

First I should throw in a couple of disclaimers. Here they are.

I did not intend to cause all the trouble that followed the incident with the bull. I understand that my mishap generated a lot of medical expense. I can't change that now but I would if I could.

Also, in telling this story I am giving a lot of medical details that you certainly don't need to be interested in. There is a fair amount of blood involved. You don't need to read this if you don't care to.

Recall that I worked a full day Monday, January 28th, which was exactly two weeks after the hip replacement surgery and three days after my mishap with the bull. I am assuming that you have read the bull story that I wrote a few days ago.

On the way home from work on Monday evening my wound ruptured and I started bleeding through a hole that had been used for post op drainage of the wound. I suppose the word profusely would fit here. I did what I could to slow it down. Controlling the bleeding was not as simple as it should have been for two reasons. The source of the blood was apparently deep within my surgical wound and I was on heavy doses of Coumadin, a blood thinner. The Coumadin is standard post op to minimize internal clotting but it makes it hard to stop a bleeder.

Gail was at the Library. She closes the Library at 8 pm on Mondays but usually works a couple more hours and gets home around ten. I called Gail after 8 and asked her to come home when she could. She came home immediately of course. I had a regularly scheduled two-week follow-up appointment with my surgeon the next morning, Tuesday at 9:15. With that in mind my intention was to just control the bleeding and get to that appointment.

Gail did a lot of bandaging but the best we could do was to slow the bleeding with external pressure.

Gail is a great nurse but it was a pretty messy scene. Eventually she said she was going to pass out and she had to take a break. There were a lot of big red towels piling up. I agreed then to go to Urgent Care but when we called we learned that they close at 9 pm. It was now after ten. We could have gone to an ER but among other things I was concerned that the ER folks would insist on arousing my surgeon in the middle of the night. He lives well south of Saint Paul. I convinced Gail that I could control the bleeding until morning. I guess the level of success here depends on your definition of control. She's still not entirely over that night. She says that the next time she feels she has to check each half hour to see if I am alive, she is taking me in. I'm just letting that assertion go unchallenged for now.

My 9:15 Tuesday appointment was in St. Paul. Gail took the day off from work and drove us in. The clinic is a relatively large and busy one. I checked in without comment. In hindsight, perhaps I should have warned them. They took me in for the routine post op x rays. The prosthesis looked good on x ray. I was wearing heavy bandages and loose pants that I kept on through the x ray session. I had stuffed a bath towel in my pants so the bleeding issue did not come up until we got into the exam room. As the prep nurse started to take off my bandages I decide it was time to speak up. I told her that I might be leaking a little blood. Gail told her it would be a gusher. Gail warning was more accurate than mine and the poor nurse nearly choked. Gail helped her control the bleeding and the nurse ran off for help. She did in fact run. Almost immediately my surgeon, Dr. Johnson, showed up followed by a room full of nurses and doctors. I was surprised at how upsetting an open wound was to the nurses. My surgeon who is an excellent doctor and who I have known for years was cool and competent as always. His helpers needed some steadying, however. I don't mean to be critical of them. They just weren't experienced in this type of situation. In their defense I suppose you could say that they hadn't signed up to be ER or OR nurses. I thought about mentioning to Dr. Johnson that I was equipped with a better nursing staff (Gail) than he was, but it wasn't really the right time for humor. I briefly explained the injury and intervening events to Dr. Johnson. He was not happy. He stitched me up and cleaned me up. Then his PA put on special bandages that along with the stitches should have stopped the bleeding.

Dr. Johnson was concerned about the unknown source of the blood and about how much damage I may have done to the underlying tissues. He was especially worried about the possibility of infection.

He gave us a prescription for a powerful antibiotic and said to go home and lie down. He would call me early the next morning.

The story of the bull, which had been told in only an abbreviated form, spread through the clinic like a fire. When we left the exam room, the hallway was full of gawking staff. I apologized for the trouble but everyone was gracious and kind.

On the way home the bleeding slowed but it did not stop as we had hoped. By the time we got home, the heavy new bandages were soaked through. I was tired and for obvious reasons I moved very little for the next 20 hours. I was quite low on vascular fluids and my blood pressure crumbled a couple of times. I wasn't too worried. The rate of blood loss was now low, I was taking lots of fluids and of course my body was producing new blood. I have lost blood pressure from excessive blood loss before. It is an odd sensation. The heart and lungs get confused and lose their sense of rhythm and timing. You have to control them directly. That is not as hard as commonly believed if you have some experience at it. On the other hand, I suppose if you were to panic you'd be screwed. On second thought, if you have a choice, avoid the experience.

The next morning my surgeon called and said that he wanted me to go back to the hospital immediately. He intended to arrange surgery for that evening. He didn't sound as though he wanted to negotiate the point and I wasn't inclined to argue with him.

Gail was having breakfast with son Aaron and had already picked up our granddaughter Ella for an overnight. I called her and she cut short her visit with Aaron, returned Ella to her Mom and rushed home. I had told the doctor we would be at the hospital in three hours but Gail was a little anxious. She was hard to slow down.

I checked myself into United Hospital in St. Paul while Gail parked the car.

I was getting around fine on crutches and I walked myself to the orthopedic section. The hospital staff people were very nice (both times) and put me back into a single room with a good view from the 6th floor.

Dr. Johnson had started all the wheels moving for an evening surgery. I had not taken anything to eat or drink since early morning as I expected I was headed into the OR. The staff ran all the pre-op tests in a couple of hours and gave me two units of plasma with lots of IV fluids. Poor Gail was so exhausted she got into bed with me and slept an hour or two. Surgery was scheduled for 7pm. It was the only event going on that evening.

The orderly who wheeled me to surgery wanted to know about the bull.

The preop nurse wanted to know about the bull.

The anesthesiologist asked to hear about the bull.

That was all Dr. Johnson's fault. He had written on my admission orders and on my chart, "Had a run in with a bull". A lot of people see those papers. That and word of mouth must have reached the hospital staff to the last person.

It was about then that I realized they had the wrong guy. My brother Mike should have been here. Mike is a great storyteller and loves to tell a story over and over.

I am not a good storyteller. I am writing this story so that I don't have to tell it again.

Dr. Johnson thought the surgery would take around 45 minutes. It was more than twice that long. I had ripped up all the soft tissue except the skin layer. The prosthesis was solid, but muscle, fascia and rotators needed to be reattached. He also removed a large clot and took deep and shallow biopsies looking for infection. He did a lot of flushing to cleanse the wound and I ended up with a 9-inch incision vs. the 8-inch wound I had checked in with. He restapled me with a vengeance. The metal staples are so close together the wound looked like a boot zipper.

When I woke up in post op, the nurse immediately asked to hear about the bull.

When I got back to my room, the night nurse wanted to hear about the bull.

The next day, Thursday, I got two units of whole blood plus a lot of other IV fluid and meds. Counting the preop plasma that brought the total to four units. I had run pretty low.

I felt good and was able to get around on my crutches.

Every shift the new nurses asked about the bull.

Two new doctors visited me that day. One was the hospital's infectious disease expert. An incredibly knowledgeable doctor. I am now under his care regarding infection.

I'm pretty sure that the other doctor, who said he was an internal medicine guy, didn't actually have a medical reason to see me. I think he just wanted to get the story first hand from the bull guy.

Dr. Johnson came frequently and we talked through the situation and the possibilities. He is a very good physician and surgeon. He determined that I needed to stay in the hospital until Saturday because the full tests regarding infection would not be complete until then. Infection was his greatest concern and for good reason. If infectious organisms get down to and attach themselves to the metal prosthesis they are extremely difficult to deal with.

Friday the first results came back. No infection deep, but a troublesome skin bacteria had gotten into the shallow level. That triggered a mandatory protocol of IV antibiotics for six weeks. I'm on that now. The catheter enters at a peripheral vein of my left bicep and follows it to the superior vena cava. The superior vena cava is a chamber-like area just in front of the right atrium of the heart. The IV regimen is a nuisance; it takes about two hours, twice a day, but not a big problem otherwise.

Friday the Physical Therapy nurse came by. That is a mandatory requirement but I don't need it. I can rehabilitate myself just fine. Some things I do get good at with practice. Nevertheless, they have their protocol and you had to play along and pass the tests in order to go home. The therapists had a patient workout room of sorts down the hall. Usually there are only two or three people in the room. Friday when the therapist and I walked in the room it was crowded. Nurses, technicians and staff and even a couple of other patients.

It was a set-up. They all came to hear the bull story.

I cannot tell you how exasperated I was at telling the story.

I told the story.

I passed the Therapy requirements first try and we headed back to my room.

On the way back to the room, I tried to explain to her that I was embarrassed to have gotten myself into this situation and that I felt badly about all the trouble and expense I had caused. She laughed it off and said it was the most interesting thing that had happened in a long time. She actual words were, "You are a celebrity here".

Who would want to be a celebrity in a hospital?

By Saturday morning all was well and I had only to wait for the final culture work that pinpointed the optimal antibiotic to use against the infection.

Dr. Johnson visited me about 7 am and we had a nice chat about medicine, farming and such. He is a southern Minnesota farm boy. While we are talking about my medical issues he walked over to the white board on the wall and started sketching. I assumed he was going to explain something to me. He is very good about that. Instead he said, "Now, I want to make sure I understand this correctly". His sketch was of a hay feeder and he wanted to know exactly how the whole bull thing played out. He said he wanted it right because it was going into his book. He was serious.

Every physician specialty is distinctly different than ever other. Neurologists are completely different people than oncologists. Pain docs are much different than infectious disease doctors. Orthopedic surgeons are much different than neurosurgeons.

Orthopedic doctors are outside, action guys.

Here's an example of how they think. I once visited an orthopedic surgeon because of a leg problem. During the exam he spotted a deep chain saw trough across my left kneecap. He immediately said, "I know what that is." He pulled up his pant leg and spent the next ten minutes showing me his chain saw scar and explaining how he got it.

My point is that Dr. Johnson loves the bull story and is going to retell it every time he gets together with his orthopedic buddies.

Personally, I don't intend to ever tell this story again.

Gail brought me home late Saturday afternoon and all is well. She is a wonderful nurse. End of story.