



# A Clear Path

*Deyanira Jerez Prastein, MD, a cardiothoracic surgeon at Rochester General, reflects on the life moments that led her to service.*

BY MARY STONE

Remembering her youth in war-torn Nicaragua, makes Deyanira Jerez Prastein, MD, think of that iconic scene from the movie, “As Good as it Gets.”

Jack Nicholson is in the backseat ranting about how some people have sad stories, but others have pretty stories filled with sunny days on boats, with friends.

“There is a beautiful scene when he talks about being resentful of the people in this world who spend their weekends at the lake, eating noodle salad,” Prastein says with a faraway smile. “Growing up I sort of felt that way, ‘Why couldn’t I have had that life?’”

Prastein’s family, originally from Cuba, eventually moved to the United States when she was 12.

But the instability, fear, and trauma she endured growing up in Nicaragua, she realized as an adult, ultimately would serve to motivate her through 11 years of medical training. It would give her courage, resilience, and help her develop the state of mind, the surgical dexterity to stop a patient’s heart in order to fix it.

Prastein, 46, saves lives daily at Rochester General Hospital. She has the conviction and endurance that responsibility demands precisely because she did not have a noodle salad life growing up.

“I do believe that the way you grew up and the way your parents were prepares you to handle what you’re going to be doing in your future life.

I truly believe that,” Prastein says. “So, for example, I was born in Nicaragua. We lived there up until I was 9 years old and left shortly after the civil war. I was there when the civil war with the Sandinistas and Somoza happened,” Prastein explains.

She lived in Nicaragua throughout most of the 1970s and early ‘80s.

“I was a little kid, and I saw people injured and burned bodies on the street. I would hear planes overhead. It was very scary that at any moment something could drop down, and your life as you know it would end,” she explains. “That had a big impact in terms of how I view things, but I think primarily that experience revealed to me that I wanted to help people.”

In her family’s apartment, Prastein says she and her brothers were forbidden to look out the windows for fear of being shot. But it was because she defied the rules and dared to look outside one day that her commitment to become a doctor was born.

She remembers sirens sounding during the air raids. When there was a break in fighting, it meant that people could go gather the injured and transport them to nearby ambulances. Although Prastein didn’t know that at the time. All she knew was when the siren would sound, footsteps would dash back and forth across the dust and gravel below.

“I was very curious, so I went up to the window, which we were not supposed to do, but I did it anyway,” Prastein recalls. “I saw a man below carrying this little, bloody paper bag, which I believe was a baby.



*Prastein with her son, Jascha, and husband Jonathan*

I just remember thinking that I wanted to help,” she says. Nothing, she underscores, seemed more meaningful, more important in the world to her, than easing suffering.

“Ever since that moment, I knew that whatever I ended up doing, I wanted to help, and, specifically, I wanted to be a doctor,” Prastein says.

After leaving Nicaragua, Prastein, her mother and brothers for two years lived in Venezuela, as they waited to gain legal entry to the U.S., where her father was in Virginia, busy building a life for his family.

Prastein, who is known by her colleagues as Dee, joined Rochester General in 2018, from Lexington Medical Center in South Carolina.

Prior to that, Prastein was the lead cardiothoracic surgeon at Duke

Regional Hospital in Durham, N.C.

A graduate of the Medical College of Virginia, Prastein completed a general surgery residency at the University of Maryland and cardiothoracic surgery training at the Wake Forest School of Medicine in North Carolina.

After her residency, she then did specialty training in cardiac transplantation and left ventricular assist devices (LVADs) in England at Cambridge University Royal Papworth Hospital and continued transplant/VAD fellowship in the U.S. at Duke University Hospital.

Papworth Hospital is famous for performing the first successful heart transplant in the UK.

“The English health system taught me to rely on my clinical judgment

as a surgeon. We did complicated surgeries and successfully managed patients with half the resources available in the U.S.,” Prastein says. “It was a frustrating change for me but one that made me a better doctor.”

Prastein chose to join RGH for the colleagues she would have. “I came here primarily because of Dr. Ronald Kirshner (chief of cardiac services). I was looking for a job. At my previous job in South Carolina, I had reached a plateau where I knew I would not go any further.

“(Kirshner) has done and seen everything, and he seemed also like the type of person who would be an amazing mentor for me,” she says. Other surgeons, including David Cheeran, MD, made an impression on her, too.

“I didn’t know much else about the hospital, but then once I got here,

I have been very pleasantly surprised,” she says. It’s a community hospital that functions as an academic hospital. “We treat patients that nobody else wants to treat: very high risk. They do well,” Prastein says. “They somehow are able to do things that other places are uncomfortable doing, and our patients do well. Their outcomes are good.”

Training for heart surgery is long—11 years, from starting medical school to becoming an attending physician—due mainly to the complexity and urgency of patient cases. By contrast, a general surgeon operating on the abdomen to repair a hernia or perform gall bladder surgery, for example, requires five years of training.

Prastein says her thick skin helped her get through what many outsiders



would see as a very harsh, rather unkind training environment. It's intense, she says. Being a tomboy helped.

"Growing up in Nicaragua, we would do things that I would never see kids do here. We would climb on the roofs and make a playhouse there. We would climb trees. My playmates were my brothers," she says.

About her education, she says: "Men do not tend to be motherly. They aren't soft in terms of how they approach trainees. You have to be comfortable. If you're a woman (in this field), you have to have a male kind of spirit. You tend to be a little more aggressive in terms of how you approach things, less soft," Prastein says.

Her husband, Jonathan, is an exception. The two met before she started medical school; he has been an inspiration and role model to her ever since.

"I don't know why, when people talk to me about who have been my role models, other than my mom, I think of men. Men have always been my role models in how I structure my career," Prastein says. "My husband, I met him when I was a freshman in college. In three years, we got married. I often say my life became easy when I married him. The reason I am able to do what I do is because he made it happen for me. He facilitated it."

Since relocating to Rochester, Jonathan works at Harris Corp., a defense contractor and information technology services company. Prastein says throughout her training and career, he has understood she serves a higher calling, although she says he would be as loving and supportive if she was serving coffee.

Growing up with three brothers, being trained by mainly male professors, and then working alongside mostly male colleagues, Prastein says the male perspective was all she ever knew—until she had a son.

Motherhood helped her tap into seeing the world—especially how she perceives her patients—in a way she never knew she was missing. "It makes you more compassionate; it makes you more patient. A lot of times, when I'm taking care of someone I think to myself, 'What if my son was in this position? How would I want him to be treated?' It gives you a different perspective."

Yet being a mother was something Prastein always believed ran counter to her ambition of becoming a surgeon. She never thought she could do both, for no other reason than she had never met another female heart surgeon, let alone another heart surgeon who was a mother.

"Motherhood was something I was willing to sacrifice," Prastein says.

"When I look at my son (Jascha) now, he's only 5, but I think: 'Was I happy before you were born? What did I do before you were born?' I wish someone had sat me down and said, 'Dee, I know your career is all consuming, and it's very important, but so is this,'" Prastein says.

Realizing the responsibility of raising, protecting, steering a human life deepened her spirituality and her sensitivity to her own intuition.

"You follow the path that feels true to you. I don't know if it's true for men, but I think women are more attuned to the gift of intuition,"

Prastein says. "I think everyone has it but more so women. I think that's one of the single greatest advantages we have over men. We're just more receptive to that.

"There is knowledge beyond the rational," she adds. "When you talk about this with men, it just sounds like you're crazy, but I believe in that. It exists."

Prastein is calm and even-toned as she explains the span of her life and work, her approach and philosophy. She marvels at her patients and rejoices in their recovery. She doesn't breathe a sigh of relief after the surgery though, no matter how well it goes. She waits until her patients have been discharged and return later for their follow-up. That's when she can see how the body as a whole has healed.

"With my patients, if I don't do my job right, their lives can end," she says. With cardiac surgery patients, Prastein explains, they usually have other co-morbid conditions that increase the likelihood of having complications related to the surgery.

"When we do surgery on the heart, it affects every other organ system," she says.

Heart surgery is an extremely technical specialty that often requires Prastein to stop and restart her patient's heart, from anywhere between 45 minutes to two hours, sometimes longer. This is probably the most challenging aspect of her profession, she says. Heart surgeons must maintain their own internal clock to do their job as accurately but as efficiently as possible: The longer the heart stays in a state of arrest, the more damage that can be done to the muscle.

"It's fascinating to me," Prastein remarks. "A lot of times I think about this when I'm doing surgery on somebody who is in their 80s or 90s. 'I am about to stop their heart, and it's a heart that has been beating in the womb at six weeks, and I am about to stop it for the very first time. And hopefully, if I do my job right, it will beat again after I am done with the surgery.'

"It never ceases to amaze me how that happens. It's an incredible muscle," Prastein adds. "It's pure muscle. It has its own intrinsic electricity. It knows one thing and one thing only, and that is to beat, to contract, to send blood from one place to another."

When asked how she handles the stress of her job, Prastein hesitates for several seconds, and says, "Well, I believe in God." She pauses, "It is a source of peace for me in the sense that I understand that I was brought here, and I was born into the family I was born into, in the country I was born, and I went through the things that I went through as a kid so that I could do this.

"I have a mission and a job to accomplish. As long as I am truthful to that, to my mission, the outcome whether someone lives or dies, really is not in my hands. I just have to do my part well and understand that there is a higher power involved in everything that we do. I find comfort in that, in knowing that I don't control everything."

