

Peter Soto

ORTHOPAEDIC TRAUMA



In October of 2010, police officer Peter Soto was en route to investigate a domestic abuse call when a truck pulled in front of him, sideswiping his motorcycle and pinning him underneath. The truck crushed him, breaking several bones and damaging multiple internal organs.

Pete sustained a complex pelvic fracture, completely destroying his left hip socket. He also fractured his left tibia, dislocated his left shoulder and sustained a rotator cuff tear, a ruptured spleen, and a torn bladder. Miraculously, Pete never hit his head; his helmet was unscathed. However, he lost vision in one eye due to the jarring of the accident. "I had life-threatening bleeding, primarily from the pelvic fractures," he recalls.

An ambulance was called and the trauma team resuscitated him. Pete was taken MetroHealth, where he was treated by Heather Vallier, MD, an orthopaedic traumatologist. He had an angiography for pelvic embolization, although he was still bleeding profusely. He was rushed into surgery, where Dr. Vallier repaired his pelvis and hip socket in an effort to control bleeding and realign and stabilize the fractures.



"The surgery lasted several hours and I lost five liters of blood," Pete explains. "I received over three dozen transfusions." He spent several days in the intensive care unit at the hospital, and many weeks in rehabilitation in an attempt to regain what he had lost.

Over the subsequent years, Pete spent a lot of time in therapy. He was able to start walking three months after the accident, but still requires an ankle-foot orthotic (AFO) to support his foot, due to damaged nerves.

Pete ultimately developed osteonecrosis, or cell death, in his left hip, which led to severe osteoarthritis. He went under the knife again in December 2011 to remove the hardware in his pelvis, assess for residual infection, and receive a total hip replacement.



Pete has continued to heal, but has significant limitations due to stiffness and weakness in his shoulder. He experiences ankle and foot pain due to nerve damage in his leg. He tries to make the best of his situation by helping other trauma patients. Pete is an active volunteer for the peer visitor program and patient recovery groups through the Trauma Survivor Network program at MetroHealth.

Pete hopes to see medical advances in the study of resuscitation methods, bone healing, infection prevention and treatment, and treatment of nerve damage. "Research funds co-rehabilitation strategies, including efforts to optimize psychosocial recovery and employment ability," he says.

