

The unseen

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It is a Monday morning. I am on my way to the hospital, coming off a quiet and relaxing weekend. With the start of a new work week, a familiar uncertainty sets in as I wonder what the upcoming week will have in store. Then, almost like an answer to my thoughts, a page comes in: a new consult in the emergency department.

The patient is young. Mid-twenties. Flown in from a Northern Ontario town, where access to care continues to be challenging. In fact, he presents with a priapism that has lasted for more than 24 hours. And when someone with this condition shows up, you do not start by asking too many questions. You act. Address the problem and treat the patient.

Time is of the essence, so the team moves fast, all working toward a common goal. I skim through the electronic medical record and enter the patient's room. I ask some standard questions and perform a physical examination, all of which I have done countless times.

The team comes together. We prep the patient. Irrigation. Aspiration. Phenylephrine. The routine. We wait. Five minutes turn to 10, 10 to 15, and finally, 20 minutes pass. Detumescence has been achieved. The tension in the room breaks, and everyone exhales. We are satisfied with the results and are ready to continue on to our next tasks: a new room, a new patient, a new story. But something makes me turn back. Not because of something we have done, but because I have this feeling that we have missed

something. Why has this seemingly healthy young man developed priapism?

The patient reveals the answer upon further questioning: his recent prescription of trazodone for depression and insomnia. He didn't just take one pill as prescribed. He took several. And he did so willfully. We had been so focused on the priapism and on preventing long-term damage that we had missed the underlying suffering of our patient. The tension in the room returns. My staff, the nurse, and I no longer find ourselves in a straightforward urology case, as we had originally thought. We are now witnesses to a more troubling reality.

Afterwards, I couldn't help but wonder if I had walked out of previous patient encounters, having left my patients' concerns unaddressed. How many times have I treated a patient just enough to get them back home, but may have overlooked what else needed to be touched on?

Medicine is a quick-paced profession, and it can become easy to get lost in the routine where efficiency is maximized and often prioritized; however, we should never forget that the patient is at the center of all that we do. As doctors, our roles as healers extend beyond the physical. We are in a position to accompany our patients through their unique journeys to ease their suffering and guide them toward healing.

That Monday morning became much more than just another consultation. It was a much-needed reminder that healing doesn't end with a procedure or treatment. Sometimes, it's not about rushing out of the room; it's about asking a followup question, not only because you want the answer, but because the patient needs you to ask. Treating our patients requires us to scratch beneath the surface. Listen to the silent cries. See the unseen.