

White belly illuminated. Lights blinding. Everything is clean. Everything is ordered. My arms are still moist from scrubbing; I can feel the friction of the gown. I look around and take notice. I must notice; I must make sure not to interrupt the process. This isn't new to me. I've been in this theater before; I've seen the play; I've watched the dance. And in this moment, the surgical symphony is about to begin.

I stand over the patient, lateral to her abdomen on her left side. I can hear her voice, but I cannot see her face. The curtain keeps her hidden from us, and us from her. Things and people are being placed. Her pastel abdomen is an island breaking the waves of royal blue surgical drapes.

Suddenly, a timeout is called. The machinery and movements of the room are stilled. There is a brief silence. The patient is described: name, date of birth, meds, allergies, and why she is joining us today—“*Here for a section!*” Confirmations are made. We have our permission. The chief leads the way, captaining the ship, wielding the scalpel. The attending beside me watches with boredom; the intern across from me watches with excitement. I just watch. I remember the other times I watched, but those times were different. Although those patients had been fast asleep, their bodies were wide awake from the pathologies that plagued them—necrosis, ischemia, infection. The bowels had gone bad and rotted, the diseased coronaries had strangled the heart, limbs had turned black with gangrene. Entropy had been the enemy.

As I gaze over the abdomen that lies in front of me, my mind begins to prepare itself, retrieving, urgently—the layers of the abdominal wall; the peritoneum; the liver; the spleen; the stomach; the bowels, small and large. I was going to see the yellow of the omentum and smell the burnt flesh from cautery. When asked, I was going to recite the facts I had memorized. I was going to impress the attending. Neither the abdomen nor the things it houses are new to me.

“*Start!*”

As the icy steel knife plunges into that pale flesh below her navel, I have a realization. This is not like the other times. There will be no necrosis, no ischemia, no infection. The pathology is not the spectacle. Entropy will not be the enemy. I will not lay eyes on the liver, spleen, or stomach. In this moment, these are not the systems of interest. My eyes widen. My breathing grows heavier, the fog obscuring my eye shields. I will bear witness today. I am going to see the beginning: once that uterus is lacerated and stretched, and once that sac is ruptured, more than just blood and amnion will flow. A river of life will burst forth, a new spring blooming from the eternal winter that is nonexistence. The cry of a new soul will ring throughout the OR like church bells. Tears will be shed and congratulations will be given while the umbilical cord is cut—a physical severing followed by spiritual bond, the mother holding them tight. A journey begins. This is not like the other times.

“*Happy birthday.*”

about | author

SWANN

Before medical school, Cooper Swann attended Cape Fear Community College and the University of North Carolina Wilmington, graduating in 2019. He has applied to internal medicine for the 2025-2026 ERAS cycle. When he is not thinking about medicine, he is probably playing chess.