Pas de Deux

Growing up, my older sister was a talented ballerina, dancing in countless performances, beginning with year-end recitals and advancing to classical ballets like Giselle, Coppélia, and The Nutcracker. A loyal sibling, I attended every one of these performances, often sitting in the audience alone while my parents helped backstage with costumes and set changes. To this day, I can still identify each dance in Tchaikovsky’s Land of the Sweets by the first few musical notes in the score. As a child though, I easily bored of the pas de deux between the Sugar Plum Fairy and the Cavalier, which I complained to my parents felt like an endless sequence of “She dances. He dances. They dance.”

Eventually, my sister earned the role of Sugar Plum Fairy, and I no longer felt bored but entranced. I held my breath as she was tossed in the air by her partner, caught at just the right moment in a graceful arabesque, only inches to spare between her body and the stage floor. During these performances, she radiated an effortless confidence and elegance to the audience, but one that I knew reflected hours of careful and intentional practice with her partner, each step planned and practiced, over and over again.

Together, we have learned the synchrony of operating as a pair, finding a measured rhythm and coordinated routine that makes sense to us both.

Much like dance, the art of surgery requires tedious, intentional practice—often with a rotation of partners in the operating room (OR), including the cadre of residents progressing through the surgical training paradigm and faculty colleagues—including, in my case, my spouse.

My husband and I are an unlikely pair, more different than alike. I spent my childhood in the Southeast, he grew up in the Northeast. I am petite; he is tall. As our daughter often points out, my skin is fair, his dark. Our taste in music is disparate, likely the result of an age difference—he was a teenager in the 1980s, me, the 1990s. Like many couples, our interests are divergent. He is fascinated by World War II history, spends hours in our garage refinishing furniture, is a connoisseur of cars of the 1980s and 90s. A loyal sibling, I attended every one of these performances, often sitting in the audience alone while my parents helped backstage with costumes and set changes. To this day, I can still identify each dance in Tchaikovsky’s Land of the Sweets by the first few musical notes in the score. As a child though, I easily bored of the pas de deux between the Sugar Plum Fairy and the Cavalier, which I complained to my parents felt like an endless sequence of “She dances. He dances. They dance.”

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During the past 5 years since I completed surgical training, my husband and I have been surgical colleagues and partners. We are both liver and pancreas surgeons, sharing a narrow subspecialty expertise at work, as well as a marriage at home. We sought academic appointments at the same institution after realizing that the choreography of navigating 2 independent careers in surgery, especially in a specific subspecialty, is challenging, if not nearly impossible.

Fortunately, operating together came naturally. We completed fellowship training at the same cancer center, albeit in slightly different generations, and as a result, our surgical technique is similar. We ascribe to the same oncological philosophy and operate with a shared appreciation for meticulous and careful dissection. Our personalities, although different, are surprisingly complementary in the operating room. He is the extrovert, lightening the mood through conversation, teaching the residents, and lifting the morale of the OR staff. These diversions enable me to be my introverted self, channeling critical energy toward my own focus and clinical precision. A combination of personality and a difference in years of experience, I can be more cautious and tentative at times, while he can be more decisive and willing to commit. The balance together, we’ve found, is just right.

On many occasions, friends and colleagues have asked us curiously, “How could you work so closely with your spouse?” “Which one of you is in charge?” “How do you deal with the partnership?” “Which one of you is in charge?” “What is it like to operate together?” “Which one of you is in charge in the OR?” We shrug and smile, answering as best we can. Yet I always feel that our explanations fall flat, unable to capture the complexity of operating together, a delicate and practiced dance of 2. Together, we have learned the synchrony of operating as a pair, finding a measured rhythm and coordinated routine that makes sense to us both.

Conducting most operations independently with a surgical resident, we reserve our joint efforts for those operations that are the most technically complex. We have navigated many precarious dissections together, bolstered by a shared, well-earned trust in our proficiency when we work as a team. Much like the performances of my sister and her dance partner, a skilled operation conducted together may appear effortless to those around us. In reality, it reflects countless hours of joint rehearsal, every operation serving as preparation for the next.

Over time, I have learned to anticipate not only my next move but also my husband’s. I know what he will say next with striking accuracy, likely a function of being cosurgeons as well as spouses. I have a well-honed awareness of when he will become exasperated or chide the resident and have adapted my own reaction, offering patience or gentleness for counterbalance. In contrast, he can sense when my apprehension is mounting.
and extends a reassuring and calm presence to preserve my confidence. At the center of this is always the patient, for whom we are both working relentlessly. In the worst-case scenario, when a tumor is unresectable, we help each other to accept that reality. Those are the hardest operations for us both.

As an academic surgical couple, we have not been afforded equal opportunities on center stage. Instead, we have taken turns in the lead role, stepping into the wings from time to time and allowing space for each other in the spotlight. Recently, when unique career opportunities at different institutions presented themselves, we recognized the rarity. Acutely aware that a dual career move that works for both of us might not be available again, we deliberated the decision at length. Ultimately, we agreed that although not perfect for our young family, these opportunities would allow us each to do best what we both love to do most.

Apart from the stress of uprooting our children, our strongest reservation about this change was the loss of working and operating together. When we first broke the news of the move to our family, our daughter expressed sadness about leaving her friends and her loving nanny. At bedtime that night, she asked me how to make her heart stop hurting. I could relate, albeit to my own grief. The idea of no longer sharing this unusual and unique experience of operating with my husband again made my heart hurt too.

Our move date quickly approaching, we sold our house and began packing boxes. We emptied our offices and closed out clinic schedules, saying goodbye to our patients and their families. And recently, we finished our last operation together. Thinking back, I can't remember who threw the last stitch, or who tied the last knot, much like arriving home with no memory of the series of stops and turns one took to get there. The effortless synchrony of operating together has been all too easy to take for granted; the gentle ease, a given.

Ultimately, neither of us knows the choreography of this next dance. We can only guess what our new life will look like, or how it will turn out for us individually or together. I'd like to think I know how it ends though. After we each dance our parts, we'll finish the pas de deux together.

**Conflict of Interest Disclosures:** None reported.

**Additional Contributions:** I thank my husband and sister for allowing me to share this story.