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EUGENE GARCIA, THE REGISTER

WATCHFUL EYE: Scrub tech Pablo Garza, center, waits to hand Dr. Richard Gates, left, and Dr. Drew Morris their surgical instruments.

THE MORNING READ
**Heart surgery's
invisible man**

By **TOM BERG**
THE ORANGE COUNTY REGISTER

ORANGE • He's the experienced veteran you want by your side if you - or your infant - ever need open-heart surgery.

And yet he is nearly invisible. Not the surgeon. Not the assistant surgeon. Not the first assistant or anesthesiologist or perfusionist on hand every time doc-

tors slice into another chest.

He is Pablo Garza. And even though he's participated in more cardiac surgeries than anyone at St. Joseph Hospital or Children's Hospital of Orange County, hardly anyone outside these walls has ever heard of him. Patients never meet him. Families never send him thank-you cards or photo-

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GARZA: Humble path to cardiac surgery

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graphs or stay in touch. Even his title commands little respect: scrub tech.

He is the man who hands surgeons - focused, at times, on infants' hearts as tiny as eggs - their scalpels and forceps and hemostats. Just the right one. At just the right moment. At just the right angle in the hand. He is so good, they say, that he sometimes means the difference between life and death.

Not bad for a man who never finished 10th grade. A man who got his start here as a janitor - mopping floors.

It was Sister Claire Marie who first took a chance on the 21-year-old husband and father who drove from Texas to take a janitor's job.

"She cared for me," Garza, 64, says of the former St. Joseph surgery supervisor who encouraged and promoted him. "She took me by the hand and said, 'Let's do this.'"

Within 90 days, he was transporting patients to the operating room. The job left him time to stop by the instrument room to help clean surgical tools - using a brush and detergent to scrub off blood before sterilizing them in an autoclave.

"I wanted to learn everything I could," he said.

And he did. He watched surgeries. Asked questions. And learned how to set up the instrument trays. Soon, Sister Claire Marie let him assist a scrub tech named Bill. During one appendectomy, Bill said, "OK, set up the case like I showed you how and I'll be back."

Only he never came back. Garza's heart kept beating faster, and he kept asking when Bill would come back. Until he saw Bill looking through the door, waving.

"After, I said, 'My God, I did this!'" Garza says. "I went home and told my wife, 'You'll never believe what I did today. This is the beginning of something different.'"

And so it was, years later, when his fourth child was born, Garza gave her a name dear to his heart: Claire Marie.

Back in the 1960s, scrub techs did not need certification. Garza moved up the ranks - from appendectomies to laparotomies (abdominal-incision surgeries) to bowel resections. Then vascular surgery on veins and arteries. Then thoracic or chest surgery. By 1969, he was assisting on heart surgeries - where he would stay. And flourish.

"I always thought if you put earmuffs on Paul and blindfolded him, he'd still hit you with the right stuff at the right time," says Dr. Richard Gates, chief of cardiac surgery at St. Joseph and CHOC. "When Paul's there, I'm always comfortable."

Why? First off, cardiac surgeons wear loupes, or magnifying glasses, to focus on vessels as small as 2 millimeters across. To look up is to lose your place. A good scrub tech anticipates each move and has the proper tool ready - without being asked. He must remem-



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THE RIGHT MAN FOR THE JOB: Scrub tech Pablo Garza takes a break between surgeries at St. Joseph Hospital. He averages two cardiac surgeries a day, but patients and their families never meet him.

ber hundreds of steps in hundreds of operations, and know the preferences of each surgeon.

Then there is that indefinable quality - how one responds to life-or-death pressure. Garza still recalls the day a patient survived surgery only to start dying after being sewed up. They had to rush him back on-

to a heart pump. "The doctor didn't have time to tell me, 'Give me this or that,'" says Garza. "We just worked together, just did this, boom-boom-boom. Later he told me, 'Paul, if you were not in the room with me, we would've lost the patient.'"

Garza gets quiet. "I never forget that," he says. "I still talk about it because it was very gratifying. It was a very big compliment to me."

Of course, there are bad memories too. With unhappy endings.

Now, most cardiac patients survive surgery. But that wasn't always the case in the

Talk to us

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early 1970s, as surgeons pioneered the techniques used today.

"In one week, we lost three kids," Garza says. "It was devastating. I said, 'Gosh, this is too much for me.'"

Each was a reminder of his month-old daughter who died of crib death years earlier. Garza quit working children's cases for a couple of years, until cardiac surgeons asked him back.

"I told them, 'I'm ready,'" he says. "It's the challenge - the fact that I could do it."

And he's never looked back. He's since averaged two cases a day. And trained more than 100 others in the art of being a scrub tech.

"He's a living legend," says one of those, circulating nurse Elsa Bandong, 38. "He's

learned from surgeons who've passed away, surgeons who've returned and surgeons who are established. He knows all the techniques and secrets - things you can't learn from books."

Along the way, Garza earned the profession's highest certification, Operating Room Technologist III, passing tests he thought he couldn't pass - in anatomy, physiology and microbiology - with scores in the high 90s.

He'll retire in 15 months, but already has agreed to continue part time - "until I can't walk anymore," he adds.

Because every night, as he drives home, a feeling comes over him that he can't describe. A small miracle.

"I just feel that I had a good day, every day," he says. "We haven't lost a patient in years, a long time. It's satisfying to know that."

To know he saved another child's life.

Not bad for a man who never finished 10th grade. Who got his start here mopping floors.

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