John Murdoch's story

John Murdoch, 46, stands in his silent barn. Behind him towers a 14-foot-high stack of hay bales. “This is where I whisper,” he whispers. John is reliving the moment on February 4, 2013 when 1,000 pounds of hay collapsed on top of him, pinning him to the ground with a fractured pelvis, crushed vertebrae, broken ribs and a partially collapsed lung. Alone and injured in the barn, surrounded by farm fields stretching to a distant Maple Ridge, calling for help was useless.

“I knew that if I didn’t free myself I would die,” says John. “I reached for my knife. I knew how the bales of hay are put together, so I counted each string that held the bales together, six in all, as they popped open. This collapsed the bales. Using my hands I pulled my leg free at one vertebra and then lifted myself up, but it was useless. I was stuck.”

Yvonne Murdoch, John’s wife, was in the milking parlour when she heard a tractor honking insistently. She rushed outside to find John shouting from the tractor, “Call 911. I’m going to die.”

John had miraculously walked ten feet with a fractured pelvis, grabbed onto the tractor, climbed three steps, lugging each leg with him, and ran out of the barn. John fell while running tractor into automatic gear and drove the tractor until it ran over his left leg. He was placed in a Jewett Extension Brace.

Once his condition stabilized, Trauma Team Lead Dr. Michelle Goecke and team were waiting to assess Daniel’s body. “They were all very caring and professional at RCH, John went home in a wheelchair. “I am a very determined person. Whatever experience I’ve had, I will push through it,” he answers with a grin from ear to ear, “My beautiful wife and boys,” says John, “I’m going to be okay.”

Given the complexity of Daniel’s pelvic fractures, Orthopedic Surgeons Dr. Darius Viskontas and Dr. Trevor Stone teamed up to reconstruct Daniel’s crushed pelvis and repair his torn ligaments. “We had to insert a plate with screws at the front of his pelvis and screws and rods to his left side to connect it to the base of his spine,” says Dr. Viskontas, “This is a very complex injury, but we saw a fair bit of those here at RCH as we are a provincial trauma centre.”

Daniel remained at RCH for two-and-a-half months, and then was transferred to other hospitals for his continued recovery and rehabilitation. “Despite some additional health challenges, he has managed to get on top of things again,” says Daniel’s nurse, “He has a strong will to walk and stay on track.”

12, 2012, just after lunch, Daniel was checking in on one of the workers in the barn where he and his brother-in-law, stochastic, was running a tractor into automatic gear. “I am a very determined person. Whatever experience I’ve had, I will push through it,” he answers with a grin from ear to ear, “My beautiful wife and boys. “I am a very determined person. Whatever experience I’ve had, I will push through it,” he answers with a grin from ear to ear, “My beautiful wife and boys,” says John, “I’m going to be okay.”
Marco Lundy's story

Tam Lundy got a call at 8.30 p.m. on the day she had stepped, jetlagged, off a plane from Europe. It was the kind of call no parent wants to get. Her daughter, Marco, 36, had been thrown from a horse she was training reared up and fell over backwards, dumping the horse she was teaching. "It was a horrific fall," says Tam Lundy.

Marco had difficulty breathing effectively because of the pain from her collapsed lung, rib fractures and pressure on her diaphragm caused by the extensive blood collection in her abdomen. This put her at high risk of developing a life-threatening condition; race horses. On October 5, 2011 Marco had been thrown from a horse that morning and was at the local community hospital, Marco's condition was deemed life-threatening. "She is lucky to be alive," says Trauma Nurse Practitioner Kathleen Fyvie. "Due to the high risk of deep vein thrombosis or blood clot formation, and an IVC filter was placed on her legs in an effort to prevent clot formation, and an IVC filter was placed in the large blood vessel that takes blood from the legs and organs to the heart," says Trauma Surgeon Dr. Michelle Goecke. "This type of injury would rarely be managed non-operatively."

Goecke believes that Marco's eventual successful recovery was due to "some unique decisions that were made that ultimately paid off," thoughtful, and attentive management and intervention by BCH staff and physicians, and Marco's baseline good health and tenacious spirit. "After a two-month stint in hospital, Lundy went home. Of her time at BCH, she says, "For such a rotten thing to happen to me, I had an awesome experience in the hospital. I'm profoundly grateful to the nurses and doctors who saved my life!"

Reasons to Care. Reasons to Give

"Providing excellent trauma care at the Royal Columbian is only possible because of the competence and cooperation of all involved, including the paramedics in the field, physicians, allied health professionals and nurses. The people in the RCH community and the 'can-do' culture are the pride and principal of our trauma program. It's a privilege for me to be a part of it."—Dr. Trevor Stone, BCH Orthopedic Surgeon

“Traumatic injury is unexpected, often devastating and entirely preventable. Its ripple effect extends far beyond the emotional and physical impact on the injured person. It causes disruption and often life-altering situations for families and friends. Injury prevention is key. But for the times that things go wrong, we are here to support the best possible outcome from injury.”—Kathleen Fyvie, BCH Trauma Nurse Practitioner