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Guest Column

Bob Griendling

How a Florida man overcame a broken femur, fractured pelvis and now heart disease

Despite a handful of serious medical setbacks, this avid cyclist still sees the good in life.



The X-ray of Bob Griendling's surgically repaired left femur shows the rods and pins used to put it back together. The leg broke in a bicycle crash in 2020. [Courtesy of Bob Griendling] Published Yesterday/Updated Yesterday

For the most part, families are wonderful. They give us support, encouragement and love. But they also give us their blood and guts.

I've spent a lifetime trying to ward off the inevitable, my ancestors' legacies. Last month, 50 years of bike riding, running and pretending I'm Arnold Schwarzenegger in the gym failed me. With three grandparents dying of heart disease, I knew all along I was doomed. No outrunning, out-biking or out-lifting that.

Late last year, at age 75, I noticed my blood pressure rising. My cardiologist told me he'd run some tests when I returned to St. Petersburg from Colorado, where we spent the holidays with our family. But on New Year's Day, my blood pressure spiked to 201/106. That's stroke territory. The emergency room doctor in Colorado said I wasn't having a heart attack, but he couldn't reduce my blood pressure much below 175.

"See your cardiologist," he said. All that medical training and this is the best advice he could offer?



A selfie of Bob Griendling while riding the Triple Bypass bike challenge in Colorado in 2018. [Bob Griendling]

On returning to Florida, my cardiologist ordered some tests, the penultimate of which was a cardiac CT scan that takes pictures of the heart arteries. By the time I had it done, we were only six days from leaving for a three-week vacation in Chile. Two days later, I had a follow-up visit with him, but he had yet to see the test results from the cardiology lab where I had the CT scan.

“I’ll call you when I get them,” he said. “Maybe I can text the doc there and get a preliminary reading.”

I was checking out at the front of the office when he came down the hall and told me to come back to the exam room. He showed me the terse response to his text: “Very bad.”

My cardiologist said he could perform a catheterization the next morning. It’s the final arbiter, as they run a camera up through your veins to the heart and get the definitive look. “If I can put some stents in, you can go on your trip,” he said.

But it wasn’t to be. The blockage, which included the left anterior descending artery, nicknamed “the widowmaker,” was in areas that precluded stents.

My cardiologist still was willing to entertain the idea of my going to Chile. But when I told him that the first stop was the Atacama Desert, one of the driest spots on earth at 8,000 feet above sea level, he raised his eyebrows. When I told him on the third day we were to start a hike at 15,000 feet, his eyes popped out of his head.

My wife, Karla, and I looked at one another. Just maybe being in a foreign country in the middle of nowhere having a self-induced heart attack was not the best way to spend a vacation.

Two weeks later I met with the surgeon. Folks who knew him said he was good. The nurse in the catheterization lab said he was excellent but “a little gruff.” But then again, he was a surgeon,

many of whom have a reputation for bad bedside manners, in part because when they enter a room, they hear trumpets. The affliction seems to prevent them from hearing their patients' concerns.

This guy was different. First, he had in his youth done the Ironman triathlon. He said he used to work out two hours a day. So at least he understood the disorder that some of us have about loving to suffer. He spent an hour with me and assured me that I was a low-risk patient. The only concerning factor was that I was immunocompromised by my psoriatic arthritis. Figuring that in, they have a matrix that shows your risk factor. The one that caught my eye was that I had an 8% chance of dying during the surgery.

Eight percent? If I was told I'd get \$50 million but had an 8% chance of dying immediately afterward, I think I'd pass. But I decided to roll the dice, in part because doing nothing didn't seem an attractive alternative.

The surgeon said it was to be a triple bypass. The irony here is that as part of my quest to outfox my grandparents (and mother who had bypass surgery at my age), I twice suffered through a ride from Evergreen to Avon, Colorado, a distance of 117 miles while climbing 10,500 feet over three mountain passes. It was called the Triple Bypass. Oh, aren't they so clever — and in my case, prophetic!



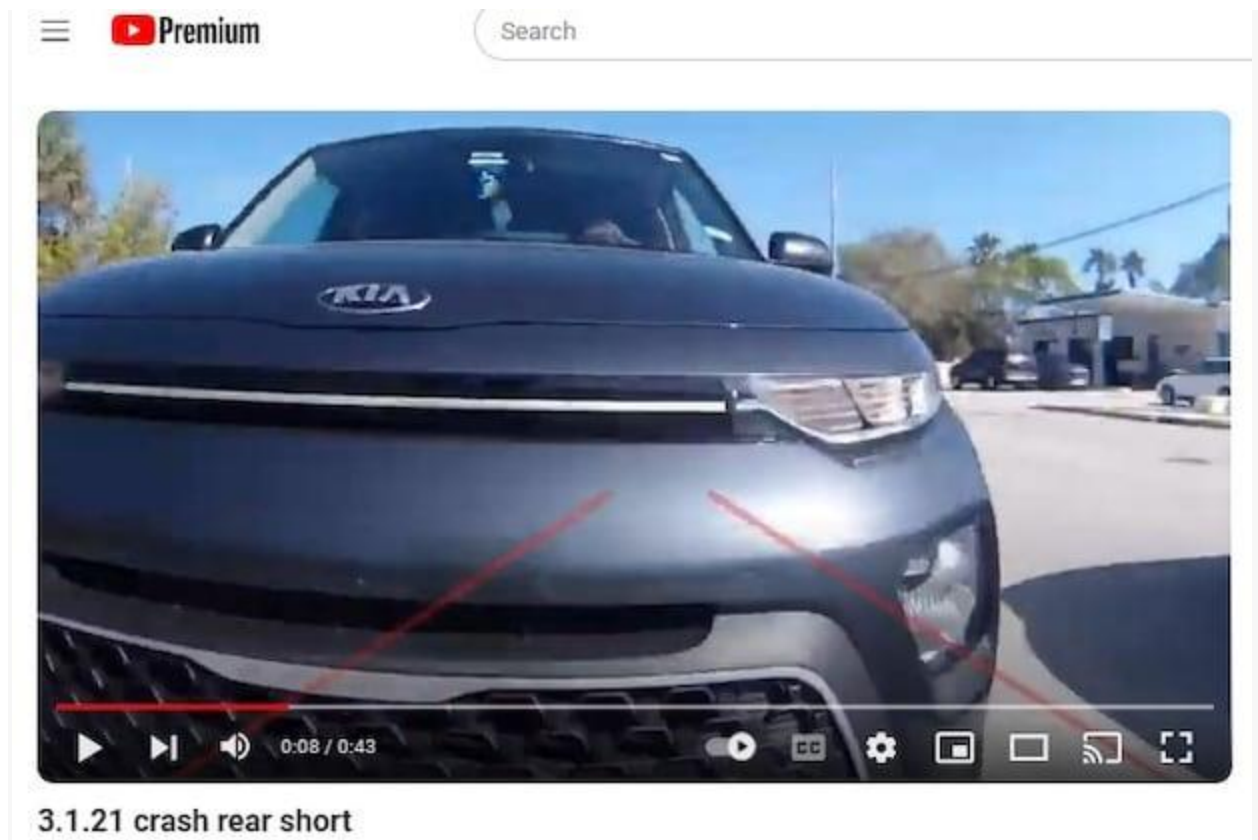
Bob Griendling while riding the Triple Bypass bike challenge in Colorado in 2014. [Courtesy of Bob Griendling]

March 20 arrived, and I was greeted by a nurse whose job was to shave me. She did — everywhere. How many places were they going to cut, I thought. The only thing she left me was my close-up for a porno movie.

Eventually, I was rolled into the operating room, as I tried to keep the number 8% out of my head. Six-and-a-half hours later, I received the greatest gift ever — I awoke, dazed, with tubes coming out of my chest, but I had survived.

The first three days were encouraging. My chest didn't hurt that much. Guys I had talked to said that was the worst part. But they never had my experience. I had broken my femur in one bike crash. Eight

months later, I broke my scapula, pelvis and ribs in another, and suffered a traumatic brain injury. Then last September, I cracked my pelvis in eight places in another crash. I'm practiced at pain.



An image from Griendling's rear-facing bike camera a split second before he was struck by a driver in St. Petersburg in 2021. [Robert Griendling]



In 2021, a motorist ran into Griendling while he was riding his bike in St. Petersburg. In this photo, he is holding one of the wheels damaged in the crash. [Courtesy of Bob Griendling]

The only wrinkle was a visit from my surgeon on the third post-op day. While he had an expansive look inside my chest, he noticed an irregular lymph node, so he biopsied it. “You’ve got cancer,” he said. “You’ll probably need chemotherapy.”

As it turns out, it looks like I’ll need nothing — literally.

“You’ve probably had this small cell lymphoma for years,” a Moffitt Cancer Center hematologist said a few weeks later. “And it’s so slow growing that you’ll probably never need treatment.”

By the fourth day post-operation, my stomach began talking to me. The next

day I was doubled over. Of course, the hospital ordered a scan: Voila! I had gallstones and the whole organ was failing, a not-uncommon occurrence after heart surgery. Seems the gallbladder, if teetering on the edge before cardiac surgery, tumbles over it when surgeons mess with the heart.

Kate, our oldest, spent the first post-op week with us and walked me through my darkest period. My Romanian-born general surgeon said she could take out my gallbladder that night. So about 7 p.m., I was rolled into the pre-op room. By 10, I was the only one there, except for the nurses waiting for gunshot victims.

I was wheeled into the operating room and put under general anesthesia for the second time in seven days. When I awoke, I asked how it went.

“It didn’t,” she said. “You went into A-fib.”

She said she consulted with my heart surgeon.

“He said (surgery) would probably be OK.”

Probably? I was probably going to be OK?

I was glad she demurred.

“I thought it wise to wait until tomorrow when the hospital is filled with plenty of experts I can call on,” she said.

She was being cautious and advised, “There’s a reason patients have better outcomes with female surgeons.”

Why the hell are women so much smarter than us?

The next day, as she put it, she “stabbed me four times,” inserted the robotics, clipped the gallbladder from the liver, crushed it and sucked it out one of my stab wounds. I was home the next day.

But not for long.

After a walk with my daughter Hunter, I had a pain in my chest. Consulting the impeccable health source, Google, I learned that fleeting chest pains are common after a bypass. But this one didn’t fleet. Six hours later I was in the emergency room.

They thought the pains were simply the sternum rearranging itself and complaining after it was assaulted, but of course they ran some tests. They still couldn’t tell me the source of the pain but discovered two blood clots in my lungs, again a typical byproduct of a bypass. I was back in the hospital for a couple of days until they decided that the embolisms were safely parked in my lungs and weren’t going anywhere. A six-month course of blood thinners should allow them to dissolve.

This marked the second time in recent years I spent my birthday in the hospital. That could be depressing, but I prefer to consider these trips “destination birthdays.”

The last doctor doing rounds that morning was a colleague of my surgeon who had come in almost daily to offer a few words of wisdom and encouragement and then disappear. He looked like Dr. Marcus Welby, from the eponymous 1970s TV show, but older. I had earlier asked him if he was a sort of surgeon emeritus.

“No,” he said. “If you don’t operate, you’re out of here.”

I later learned that this guy, who could be in his 70s, had twin 15-year-old daughters at home. So, even if it was allowed, he couldn’t afford to be “emeritus.”

But this morning, he tried to lift my spirits. “You know,” he said. “You’ve been through a lot, what with three major things happening to you — the bypass, gallbladder and cancer.”

“Four things,” I said. “You forget why I’m here now — the embolisms.”

“Oh, yeah,” he said. “Any one of those could have killed you!”

I'm not sure if he was trying to bolster me, but all I could think of was "Yeah, but there's still time."

Later that day, I was home again, this time with my son Zack, his wife Chelsie and my 7-month-old grandson Orion, who so far seems pretty enamored with life. He smiles a lot, which was good for me.

Daily walks and naps, along with anything I want to eat (because I lost 14 pounds during my ordeals), have been my routine. I feel like I'm making daily progress. I'm a little less tired each day. My walking pace has picked up. And the fatigue I had for the past couple of years has lessened, replaced by a tiredness that I think relates to my physical trauma, understandably so.

I've tried to make peace with my ancestors for treating me this way, though years of ice cream piled in what is known in our house as a "Griending bowl" may not have helped. Grandpop Andrew Griending had what I've essentially got — arteriosclerosis. He died of it at my age. His wife Anna, nee Corvin, was rolled into the operating room for heart surgery, said, "It's chilly in here" and promptly died. Grandpop Pasquale Petta died at 66 after two heart attacks a week apart. But his legacy included a full head of black hair, for which I'm vain enough to consider a fair trade.

Ah, but Grandmom Maria, who lived until I was in my 40s, was the exception. I don't know what she died from officially, but she lived until 90, all the while resigned to life's imperfections. The glass was always half full.

Some people think because I've had this string of broken bones and brains these last four years and am now recovering from surgery that I'm tough or dogged — or too stupid to know the difference. No, I get strength from those around me, and so many of my loved ones were here this past month. (Karla has been through all my misadventures.) What a gift!

My glass is half full and then some.

Bob Griending is a writer in St. Petersburg.

<https://www.tampabay.com/opinion/2024/05/02/an-iron-mans-heart-still-beating-with-hope/>