap edge to his arm, thus completely closing his wound. We were also able to take some skin from his leg to cover the defect on his abdomen.

## A THANKFUL HEART

His last day in the hospital, we talked with him one more time about the Lord. He was still not ready to make a profession of faith, but he wanted to keep reading the Bible he had received. He expressed to us how thankful he was for his care. In the beginning, he had no hope that his arm could be saved. He was very thankful for his care at the hospital. He was also appreciative of the efforts to share the gospel and he felt it stemmed from genuine concern. We further expressed our affection for him and told him that we understood something of the challenges he faced. We prayed together and he left to go home.