The Heart Room
By Chad Krilich

The last time I stepped foot into a cardiac surgery suite, I was an eager undergraduate doing research for Peter Mansfield, MD, in Seattle, Washington in the late 1990s. It was not until now, almost 20 years later, that I returned to this hallowed ground. The visit was prompted by an invitation from Shea Aiken, MD, an Anesthesiologist and Keith Korver, MD, a Cardiac Thoracic Surgeon. My day started spending time with Dr. Aiken. And yes, the day started with coffee (pictured here) and conversation. It was a good way to get as sense of what the rest of the day would look like and we reflected on the remarkable precision, technology, and esprit de corps that is needed to care for patients in the “heart room”.

As I watched the team, I realized that precision is an understatement. Everything—from prepping the patient and counting the equipment to identifying the lesion of the mitral valve—needs to be done precisely. The team moved quickly. I learned that they act quickly all the time as a means to prepare when an emergency arises.

Back in the 90s, we had a lot of great technology, including cable TV, this thing called the “World Wide Web”, and the first gene therapy trial. My memories in the Operating Room at a Providence hospital in Seattle did not include a transesophageal echocardiogram used intraoperatively or a device which ties knots for you on the annulus of the valve. Seeing for the technology we have available now for our patients was remarkable.

The esprit de corps is what will keep my coming back to observe cases in our operating rooms. The technicians and assistants effortlessly provided Dr. Korver, with what he needed to perform the surgery and it was remarkable. Dr. Korver shared that the operating room is like a theater. I could see why. Whether it was Julie (the perfusionist pictured here), Dr. Aiken, Dr. Korver, or the rest of the team, it was remarkable to see the amazing ways we care for our patients at Santa Rosa Memorial Hospital.