



# 24 HOURS

## BEFORE TULSA

### MOTORCYCLE CRASH LANDS CALIFORNIAN IN THE HANDS OF THE TTUHSC TRAUMA TEAM



On a Thursday morning in mid-September, Laurentius Harrer and three of his “dad” friends from Malibu, California, began what they anticipated as an uneventful motorcycle ride across Oklahoma. Within minutes, plans changed, and Harrer ended up in Lubbock, Texas, instead.

BY DANETTE BAKER | PHOTOS PROVIDED BY LAURENTIUS HARRER

## A WRECKED CELEBRATION

Fifty-year-old Harrer, a native of Neufahrn in Niederbayern, a small municipality in the district of Landshut in Bavaria in Germany, retired in spring 2017 from a rewarding career as a portfolio manager with Capital Group. To celebrate, he and his buddies decided to tackle the Trans-America Trail, a 5,000-mile, off-road motorcycle adventure from west to east coast. “(It’s) NOT for everyone. It takes a rider with a ‘quest for adventure’ and a special ‘love’ for a motorcycle,” according to the website. An apt experience for Harrer, a self-described adventurer.

Some people ride the trail in 200-mile, back-to-back stages—the average distance between designated waypoints. Harrer and his buddies decided to break the ride into three separate trips to accommodate everyone’s schedule. Earlier this summer, they traversed the backroads from Malibu to Denver, Colorado, and then stored their motorcycles before flying home. In early September, they returned to Denver for the second leg. Coming out of majestic mountains onto the Oklahoma Panhandle was quite a shock, Harrer said. With the drastic change of terrain and views, the foursome opted to make the 337-mile asphalt route from Guymon to Tulsa in one day. From there they would travel on to Memphis, Tennessee, ending this leg of the trail.

With his GPS locked on a local coffee shop, Harrer was leading the group through Guymon about 8 a.m. Sept. 14, when he collided with a pickup truck



*Laurentius Harrer and his friends at the Imogene Pass before entering Oklahoma.*

in an intersection. The accident catapulted Harrer over the handlebars of his motorcycle and the hood of the pickup truck.

“I have the flight in perfect memory,” he explained from his Venice, California, home six weeks after the accident. “I didn’t land on my feet, but I sat up and did my inventory. Thinking to myself, ‘Oh, sh\*\* this just happened. This is good, I’m OK. And then oh, f\*\*\*! Hip hurts like hell, and I can’t get up.’”

As his Triumph Tiger 800 XE adventure bike t-boned the pickup, Harrer’s pelvis slammed into the gas tank before he became airborne, resulting in an open-book pelvis fracture—a life-threatening injury because of the potential damage to blood vessels and nerves, according to information on The American Association for the Surgery of Trauma website. In such injuries, the front of the pelvis opens flat, tearing the ligaments that hold the pelvic bones together. Large arteries are associated with these ligaments and, if torn, can cause massive bleeding.

Thankfully, Harrer was wearing “the best protection money can buy,” he said, and suffered no internal injuries. However, the emergency room physician was suspicious of bladder damage, calling for Level 1 trauma care. Oklahoma City was the initial choice, but they were diverting because they were at full capacity, said Harrer. “And then the doctors mentioned Amarillo and Lubbock.”

“I had never heard of either and was like, ‘Come again?’ I called my friends in the doctor world here in California; I have some pretty interesting friends, and they are high up in different hospitals here, and asked what I should do. I said, ‘Can I get airlifted straight to Los Angeles and do the procedure there?’ Nobody would take the risk because of the bladder thing. Seems that only Lubbock had the people that could do that.”

## THE RIGHT TIMING

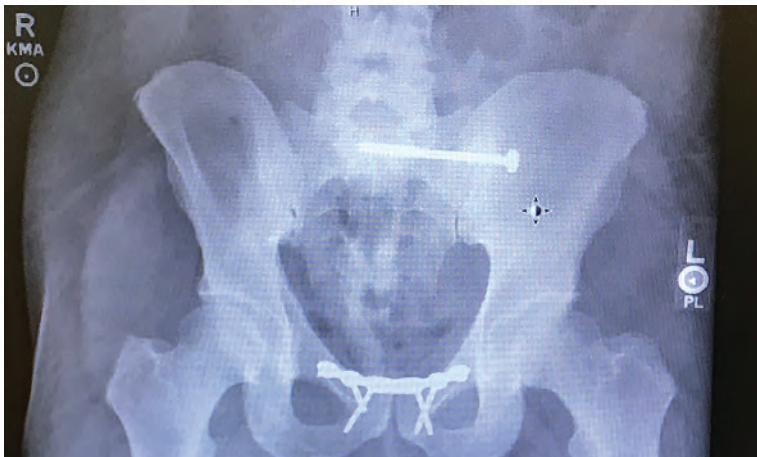
“The people” were TTUHSC’s trauma team.

By 2 p.m., six hours after the accident, Harrer was at UMC Health System, a Level 1 Trauma Center, where TTUHSC surgeons care for a spectrum of injuries including trauma, critical care, burns, vascular surgery and facial trauma.

“It’s critical that someone who is injured (whether burns or trauma) severely get to definitive care quickly,” said Sharmila Dissanaïke, MD, (Resident ’06) professor and Peter C. Canizaro Chair for the School of Medicine Department of Surgery. “The time between arrival to a hospital and surgery is probably the No. 1 thing that determines if that person is going to live or die.

“So, having expertise 24/7 here, provided by our TTUHSC faculty, clearly makes a big difference for these patients.”

One of the benefits of the UMC Level 1 Trauma Center being staffed by TTUHSC experts, Dissanaïke said, is that the team delivers research-backed care. For example, Dissanaïke’s research has led to hospital protocol for starting tube feedings in burn patients. Seven principal investigators on the trauma team lead a variety of study areas, including well-known work in prevention and treatment of wound infections.



**EDITOR’S NOTE** Just after the first of the year, Laurentius Harrer was cleared by his orthopedist at Cedars-Sinai Medical Center in Los Angeles to resume full activity. He has about five months to regain his strength and dexterity before the foursome tackle their ride from Tennessee to New York—their final leg on the Trans-America Trail.

➔ Read about other life-saving work by the TTUHSC trauma team:

A farm accident on the South Plains led to life-saving measures by an emergency rescue and trauma team.

[dailydose.ttuhs.edu/2017/october/lub-traumacare.aspx](http://dailydose.ttuhs.edu/2017/october/lub-traumacare.aspx)

Four victims injured in a New Mexico shooting receive life-saving care.

[dailydose.ttuhs.edu/2017/august/lub-nr-clovis-victims.aspx](http://dailydose.ttuhs.edu/2017/august/lub-nr-clovis-victims.aspx)

“There is still a lot of work to be done, and there are a lot more advancements we could make if there was more research funding,” Dissanaïke said. “Everyone focuses on cancer or heart disease, which are both very big topics in the media and critical health issues; but in reality, among people younger than 45, trauma is the No.1 cause of death.”

Harrer considers himself fortunate that Lubbock was the “only” place that could care for his injury. Within 24 hours of arrival by air ambulance, the potential bladder damage had been ruled out, and Mark Jenkins, MD, an orthopedic trauma surgeon and School of Medicine Residency Program Director, performed surgery to correct Harrer’s pelvic injury. Harrer later met fellow Californian, Steven Brooks, MD, (Resident ’11) assistant professor of surgery and medical director for the John A. Griswold Trauma Center at UMC.

By Saturday morning—two days after Harrer arrived in Lubbock—he and his partner, Joanna Kaylor, who had flown in from their mountain home in Mammoth, California, were on a charter plane back to Venice. “Nothing against anyone in Lubbock,” Harrer said. “I could not have asked for better care. It was a great experience from the check-in to pre-op and post-op. The personalized attention I got from the surgical staff and the junior surgeons (residents) and from Dr. Jenkins was great! But I was stable, so we just wanted to go home.” 