

A Man Can Stay Too Long on a Bucking Horse

A Two Part Story. This is the Hospital Part.

Gail drove us to Park Nicollet Hospital, about sixty miles away.

Park Nicollet is a large, well-regarded hospital in south Minneapolis.

By the time we got there I didn't feel much like walking so I asked Gail to have an orderly bring a wheelchair.

We went to the Emergency Entrance and did all the necessary paperwork.

Then we waited.

I wasn't bleeding externally, and I was able to communicate, which means you go to end of the list.

After an hour or so I needed to empty my bladder.

I left the wheelchair and slowly walked into the restroom.

I still needed to use the toe-to-toe method I had perfected walking home.

I was getting weak, and I was stiffening up.

When I relieved myself.

The fluid was all bright red.

I walked out to the nurse's desk.

I told her that I had just relived myself and it was all blood.

I told her I was going to pass out soon.

My white skin and demeanor must have impressed her.

She said, "Not in my waiting room you don't."

Now the next part is hard to believe but both Gail and I remember it this same way.

The nurse bounded over the desk by putting one arm on the desk top and swinging the rest of her body over just like an athlete.

She grabbed a wheelchair, put me in it, and wheeled me immediately through the double doors into the emergency room.

She told the nurses to help her put me on a gurney.

A young male doctor was there in a minute with several nurses.

I explained to them that I was injured riding a bucking horse.

Unfortunately, what they heard was that I was injured falling from a horse.

Later someone said that if I was in an ER in Cheyenne, they would have known the difference.

These folks in Minneapolis get patients with back injuries from falling or being thrown from a horse.

The injuries you get from staying too long on a bucking horse are injuries to the pelvis.

I wasn't so sure of that at the time of course, but I did tell them to check my pelvis.

The ER doctor ordered x-rays, and they wheeled me into a nearby x-ray room.

While the films were being developed the doctor and staff were doing a physical exam.

He asked me to sit up. I got part way and told him I could not.

My blood pressure crashed for the first of several times and they scrambled.

They stuck IVs in me, injected fluids, and did all they needed to do to get me stable.

I don't think I really passed out that time.

There was a half dozen people working on me.

Someplace in here is where the ER doctor made a decision that turned out to be wrong.

Because he suspected a spine injury, even though he could not see it on x-ray, he gave me blood thinners.

That is normally a good idea with a spine injury.

Many people become paralyzed not directly from the injury but rather from the effect of hematoma or blood clots that develop around the spinal nerves following injury to the spinal bones or muscles.

The blood can compress and permanently damage the spinal cord.

He guessed that he was protecting me from that kind of permanent injury.

Unfortunately, I was suffering from internal bleeding in my pelvis caused by the mechanical ripping and tearing of lots of soft tissue.

In my lower abdomen, not around my spine

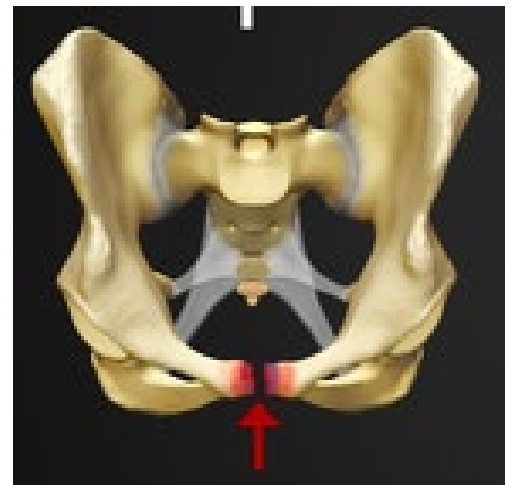


Over a period of about four hours, I was wheeled into x-ray three times. More and more doctors were called in and by midnight they had brought in the Chief of Radiology, a general surgeon, an orthopedic surgeon, a neurosurgeon an internal medicine specialist and the head of ER. I'm sure I wasn't the only problem they had that night, but I was the only guy who seemed to be dying for whom they had no reasonable diagnosis. It was a nightmare for the ER staff. I could talk; I had no external wounds but appeared to be dying. Frankly, I don't recall being all that worried, although poor Gail was. The tension peaked about midnight. By that time the physicians were having serious discussions about the patient right at my bedside. A breach of protocol but they were desperate. At one point the lead surgeon, who was furious, shouted at the attending ER doctor, "So this guy walks in here on his own and now all I can do is watch him die?" The problem was the blood thinner that the ER doctor administered made it too risky to cut me open. The surgeon wanted to open me and look for ruptured arteries and injured organs, but he could not. Finally, on what I think was my fourth trip to x-ray, I told them again to look at my pelvis.

They did. When the film came back the ER doctor looked at it and said, "Your pelvis is broken like a wish bone."

I think I was stabilizing about that same time. Several nurses were constantly working to keep my blood pressure up with continuous IV fluids. If anything, that was done that night helped, it was that. All my bleeders were apparently capillaries and small vessels. As my blood pressure dropped and the internal pressure around the capillary wounds increased, they stopped bleeding on their own. I'm not sure but that might have happened the same way if I had stayed home and rested.

When the x-ray was finally directed at my lower pelvis it was incredibly obvious that my pubic symphysis was busted open. This is essentially a rigid joint at the front of my pelvis. It was open well over an inch and a half.



The pelvis is made up of five bones, a right and left Ilium, a right and left Ilium and the sacrum.

The sacrum is the base of the spine. These five bones are all bound together by rigid cartilaginous bonds. The spaces between them are small and although not totally rigid, in an adult very little movement is possible. The pubic symphysis is the joint that sometimes opens in very difficult childbirth. I'm going to point out however that breaking this bond in the pelvis of a pregnant female is not the same as breaking it in a middle-aged male.

When the front of my pelvis opened that far, the other joints of my pelvis each had to break and all the ligaments and tissue that hold my pelvis together had to give.

All soft tissue damage, no broken bones. The trauma caused a terrific amount of small vessel bleeding. The doctors estimated that I bled at least two liters internally. There is no real therapy for this injury. It has stabilized but hasn't really healed. It remains a gap of well over an inch.

Well, the mystery was solved but there was nothing to do except keep my blood pressure stable. By early morning they determined I was going to survive and moved me to the ICU. About midmorning the head surgeon visited me in the ICU. He was clearly relieved.

Over the next two days they performed a lot of tests to determine that I had not ruptured my bladder or seriously injured any other parts.

I hadn't.

They kept me three days total.

I didn't care to stay that long but there was some concern about blood clots.

The entire midsection of my body turned black.

By the time I left I could walk ok with crutches.

I was concerned about work, so I had Gail stop on our way home.

Somebody must have called the hospital because when we reached the company everyone was outside.

They applauded and cheered as I walked in on crutches.

That was nice, but I didn't know what to do in response.

The Gruella has been a gelding now for many years.

We did get two fine sons from him before he was gelded.

One from Misty, the mare that was in heat on that day.

We named that horse, Hawk.

The other son we called Silver.

Silver's dam was Maria.

The Gruella is still a fine horse with a lot of dignity and personality.

I have had both hips replaced over the years.

No doubt the misalignment caused by this injury has been a factor.

I tell people the Gruella is my favorite horse, but he has put me in the hospital three times.

Tom.

EPILOG, February 16, 2025.

All these horses lived a good and full life, except Maria.

Misty, the Gruella, and Silver are buried on our hill under oak trees.

Hawk was buried by Casey, who loved him.

IN THE PHOTO; Tom, Silver, Hawk, the Gruella

