

## A tale of a little bicycle... trip

by Pete Guither

Dear Aunt Betty,

You asked me to fill you in on my recent adventure....

Last Wednesday, the weather was so nice I hopped on my bike to enjoy the trail. Stopped at the park and had some coffee and listened to music on my headphones, before deciding to go home. A fun time on the trail with families and dogs and joggers and all. I casually got on my bike, headed left onto the trail, just past a family, and, within the first few feet decided to pull my glove on a little better. My handlebars wobbled a bit, and I moved the left hand back to steady them, but the bike kind of got unbalanced, and I fell over to the left. Landed awkwardly on the pavement and my glasses went sliding off.

“Well, that was silly,” I said to myself. And a little embarrassing in front of all these people. At least I wasn’t hurt. I shook my head and prepared to hop up as people turned to check on me.

“Are you OK, mister?”

“Oh, sure - just a silly fall. Thanks.”

“Well, we’ll be down here if you need anything.”

“Thanks again!”

At this point, I wasn’t even thinking about a bruise or a scrape (the worst possible thing that could have come from such a fall) - it’s likely that I had one, but I didn’t feel it, and didn’t want to make a show of checking myself with people around. So I went to stand up... and didn’t. My left leg didn’t move.

Odd.

Hesitation from the young man on the trail. “Are you sure you’re OK?”

“Oh, yeah - just need to catch my breath, probably. I’ll be on my way.”

Went to stand up again... and didn’t. My left leg simply did not respond to commands. It’s like somehow all the electricity in my leg had been switched off. I didn’t understand.

At this point, the slightest wispy edges of the words “broken leg” drifted briefly through my consciousness, and were immediately rejected. The words resurfaced, and I replaced them with “hairline fracture,” which, while still ridiculous, seemed like a thought

that could be allowed to exist. Thinking “well, then, if I have a ...hairline fracture, I should go somewhere and have someone check it out.”

I'll ride my bike to the doctor.

No, that didn't compute.

I'll get someone to drive me to the emergency room. Who?

Um, call 9-1-1?

And my cognitive processes exploded. 9-1-1 for this? This... nothing?

So I called. They were there in seconds. I apologized, and explained that for some inexplicable reason, my left leg wasn't cooperating.

They didn't mind, they were very nice, they went to lift me onto the stretcher, and I screamed.

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Later, the orthopedic surgeon calmly described what had happened. I, however, was not thinking clearly and it sounded like gibberish. It involved tibia, fibula, tibial plateau, comminuted fracture, and knee. What I roughly understood was that one bone fractured upon contact with the trail, in such a way as to drive bone fragments into its neighboring bone, pulverizing it and sending more fragments into the knee and other places where they would gum up the works. And that nothing was really connected anymore.

The police were very nice and offered to take my undamaged bike back home for me, so it would be safe.

I, on the other hand, got to immediately experience 5.5 miles of Illinois post-winter potholes in the back of an ambulance on the way to OSF St. Joseph Medical Center.

Fasten your seatbelts. We're in for a bumpy ride.

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Emergency was a frantic cacophony of sounds, as I shut out visual stimuli by closing my eyes to the pain. In the ambulance, a quick I/V had been put in the back of my hand since jackets were blocking access to my arms. As my jeans were cut away, I thought of the hole in the back pocket that had been worrying me this morning, but would no more. Promises of morphine. An incomplete picture of my leg was captured by a jury-rigged x-ray machine on my stretcher. “All I'm getting is air, not blood!” The back-of-the-hand

I/V was fine for the ambulance, but they needed something better in the E.R., so the coats were wrestled off and a new I/V was put in my arm. Blood samples were drawn. Promises of morphine. Ah, promises of morphine again, and the realization that morphine had been coming all along, but simply had no effect.

Nikhil Chokshi, M.D. is an orthopedic surgeon in Bloomington, Illinois and was later described to me as someone who does the “really difficult and complicated fractures,” who doesn’t shy from the [Stephen Sondheim](#)-like musical complexities of trauma scores. Dr. Chokshi was in the E.R. to check up on a patient who’d be under the knife the next day, and the E.R. staff said “You might want to take a glance at this guy while you’re here.” He did.

Chokshi came in after seeing the makeshift x-rays and knowing that CAT-scans were going to be necessary for a complete diagnosis. He sees me, understanding that I’m pretty fuzzy at this point and he needs to make sure I don’t have words like “hairline fracture” dancing in my head. “You messed up your leg really bad. Really, really bad. It’ll be 6 to 8 months of recuperation, and they’ll probably have to replace the knee at some point. Your leg may never be the same again. Tomorrow, I’m going to undertake a long surgery on your leg, probably [around 3 pm](#).”

“OK,” I nodded. “Someone will tell me where I need to be?”

Back to Emergency Room cacophony and failed attempts at pain relief. Not that much of a surprise as pain medication has rarely done much for me. The staff was instructed to put my leg in a splint.

At this point, my left leg had become a loose sack crammed full of bone fragments, surrounded by muscle tissue and nerve endings with no real connections. It was this sack which kept getting jostled every time they needed to move me.

All the splint really did was take that duffel bag and wrap Velcro around it so it didn’t sag so much.

I went to Room 223.

And waited.

Surgery scheduled for almost 24 hours away means a lot of hours waiting in pain. The white board in the room provides a constant source of false hope, as you count down to when you can have your next shot of morphine, which will have no effect.

Finally, I was wheeled down long corridors, down elevators, where, at each pass-off, I was asked to verify my name, birth date, and what I was having done. They seemed to accept the phrase “I’m going to have someone open up this sack of bone fragments on

my left side and organize them into something more coherent.” But the most important secret pass-code was attached to my left leg - the signature of my surgeon and puzzle assembler.



I was taken to a basement area full of dingy grey rooms and uncertain lighting.

— INTERLUDE (major continuity shift) —

*The setting: An indistinct room somewhere in size between an office and a stadium. Walls, partitions, and a sense of... distance. And emptiness. Everything is dark and grey, as if film noir. POV shot. Next to me is a woman who plays the role of a random person selected to stay with a patient while they recover post-op. Poised, soft-spoken, undemanding.*

*I appear in my own consciousness mid-scene. I find myself calmly and rationally explaining to the woman that none of this matters. It's not real. She's not a real person and this place doesn't exist, but that I've enjoyed her company regardless. I point out that since some point near the accident, the time continuum has been completely false — a distraction. Of course, it tries really hard to feel true when you're in it. But to the sharp mind, there are plenty of jarring discrepancies.*

*At this point we are interrupted by a man walking up and demanding answers. "Do you know what's happened? Do you know where you're going next?"*

*Realizing that this was, very likely, a test to determine my sanity, I pulled myself together and responded: "I was just in surgery where a nice man successfully, I presume, assembled a bunch of bone fragments into something resembling a leg and*

*sewed it back together, and, after recovering from anesthesia, I'm about to be wheeled back to room 223."*

*"You'll be fine."*

— End Interlude —

Chris Mygatt has a smile that lights up a room as soon as he enters. He's sharp, buoyant, and exudes confidence. He's the physician's assistant for Dr. Chokshi and was turning heads right and left in the hospital (might have even turned mine a hair back in the day).

He explains to me that he has assisted with all of Dr. Chokshi's operations for a few years now (he's very proud of the incision he made in my leg), and of all of them, he's never seen one as messed up as mine. Never. It was a long surgery (at least 3 hours of actual surgical time), but he felt that it went very well ( the word "considering" was unspoken).

And he offered to show me the post-op x-ray of my leg.



Three titanium plates, a long one on the right side, one slightly shorter along the left side, and one inside the top, plus twenty-two screws. The knee, at top, does not really match anything. It will be there as a placeholder for now.

The plan is to return in a couple weeks and have the staples removed from the incisions. Then, in a couple of months, with healing of the bone in place, they'll open up the leg again and remove the plates, and sew it back up. Sometime later (a couple more months?) they will do a knee replacement. Once that is all complete, I'll be able to go into therapy to get my left leg walking again. Until then, it'll be a non-weight-bearing heavy object that must be kept straight and out of the way.

Makes me wish I could just unscrew the whole leg and place it in a nutrient bath to store and heal until it's time for the knee replacement.

In the meantime, the wonderful nurses and techs at OSF are keeping my spirits up with conversation and drugs. The conversation works a bit better.

I quickly eliminate the morphine — I've never liked it — and switch to Norco (Hydrocodone). Doesn't really reduce the pain that much, but it relaxes me so I'm not as tense about it, which helps.

I'm busy with therapy and making plans for what needs to happen in my home, and opening up a whole new category in Amazon.com (home health aids) to keep the cardboard boxes flowing to my front porch.

And I hallucinate.

Yes, I do. Fairly often.

I'll be looking at the clock, and suddenly there will be a glitch in the matrix and there's an entirely different clock, in a slightly different position. The new one is brighter, and cleaner, and more modern in its design, with a sans-serif font for the letters, instead of the serif font on the old clock. Oh, wait, no, as I look closer, this one has a serif font as well - just couldn't tell at first. Well, now it's obvious. And it's not really brighter and cleaner. It's... the exact same clock.

The same thing happens with the OSF St. Joseph Medical Center logo, and a random colorful flyer on falling. Is there a connection? Time, place and event? And why is it also happening with Adam Fox's head?

"Was it the same cat?" <sup>1</sup>

I'm no stranger to hallucinations. I remember back in college, listening to Pink Floyd's Dark Side of the Moon, and watching the wood grain on the closet door turn into faces and fantastic creatures.

But I never had hallucinations where objects noticeably and dramatically morphed into... themselves.

I think I like it.



As the days pass, I find myself becoming famous around the hospital.

One morning, a Med-tech was taking my blood sample: “I’ve heard about you! People were saying ‘Did you see where this guy completely messed up his leg falling off a bike? No, a BI-CY-CLE!’”

Now, it’s all working on final arrangements to get released from the hospital, which will just be the beginning of a much larger journey.

I’m really looking forward to getting home.

First thing I’ll do is grab my totem off the shelf and give it a spin.<sup>2</sup>

And wait.

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\* Pete Guither, April 7, 2018

### **Why I wrote this true story**

This particular event in my lifeline is quite tricky — in a large part because its devastation is way out of proportion to what one would expect. And it could be easy to be defeatist, focusing on:

- I didn't deserve this!
- It's completely unfair!
- Why even bother try to live your life when this can happen out of the blue?

There is absolutely nothing to be gained by letting the prospects of six months of incapacitation for no reason turn into a soul-killer.

It was important to me to take charge of the narrative — to make it heroically absurd — to make it a story — a story to top all stories — an entertaining adventure of mythic insignificance.

What’s next?

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<sup>1</sup> – Reference to the movie “The Matrix.”

<sup>2</sup> – Reference to the movie “Inception.” By the way, when I spun the totem, it eventually stopped. So I guess this is real.