Hip Hip Hooray!

The Story of Recovery from a Total Hip Replacement

Natasha Josefowitz, Ph.D.

Fears, hopes, and celebrations as chronicled by the author, with interviews of patients having undergone similar operations

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About the Author

Dr. Josefowitz is the best-selling author and award-winning poet of twenty business and poetry books. Her articles and poems have been published in over a hundred journals and magazines including the *Harvard Business Review, the Wall Street Journal, Psychology Today, the London Times,* and most major newspapers in the United States. You can read her bimonthly column in the *La Jolla Today* and *San Diego Jewish World* website. Natasha has received the Living Legacy Award from the Women's International Center and was named by the *San Diego Business Journal* as one of San Diego's "Top Guns."

She says that laughter is the best medicine and laughing at ourselves and with each other will help us heal faster. *The Washington Post* says: "Natasha Josefowitz is helping her generation, and those that follow, find their way into a successful, meaningful and fun older age…her optimism about aging is inspiring."

Her twentieth book, *Living Without the One You Cannot Live Without: Hope and Healing after Loss*, is available on Amazon.com.

Books by Natasha Josefowitz

Paths to Power: A Woman's Guide from First Job to Top Executive, Addison-Wesley Publishing Company, 1980

Is This Where I Was Going? Warner Books, 1982

You're the Boss: A Guide to Managing Diversity with Understanding and Effectiveness, Warner Books, 1985

Natasha's Words for Families, Warner Books, 1986

Natasha's Words for Friends, Warner Books, 1986

Natasha's Words for Lovers, Warner Books, 1986

Fitting In: How to Get a Good Start in Your New Job, (coauthored with Herman Gadon), Addison-Wesley Publishing Company, 1988

A Hundred Scoops of Ice Cream: Tiny Tales, St. Martin's Press, 1988

Over the Hill and Loving the View: Poems to Celebrate Growing Older, Blue Mountain Press, 1991

Managing Our Frantic Lives: A Humorous and Insightful Look at What Makes Our Lives So Hectic, with 10 Strategies for Coping, Blue Mountain Press, 1994

Women's Secrets: Witty Insights into the Thoughts, Feelings, and Dreams of Women, Blue Mountain Press, 1994

Too Wise to Want to Be Young Again: A Witty View of How to Stop Counting the Years and Start Living Them, Blue Mountain Press, 1995

If I Could Touch the Sky…and Other Poems in Children's Voices, Blue Mountain Press, 1997

If I Eat I Feel Guilty, If I Don't I'm Deprived…and Other Dilemmas of Daily Life, Blue Mountain Press, 2001

Sixteen New Ways for Women to Succeed at Work, Blue Mountain Press, 2004

Retirement: Wise and Witty Advice for Making It the Next Great Adventure, Blue Mountain Press, 2005

Been There, Done That, Doing It Better! A Witty Look at Growing Older by a Formerly Young Person, Blue Mountain Press, 2009

Living Without the One You Cannot Live Without: Hope and Healing after Loss, Prestwik Poetry Publishing Co., 2013

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July 1999

Total hip replacement surgery, pioneered by Sir John Charnley in England in the late 1950s and utilized by surgeons throughout the world by the rnid-1960s, has brought an incredible change in the quality of life for those patients suffering from debilitating arthritis of the hip joint. Throughout the world, the procedure is now being carried out over hundreds of thousands of times per year with an outstanding success rate. Despite technological advances since that time and the high success rate, patients remain concerned, both about the risks of anesthesia and the overall benefits of the surgical procedure. Despite extensive educational programs directed by physicians, this concern remains and has not entirely been overcome. Natasha's book outlining her entire surgical experience, including her preoperative disability, her preoperative evaluation, the surgical procedure and long-term outcome is impressive enough in itself In addition, she has interviewed a multitude of other patients going through the same surgical procedure thereby gaining insight into other people's preoperative conceptions and postoperative results. This highly enlightening manuscript would be beneficial to all patients undergoing surgical procedures of this type in order that they can better understand that their own fears and concerns are both realistic and shared by other patients and that, in most cases, the surgical procedure is highly successful with a very low rate of complications. If patients are willing to take the necessary time to read these case histories, it will make their own individual experience with arthritis and surgical management much more understandable.

In that we in the medical profession do not, at all times, adequately educate our patients, I can, without reservation, recommend this book for patients with disabling hip disease and are candidates for surgery.

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Preface

February 2014

This book was written in 1999; fifteen years later, I can run, dance, and forget that I ever had this surgery. My recent X-rays show good bone growth into the prosthesis.

I hope this information will be helpful for the thousands of people anxiously considering this surgery, as well as for those recovering from hip replacement, and not knowing what is a "normal" reaction or when they should call the doctor. There may be new technologies and medications, but the experiences of the patients remain the same.

Acknowledgments

I wish to thank all the people I interviewed for this book who were more than willing to give me the details of their recovery from their hip surgeries. I also got glimpses into people's lives: who was there to help; who is independent; who reads; has projects, gets back to work too soon or not soon enough.

But most of all I wish to thank my surgeon, Dr. Clifford Colwell who was willing to read this manuscript and explain various procedures and the reasons for specific outcomes.

His nurse, Virginia L. Russell, who is an orthopedic nurse clinician also read this manuscript, came for lunch, helped with the spelling of the various drugs, and was generally always there, not only for me, but for all the people who called incessantly with endless questions. I never saw her lose her patience as she repeated over and over again: "You'll be OK, just give it time."

I also wish to thank my secretary Pamela Morgan, who tirelessly typed, retyped, and made helpful comments.

So, my great learning from this experience is that healing cannot be speeded up and everyone heals at his or her individual rate.

Introduction

There are books and articles on how to prepare for surgery, and suddenly everyone can play tennis six months after a hip replacement, but there is nothing written about those first few weeks and months after the operation. I wish I had known then what I know now, but at least my readers will. All names, initials, occupations and stories are true—I have changed nothing. In the meantime, I am really looking forward to being able to play a good game of tennis as I'm assured I will be able to, after not having touched a tennis racquet in fifty years. It's like the man, who after hand surgery, asked his doctor whether he could play the piano, and after the doctor assured him that he could after recovery, he exclaimed happily: "Oh, good, I've always wanted to play…"

New Introduction for 2015: *Twenty Years Later, an Update to the Hip Replacement Experience*

My daughter just had her hip replaced exactly twenty years after I had mine done, but her experience was totally different from mine. This is all good news. General anesthesia is no longer given; she got a spinal block and a sedative to make her sleep through the operation. She woke up ten minutes before the one-hour operation was over. Because of the spinal block, she felt little pain for the first day until the block wore off. She did not start taking narcotics for pain control until the evening after her surgery. Generally her pain has been well controlled with narcotics, and any nausea she experienced was controlled with anti-nausea medication. Her pain was never more than a four. Overall, she felt much less pain than I did and was able to go home on the third day.

She has the following suggestions for those who will undergo this operation or any other that affects the ability to walk:

1. If you have stairs in your house, be sure to get a walker for each level of your home. You will use a cane to go up and down the stairs, and you don't want to have to drag a walker with you. The same goes for grabbers; have one on each floor since you are not supposed to bend down.
2. If your doctor prescribes blood thinners that you inject, ask if you can take the type that is administered as a pill, it will be easier.
3. It can be painful to lift your leg onto a bed. Keep a long belt near your bed that you can loop over your foot; hold onto the two ends and swing your leg onto the bed.
4. Crocs are by far the most comfortable shoes for the first while. Your leg and foot are quite swollen, and the roominess of Crocs is great.
5. If you are a women, be sure to have a dress. You can't put on pants alone, and it's nice not to need someone to dress you.
6. Last of all, be ready to be tired and be ready to be shocked at how little you can do. Five days after surgery a ten- to fifteen-minute walk with a walker feels like a lot!

My own advice to her and to you: don't do too much too soon. Because of the lack of pain, you may forget the fragility of the operation site.

Dedication

This book is dedicated to my granddaughter, Laura, who already has had her share of operations and has shown much courage in the face of adversity.

Diagnosis

Already, thirty years ago when I was skiing, I favored my right leg on downhill turns. Somehow it didn't feel as strong as the left when the weight was on it. Of course I paid no attention to this at the time, and whenever my right hip gave me a twinge in the following years, I attributed it to low back pain and again paid no attention. Six years ago when I was sixty-five, the hip began to bother me more. I went to a rheumatologist who took an X-ray and said I would need a hip replacement before my seventieth birthday. I didn't believe him, although I did see the thinning cartilage on the X-ray.

My seventieth birthday came and went as I thumbed my nose at the prediction. A year later, I was beginning to limp a bit and really couldn't walk much more than half an hour without pain. If I pushed myself and walked more, I couldn't walk at all the next day.

I finally went to an orthopedic surgeon who took another X-ray and showed me that there was almost no cartilage left. We scheduled an operation for December. I told my ninety-four-year-old mother who lived two and a half hours away that I would be homebound for about a month. She called me back a couple of days later and said she was having sleepless nights worrying that while I was in the hospital and then home, she would need me and I couldn't come. "Please, can't you wait to be operated on until after I die?" She sounded really worried, so I canceled the operation. Six months later, we celebrated her ninety-fifth birthday and my hip was worse. I schedule the hip replacement the day after her birthday and didn't tell her.

Three weeks later when she complained that I had not visited her, I told her I had a bad cold. Then when my supposed cold was better, I lied again and said my husband had a cold. She worried about us, which was better than worrying about herself.

Although I had not been in as much pain before the operation as some of the people I subsequently interviewed, some of whom couldn't walk at all, I felt more limited in my activities than I was willing to live with, like not being able to climb stairs, waking up with pain at night, and some days not able to walk the dog.

I tried glucosamine, acupuncture, Healing Touch, visualization with meditation—nothing helped. The die was cast, I was getting rid of the old hip and getting a shiny, new, metal one that hopefully would last more than twenty years. Mother died at ninety-six; I have good genes and may just live long enough to outlive my new hip.

Loss doesn't have to be the death of someone else or oneself; it can be the loss of a dream, a job, a relationship. For me, surprisingly enough, it was the loss of a hip, to be replaced with a new one made of titanium.

My hip had been hurting for several months—I limped but denied the cause, just a little arthritis, or perhaps bursitis, it will pass. As the pain got worse, I became upset at the imperfect image of an unhealthy me. I'm not the type to have osteoarthritis! I will lose weight, exercise more, and conquer this thing.

The inevitable X-rays showed no cartilage left—it was bone grating on bone, and an operation was inevitable. I had sleepless nights. I didn't want foreign objects in my body. I mourned the loss of my own hipbone. I dealt with my stress by doing research: what materials are used, will it be cemented or will bone be nailed into a prosthesis (an artificial hip) that looks like Swiss cheese so that bone growth can occur?

Countdown to Surgery

Planning the Surgery

At my age (past seventy), I will get a hybrid; the thigh will be cemented but not the pelvic piece.

My husband, Herman, will not be able to watch the operation, as the surgeon, Dr. Colwell said he would worry more about Herman, instead of concentrating on the surgical procedure. Dr. Colwell did not even watch when his own wife was operated on.

The next step is to see Michelle, the scheduler. We will do it June 9th, two days after my mother's ninety-fifth birthday. We plan not to tell her until I can visit her with an "Oh by the way, Mom, I had my hip replaced…"

I dream of bleeding. Grief is in our heads, anger is in our chests, and fear is in our stomach, so I feel queasy, even though everyone says what an easy and always successful operation it is, with a 98% success rate. Who are the 2%, I wondered.

Four Weeks Before Surgery

I call the San Diego Blood Bank and make an appointment to donate one pint of my own blood, in case I need it after the operation—it stays fresh for thirty-five days, and is called "an autologous blood donation"—this makes it a perfect match and the least risky. Also, I start taking ferrous sulfate to supply iron, which helps to make those red blood cells that were taken away by the autologous blood transfusion. I receive the schedule of all my appointments.

Three Weeks Before Surgery

Our bodies contain ten to twelve pints of blood, so the one pint I give is not such a big deal. It takes about ten minutes for the actual draw, but a complete questionnaire has to be filled out first. Two very pleasant women make me feel comfortable.

It doesn't hurt except for a small prick. Apple juice and cookies are served afterward. Tip: always drink lots of fluids before giving blood; it makes it easier to get the blood out. I feel a bit lightheaded.

Twenty Days Before Surgery

A physiotherapist comes to the house to check on stairs, we don't have any. In the shower, we'll need to add a stool as I won't be able to bend for three

months to wash my feet; I will have to use a sponge with a long handle. She measures my range of motion and measures my legs. She shows me the exercises that I will need to do after the operation so that I can start strengthening those muscles now. I won't be able to drive for six weeks. It sounds like a very long recovery period, and I'm feeling somewhat depressed at the prospect of my limitations. However, I am looking forward to being free of pain and the limp.

Nineteen Days Before Surgery

Blood is drawn in the hospital lab for a complete blood count. Then on to an EKG. The good news is that they don't smear Vaseline on your legs and chest anymore in order to make contact with the electrodes. I get a chest X-ray and that takes up the whole morning.

Sixteen Days to Surgery

We spend the weekend updating my "living will"—I don't want any artificial measures to prolong my life if I'm in a coma, in intractable pain, have a terminal illness, or Alzheimer's. We also update my will—a good thing to do anyway every five years or so. So why am I doing all this? When facing general anesthesia, it is always in the back of one's mind that one may not wake up again or, worse, wake up brain damaged. The chances are extremely slim for either of these scenarios to occur, but then there isn't much chance that my house will burn down, yet I have fire insurance. So it's a "just in case," but I feel better taking care of all contingencies.

Twelve Days to Surgery

I meet with my surgeon's nurse who gives me papers to fill out and explains the whole procedure from the time I walk into the hospital at 7:30 A.M., after not having eaten or drunk anything for the previous eight hours, to getting the IV inserted in my arm for antibiotics and anesthesia to being wheeled at 9:30 into the operating room to meet masked people looking like space-age moon walkers. The operation is to last about one and a half hours, then a couple of hours in the recovery room, then to my room where my husband will be waiting. I have two pages of questions, which she answers very patiently, and I'm off to my next appointment with the anesthesiologist. We discuss an epidural, which anesthetizes your lower body but you stay awake, verses general anesthesia, and he says that it's better to be asleep and not hear the sawing of the bone and the hammering of the prosthesis into place.

Then I meet with the day surgery nurse with more forms to fill out: consenting forms, information forms, allergy and medication forms. Everyone seems to want their own set.

Eleven Days to Surgery

I meet with the surgeon's assistant. He is an "orthopedic fellow" at the end of his rotation. I'm glad that this is not his first week, although he says he'd been a doctor for five years before that. I get my legs measured and am told that my legs will be the same length…approximately. "Approximately" does not sound good enough to me—so he says, "possibly off by one centimeter, at most." I hope that this won't be the case. We're getting another set of X-rays. I ask to compare it to the last set done six months ago. It's a little worse, the area with lost cartilage is larger, there's more bone-on-bone, and that is what creates the pain. If I walk more than half an hour, the next day I can't walk at all. If I stand too long during the day, the pain wakes me at night. I guess it's time to do it, although I admit that until this moment, I was still trying to avoid it.

Ten Days to Surgery

We go away for the weekend to Warner Springs, California—just the two of us, a last weekend before the surgery. It's a beautiful area with little attached bungalows. The room is very simple, a bed, a chest of drawers, a couple of chairs and a desk, all quite worn but functional. There is a fireplace. There are two huge pools, one has a temperature of under 80°, too cold for me, and the other is 102°, too hot to stay in for any length of time and certainly too hot to swim. There is a spa where we get a lovely massage. The food is adequate and plentiful. In the evening there is entertainment. We joined in a sing-a-long, which is fun.

Eight Days to Surgery

I'm getting my hair cut really short. It's not very becoming but will be easier to take care of in the hospital.

Seven Days to Surgery

I am more anxious about the operation than I expected to be, thinking about it most of the day and quite a bit at night.

I decided to try self-hypnosis. The RN from the hospital who teaches hypnosis as well as Healing Touch comes to the house.

I lie on a massage table and she lays her hands on my ankle and knee, then knee and hip, then hip and solar plexus, then solar plexus and heart, then wrist and elbow, elbow and shoulder, and finally shoulder and brow. I totally relax and almost fall asleep. She then asks me to imagine that I'm on a sailboat, gently rocking on the waves, and I relax even more. Then I am to put myself in an operating room and imagine the doctors and nurses doing their work perfectly and waking up from the anesthesia, alert and beginning to heal.

Soft music is playing as she lulls me into an alternate state of consciousness, asking me to imagine a white, healing light on my hip. When I arise from this session, I feel much calmer and more in charge of the healing processes of my body. I will have to remember to repeat this imagery as I'm going under and as I wake up.

Six Days to Surgery

As I can't bring my foot up to cut my own toe nails, I have a pedicure and a manicure—without polish on the nails, as doctors may need to see the color of the skin under the nails—and pack for the weekend in Beverly Hills to celebrate my mother's ninety-fifth birthday. She will hate my too-short hair, I do too, I'll tell her it's my summer cut. I also pack for the hospital, as I won't have time when I return home. I take my black Halloween nightshirt, to scare the nurses, CD's of soothing guitar music, tapes of Garrison Keeler, a book of jokes, and my needlepoint. A friend of mine just became a grandmother, and I will make a pillow with the granddaughter's name and birth date. Her name is Alexandra, so the pillow will have to be quite wide to accommodate the long name.

Five Days to Surgery

We drive to Beverly Hills to begin the birthday weekend—my brother and sister-in-law will arrive tomorrow from New York. We have an appointment with a lawyer to update my will.

Two Days to Surgery

A friend of my mother's gives her a surprise ninety-fifth birthday party. Twenty-two guests, one arriving for the day from New York, cousins, nephews, old friends she has known for many decades, everyone toasting her—it was a grand party, and she enjoyed it all tremendously. On one hand, it's a bit much for her, and she complains about being tired, on the other hand, it is probably her last hurrah.

One Day Before Surgery

We leave early for San Diego, and I spend the day taking care of bills, answering letters and phone calls, cleaning up my desk (what else is new). Friends come for dinner, we're planning on a movie, but I don't feel like going. Aware of mounting nervousness, I'd rather stay home and listen to my tapes on meditation, on healing, on imagery. Going to a movie is running away from the anxious feeling. It's better to face it, deal with it and minimize the anxiety by working through it. We also watch some TV and go to bed early.

Surgery and the First Week of Recovery

D-day, Surgery Day

We get to the hospital at 7:30 A.M. and sit with a lady whose only job (as far as I can tell) is to fill out endless forms. After I agree to be operated on (consent form), and signed that I was indeed told of all the dire consequences that can occur, such as death, brain damage, infections, and I don't remember what else, I am taken to the day-surgery area. There I change into these lovely hospital gowns that are too short and are supposed to tie in the back but somehow always manage to leave some bare butt. From there I am taken to the pre-op room where I get on a gurney and my anesthesiologist puts in an IV to start the antibiotic and anesthesia.

Dr. Moldenhauer and I had had lengthy discussions on the drugs to be used. My mother, her sister, and my daughter all had bad episodes of hallucinations after their surgeries, so I wanted to avoid that. I am wheeled to the operation and I tell jokes: "The elderly couple is sitting together in the living room, when she says: 'Let's go upstairs and make love.' He answers: 'You must choose as I can't do both.'" And then I'm asleep.

The operation takes two and a half hours. I wake up in the recovery room, where I stay another couple of hours. Dr. Colwell talks to my husband and tells him the operation was successful, but I was past due. He does not understand how I could have walked at all with no cartilage left between the hip joints. "Severe arthritis," he says.

Now it's over with, but the very lengthy and painful recovery is only beginning. I'm wheeled into my room with a lovely view of Torrey Pines Golf Course and the ocean. I'm hooked to a morphine drip, which I can activate by pushing a button. Every six minutes I can give myself a boost. As long as I don't move, there's not much pain, but the slightest change of position is excruciating. I have a large foam-rubber wedge between my legs and two nurses turn me from back to side every two to three hours.

Rauni King, a Healing Touch nurse, hovers over my body with her hands. It relaxes me, and I sleep most of the afternoon.

Herman has a cot in my room and is my night nurse. I'm also hooked to a catheter.

Day One after Surgery

The next morning, a physical therapist comes and gets me to stand by my bed and take three steps. It hurts something awful. He comes back in the afternoon, and I walk around the bed. Ouch! Lunch is pasta with overcooked vegetables, and dinner is an inedible, dry, breaded breast of chicken. I sleep a lot from the morphine. Friends send me flowers, balloons, and a teddy bear. Gloria Penner visits, bringing me a vanilla-scented candle while Herman takes a couple of hours off and goes home. I am spoiled.

Day Two after Surgery

The nurses take out the catheter and the morphine drip. I'm now on Vicodin, using bedpans, and am well enough to write and make phone calls. My voice is hoarse from the breathing tube used during anesthesia so I don't dare call my mother, she still does not know. I guess I could have told her I had a cold.

I have very useful friends. Jean Jones, the expert in nutrition with thirty-one books and a syndicated column, visits and goes over the menus with me. She knows what is passable and what will be inedible. She says lasagna can sit for a long time without getting too dry or too soggy and a fruit plate is always a safe bet. We don't choose the "gourmet" roast pork or the "cooked to perfection" Salisbury steak.

Theri, my massage therapist gives me a foot and calf massage to prevent blood clots. She observed the surgery in a booth with a glass window overlooking the operating room and later reported everything to me. I had asked Dr. Colwell to say only positive statements, as recent studies have shown that even a seemingly fast-asleep patient can hear. I had given him four statements to say out loud to me: First, "You will have minimal bleeding." I did. Second, "The operation is going very well, and I am very pleased with your new hip," which he was. Third, "You will wake up feeling alert and comfortable." I did. I asked him to add, "You will be able to lose weight easily." Just in case all this works. I read that patients under anesthesia are very receptive to suggestions. So far I haven't been hungry.

I don't use a bedpan, a nurse comes to help me to the bathroom. That turns out to be quite a production, since that leg can't bend at the hip. Also, it hurts. And so the day goes, with conflicting messages from friends, "Stay in the hospital as long as you can to get good care," and "Leave the hospital as soon as possible, because of the risk of infection."

Day Three after Surgery

I sleep through the night because I didn't drink anything the evening before in order not to go to the bathroom. Bad idea, I'm told. I'm supposed to flush the drugs out—so now I drink plenty of water.

Endless interruptions—necessary ones—from taking my temperature, pulse rate, blood pressure, and drawing blood to two visits from the physical therapist, who showed me how to climb stairs; the occupational therapist, who had me get in and out of a model sports car sitting on the hospital floor; the surgeon and his nurse, Virginia, who come three times to check up on how things are going; the homecare nurse to discuss equipment needed at home; Rauni who does a Healing Touch session; Theri who gives me a foot massage; the two friends who work in the cancer center downstairs; the meals that come and go; the pills that come; the nursing assistant who wakes me and changes the sheets; the person who picks up the trash; the one who cleans the room; the one who brings flowers… In other words, these are all welcome and appreciated, but it's exhausting to not ever be able to take more than a ten-minute nap.

Day Four after Surgery

Jocelyn, my physical therapist, was here at 7:30 A.M. The first day I couldn't lift my foot off the bed; the second, I couldn't raise my knee; the third I couldn't drag my leg across the bed—now I can do all three exercises but still can't do a leg lift. That's probably for tomorrow. Jocelyn tortures me to health. Dr. Colwell dropped by for his last visit before sending me home today. He has done 250 hip replacements a year over the past twenty-eight years. That takes us to 7,000 hip-replacement operations. Maybe I was number 7,000 and get a free trip to "runner's high."

I go home well-equipped with a wheel chair, a raised potty seat with handles to place on my toilet, a walker, stick to pick-up stuff from the floor, a sponge with a handle to wash my legs, pain pills, a stool softener, and Lovenox shots (an anti-coagulant) to give myself. Herman tried to give me the shots, but he did it so slowly, afraid to hurt me, that I'd rather do it myself. It's a quick prick in the stomach. Last, strict directions: do not bend at the waist by more than 90°, do not cross one leg over another, keep legs spread with a pillow in between whenever sitting or lying down. One percent of the patients dislocate their hip by doing one of the above and need to have it replaced again. What a nightmare that must be!

It's great to be home! Now starts the long period of recovery. The physical therapist will come every day, and I need to start walking again. I thought I

would stop writing after getting home, but "post-op" is much more important than "pre-op" even though it's less dramatic—with fewer players, less action, much, much more to learn both about oneself and about the healing process.

Day Five after Surgery

I'm surprised how much it still hurts and how handicapped I am. I don't know what I expected—I guess I was unrealistic. Everyone always says how great they feel afterwards, leading a normal life six months later, but no one said anything about the endless days homebound. Carol, the physical therapist comes and has me slide my leg sideways, lift my knee, pull up my toes, tighten my quadriceps and my buttocks, and lift my foot off the bed, which I can't do. I'm allowed two thirty-minute sessions sitting at my desk—not enough to clear up the usual accumulated mess—but then I'm so exhausted that I can't do more anyway. I'm also to take four walks down the hall holding on to my walker. I still do my breathing exercises. The phone rings incessantly, friends want to visit. I'm happy they call but am not ready for conversation.

We put all the flowers we brought back from the hospital on the dining room table and take a photo. They're so beautiful. Two small pots with roses, large multicolored arrangements, a white orchid, and a dozen sprays of lavender orchids from my friend Lael's garden.

Day Six after Surgery

It hurts to sleep on my side and my back aches from sleeping on it without moving. I'm beginning to feel very sorry for myself. Going to the bathroom is a whole procedure, from getting my legs down from the bed, getting to the walker and backing up to the raised toilet seat. Returning to bed, Herman has to lift the operated leg onto the bed. I can't do it alone yet.

Carol comes and adds exercises. She says I have wonderful muscle tone, and it will help me recover quicker. All those strength-training sessions are paying off. In the meantime, I'm a cripple with an ugly scar all the way across my butt to mid-thigh. I'm damaged goods. Herman says he's been damaged for years, and I'm just catching up. I feel nauseated a good bit of the time and can't eat much. I read, listen to music, and complain.

Day Seven after Surgery

I spill a tall glass of orange juice all over myself and all over the bed. This triggers an unexplainable flood of tears. I sob for hours with Herman repeating, "It's just orange juice!" I feel sorry for myself and especially for him for being so

tirelessly devoted to my care. He doesn't have a life anymore. Every time the phone rings, I cry. My cousin Lisa asks what pain medication I'm on, I tell her Vicodin. She says it is a known depressant, and it makes her cry too. Two more friends tell me the same thing: Vicodin makes them nauseated. We look it up in the *PDR, The Physician's Desk Reference* and see that these are its side effects. I switch to Tylenol and very quickly feel better, although it doesn't cut the pain enough.

I improve with my exercises and can now get back into bed by myself.

The Second Week

Day Eight after Surgery

We ask Dr. Colwell's nurse, Virginia, to get us a home-health aid, just to get Herman some time off. Natalie, who looks like she's fifteen, comes over and helps me get a shower and wash my hair. I have more energy today. My friend Roz calls and tells me how lucky I am to be able to get an operation that will result in complete recovery and the ability to resume a normal life. She has a progressive, irreversible, rare type of muscular dystrophy. She's right; I'm shamed into stopping my bitching. I have friends with cancer, with emotional problems, and the gamut of human ills. From now on, I'll celebrate my successful operation, but…does that leg feel longer than the other, will it stay that way, will I limp? My resolve was short lived, three minutes at most.

I have to do more relaxation exercises, visualize positive outcomes, and whip myself into shape…

Day Nine after Surgery

I did something bad: I over-exercised on my own, and my pain is considerably worse. Did the exercise do it? I can hardly lift my leg and walking is excruciating. I take extra-strength Tylenol every four hours instead of every six as it says on the bottle, and I'm really scared that I popped my new hip out.

Carol, my physiotherapist, comes and checks my leg—no, I did not pop it out, no I'm not worse, no I will not remain a cripple all my life dealing with awful pain. I had a muscle spasm; it happens quite often, nothing to worry about…why didn't anyone warn me? Well, she says, everyone has different reactions, not all of the possible problems that can arise can be covered. This is when a light went click—I'll write a book and cover all these bases so that people will know what to expect. I call my surgeon and asked whether he wants to collaborate on a book called, "Hip, Hip, Hooray," a total hip replacement from the patient's point of view, with additional information from the surgeon.

I talk to Larry M. who had both hips done. The first was a piece of cake and three months after the second was done, he lifted something very heavy, felt a sharp pain, and now has twinges of discomfort in that hip. Lesson learned: I will not lift anything heavy, not after three months, not after six…not ever.

What I find interesting in talking to people with hip replacements is the variety of responses from "a piece of cake" to "I've been to hell and back." And

it's not just a difference in pain tolerance. Some people react very differently from their first hip to their second.

I have not talked to anyone yet who is not absolutely thrilled with the results. I hope I will be. At times I'm ready to ask the doctor to put my old bone back and forget about the whole thing. (Just kidding!)

Day Ten after Surgery

I switched from Vicodin, which depressed me and made me nauseated, to extra-strength Tylenol. The bottle says no more than eight in any twenty-four-hour period. It does not work for me. So, I take it every four hours, which makes it twelve in a twenty-four-hour period, and my stepdaughter, who is a doctor, says that Tylenol at that dosage can be toxic to the liver and kidneys, damaging them irreversibly. Bad news! I go back to Vicodin while I wait for a return call from Virginia. She suggests Ultram. Herman reads the side effects in the *PDR* but won't tell me so that I'm not influenced.

It worked! Every day I do a little better, walk a little straighter, don't have to support myself as hard on my walker, but my knee looks like it's turning inward. Immediate panic response—"the doctor set it wrong." No, I'm again reassured by Carol, the physiotherapist, it all looks normal. I guess the lurking fear is that somehow something is not perfect, and I'll end up with knock-knees and will need knee surgery, which by the way, I'm told is much more painful than hip surgery.

Does everyone go immediately to dire scenarios?

There is a feeling of tightness across my hip, like a band holding everything together; it feels like it's tightening. What is that about?

I'm allowed two forty-minute sessions of sitting at my desk and five walks down the hallway and back during the day.

Day Eleven after Surgery

I take Ultram, the new pain killer, and become extremely dizzy with a bad headache. I read the side effects of that drug, sure enough, dizziness and migraine. I'm beginning to get desperate, what can I take? If there is one quarter of 1% of the population that has a bad reaction to a drug—that's me! I'm back to Tylenol, and actually as the day wears on I'm beginning to have a lot less pain. There's still that tight, band-like feeling around my hip, but I took a walk down my street using my walker more as a stabilizer than something I need to lean on. I can sit at my desk for an hour. There's a small glimmer of light at the end of that tunnel!

Day Twelve after Surgery

Friends are dropping by. I had not wanted to see anyone, and I surprise myself that I complain a lot to them. Instead of a happy, optimistic greeting, I say, "This is the pits."

Day Thirteen after Surgery

If a "10" is excruciating pain, the kind you scream out loud with and a "9" is excruciating pain, but the kind you scream silently with, I had a "9" last night. The Tylenol I took before going to bed did nothing to alleviate it, even though I took more four hours later. Is it the way I sleep, perhaps my knee goes up higher towards my chest than allowed? I don't know, but putting two pillows between my thighs and sleeping on my side does not help, neither does lying flat on my back nor with a pillow under my leg, all are useless. So I lie there not believing how much I'm hurting and not knowing what to do. Herman is sleeping peacefully—there's nothing he can do anyway except be upset for me, so I let him sleep.

I don't know if I can take Vicodin when I have taken Tylenol already. I'm afraid that some drugs don't mix but don't know which. In the morning I'm better and call my son-in-law David, who is a geriatric psychiatrist. Yes, I can take Vicodin even though I have already taken Tylenol. That's good news for tonight. I also call Richard, a former son-in-law, who is a rheumatologist, and he says he's heard of patients having this terrible pain in the middle of the night but does not know what causes it. Because this is Sunday, I could not have reached my doctor, so it's very handy to have medical advice right in the family.

Day Fourteen after Surgery

I continue regular strength Tylenol every four hours and still have some discomfort but no real pain. At 2:00 A.M., like a sledgehammer, I'm hit by incredible pain. I take one Vicodin and that does the trick. At 6:00 A.M., another couple of Tylenol and I'm OK again when I get up at 7:30 A.M. I checked with my kids, three of whom are doctors, as to whether the two drugs have any harmful reactions when taken within a couple of hours of each other. It's always important to check for possible negative drug interactions. Some drugs must not be taken with dairy products, some not with grapefruit juice. One should always ask.

The Third Week

Taking Darvocet. It doesn't take all of the pain away, but it takes the edge off, and that's OK by me. Side effects: I feel "spacey" and light headed, but, as I don't plan to drive or use heavy machinery, I'll take the out-of-focus feeling anytime over nausea.

The first week, my physiotherapist came every day, this week and next it will only be three times a week, and then no more. She feels it's not really enough, but Medicare doesn't pay for home visits after three weeks. It's possible to go to a rehab center to exercise or pay for private continued care. Before HMOs, she says there was no limit and sometimes there were abuses, but these restrictions are bad for patients' continued ability to heal.

The Darvocet makes me so dizzy that I can't stand up. I quit taking it and get a Healing Touch treatment. Healing Touch is a means of aligning the body's meridians (or "chakras" as they are known in Asian countries) by applying light touch on ankles, knees, hips, wrists, elbows, shoulders, stomach, chest, throat, and forehead. This is done in a specific sequence that produces deep relaxation. Specific techniques are applied to areas that hurt.

Jonelle places her hands on my hip and concentrates to send healing energy. I feel my whole leg getting very warm and prickly. My leg jerks—the muscle spasms are releasing. I feel very relaxed for the first time in days. She works on my whole body, and when she works on my head, I fall asleep. When I wake up, the pain is gone.

In double-blind studies on pain medications, *44*% of the people who reported feeling better had only been given a sugar pill or a mock treatment, yet there was marked improvement. The "placebo effect" is well known, so I'm wondering whether I'm better because I believed I would be, or because I was able to really relax, or because there was indeed a healing energy sent through my body that restored the flow of blocked energy and released the grip of pain in my hip.

This is all very intriguing. Even though I consider myself a skeptic, I have taken a course in "Healing Touch" and have completed my first twenty-hours of "Level One." I plan to continue my studies, as there seems to be such positive results. Even if it's the placebo effect, even if it is psychological…if it works, don't knock it!

Day Fifteen after Surgery

Felt muscles cramping again in the middle of the night. Took a Tylenol and slept. In the morning, there was quite a bit of pain, but knowing that it's muscles in spasm, I put a hot pad on my hip and meditated while concentrating on relaxing my body. It worked! The muscles let go. I tried to stand up in the kitchen to rearrange the flowers that are beginning to die; I felt weak and went back to bed. This is a vicious cycle: the more I stay in bed, the weaker I get; the weaker I get, the more I want to stay in bed. Solution—push myself to stand and walk around as much as possible.

Called my friend Rita who had her hip done last year. As she lives alone, after a hospital stay of four days, she went into a rehab facility for two weeks and said she had no pain at all. As soon as she felt a twinge, they gave her a medication she tolerated well. She's eighty years old and says she has a new lease on life, goes for long walks and still lives alone, fending well for herself. What a wonderful role model.

Day Sixteen after Surgery

Although I manage to sleep more or less through the night, the complications are the pillows. When I'm on my back, I must have a pillow between my legs to keep my hips apart. At no time should my knees touch each other. When I lie on my good side, then I must have two pillows between my legs, one under my feet, and one behind my back. This position, although a welcome change from lying on my back, doesn't last long. The pillows shift, and I end up crooked, either with pillows on the floor or in strange configurations on the bed.

I would advise anyone after hip surgery to rent a hospital bed for a month. One spends a lot of time in bed, and being able to raise the head and feet into a variety of positions helps prevent backache.

I talk to Reneé, who had an un-cemented hip and can wear a bikini with her scar hardly showing. She had no pain, and her only complaint was a burning sensation in her hip. She takes Glucosamine, a popular alternative medicine found in health food stores, which she says helps her.

Ann, on the other hand, had a prosthesis that popped out. She said it was the worst pain she ever felt. The ambulance took her to the emergency room where they were able to push it back in without operating.

Day Seventeen after Surgery

Three days without pain medication, and, although I have discomfort, it's not really pain. I try walking with a cane instead of a walker; I feel less secure, but I

will do a little more every day. Both the visiting nurse, Nancy, and the physiotherapist, Carol, say I can take a drive and even go to a movie this weekend. I don't feel up to it. I'm still somewhat lightheaded and get easily tired after a ten-minute walk in front of our house, but the prospect is wonderful. So, there is life after hip replacement after all.

Day Eighteen after Surgery

I wake-up in the night with pain, I must have been sleeping in a weird position. Instead of a Tylenol, I put on an electric heating pad and concentrate on relaxing that leg. It works. I must be careful not to fall asleep with the pad on.

I am beginning to use the cane about half the time—I don't feel too secure yet, but it makes me feel like I'm progressing. I'm very tired a lot of the time. Sudden exhaustion grips me while I'm at my desk or at dinner or just standing in the kitchen. Then it feels like I can barely make it back to bed. I hate this feeling.

Day Nineteen after Surgery

I walk with a cane up and down the half-block in front of our house, wearing a robe. It's a good thing we're on a cul-de-sac and only one car passes by, the people stare and then wave.

I call Jo Ann, who is a friend of a friend. She had her hip done three years ago and needs the other one done now. She was fifty-two with her first hip and had the non-cemented kind. The recovery is longer - she was two months on crutches with no weight allowed on the operated leg. After three months, she could put half her weight on it; at four months, she walked with a cane which she gave up at five months. At seven months, she was playing doubles tennis, although she admits "carefully." She minded most, the tight, white stockings she had to wear; she said they felt like ace bandages. Because she lives on an island off Seattle, she was operated on in Los Angeles and stayed six days in the hospital and rented a condo there until she could travel to her island, which she did at three weeks. The worst part was not being able to pee at the airport, on the plane, nor on the ferry. All the toilets were too low. One friend told me she peed standing up facing the toilet after her operation, but that pee can dribble down your leg, which is not a great feeling.

My husband bought me a gadget in a drugstore that is placed over the vagina like a funnel, and it has a spout that can go either into the toilet or into a plastic container. I always wanted a plastic penis to pee standing up!!! Medical supply stores have a raised seat that can fit over a toilet, which can be carried in a large shopping bag unobtrusively.

What helped me is that when I interviewed Jo Ann, she said she was really depressed for several weeks, and that she's naturally a very "up" person. I was wondering why I was kind of feeling down, because I, too, am an "up" person. Apparently being confined to bed, then to home, unable to do for oneself all the usual thing, and having to be dependent on others is depressing for most people. So, it's always good to know that there's nothing wrong with me. I'm being normal, that it is normal to be depressed under these circumstances.

Day Twenty after Surgery

First outing! I go to a video store in my nightie and robe. Well, it's a cotton robe with a ruffle that buttons all the way down; it might be mistaken for a dress by an inattentive salesperson and hurried customers. We pick a couple of videotapes for the next two evenings. The reason I wanted to go was because my husband often seems to pick either something I have seen and don't want to see again or something I haven't seen and never would want to. It felt wonderful to be out of the house but equally wonderful to be back in bed afterwards.

The nurse suggests I eat more iron rich foods because people's blood counts often drop a bit after surgery—so, liver tonight! My husband and I have been vegetarians for health reasons for several years now—this will be some change! Foods rich in iron are: nuts, seeds, lima beans, peas, potatoes, sauerkraut, spinach, lentils, peanut butter, and—ugh—blackstrap molasses, which has the most iron, 10 mgs. in two tablespoons.

The Fourth Week

There's a Monet show at the museum, we bought tickets for it about half a year ago for an 11:00 A.M. slot, so I put on real clothes and off we go. All the handicapped spaces are taken, so my husband leaves me off in a wheelchair and parks at the other end of Balboa Park, near downtown San Diego.

We're not used to using a wheelchair in a crowd and keep bumping into people's ankles. The footrest sticks way out and is not visible to the person pushing the chair. They should have given us a bell or a horn.

I enjoyed being out and looking at paintings, but, by the time I came home, my thigh was in spasm. I could hardly walk and couldn't even straighten my leg in bed. What a bummer. I took an extra strength Tylenol, and Herman massaged my leg a bit; I bitched a lot to anyone who happened to call to find out how I was doing; and by the evening it was a bit better.

Everything I read says that a positive attitude is important for healing to take place. Optimists have better immune systems than pessimists. I definitely have a bad attitude—I'm impatient, I have cabin fever, I hate being dependent on others, I have unrealistic expectations as to how fast I should be healing, and so I'm disappointed that I'm still hobbling about. Everyone says, "PATIENCE!" It's hard to believe that I will ever be normal again.

I call Dennis B., a patient my physiotherapist is seeing, he is a fifty-one-year-old man with an un-cemented hip who was diagnosed six years ago with avascular necrosis, a lack of adequate blood supply to the hip. He waited until he could no longer walk from his office to the water cooler and the pain was excruciating. He took Vicodin for a week, and ten days after surgery was back in the office, working full time—he's an insurance salesman and was able to keep up with his work that first week at home via his computer. Three weeks after surgery, he was driving himself to work the thirty minutes it takes from his home, even though it was his right hip. He explained to me that for the first six weeks, he was to be completely non-weight bearing, relying on his crutches. The second six weeks, he could add some weight. Then after three months he could add 15% more per week. Little by little he could place more weight on his leg—gauging his progress by how much weight he needed to put on his arms. Less weight on the arms equaling more weight on the leg.

Dennis' only complication was swelling of his foot and ankle, which was helped by elevating his leg at night. He is thrilled with the results of his operation but worries that his prosthesis will only last ten to twenty years. He is

doing his other hip next year after this one is totally mended; it takes nine months for the bone to grow in.

It's both encouraging and discouraging to hear a story like Dennis'. It's wonderful that one can do so well so quickly with so little discomfort; it's not so wonderful if one is still in pain and mostly in bed three weeks later like me.

My visiting nurse, Nancy, gives me Frank J.'s name. He had his hip done by Dr. Colwell the hour after mine, so we compared notes. In contrast to Dennis, he's doing worse than I am. But Dennis is fifty-one; Frank is seventy-nine and I'm seventy-one. That fact alone may influence the speed of recovery and how fit the three of us were before surgery.

Frank plays a good game of golf and is not on Medicare because he still works as a CEO in his own company. Two years ago, Dr. Colwell did his left hip. He was on Morphine for two days and never needed anything else. He wore compression stockings for six months, drove his car after six weeks, and played golf four and a half months after his operation.

His right hip is not going as smoothly. It began with his hip operation being scheduled for 3:30 P.M. He refused this time slot, saying that by the time you're out of recovery, no doctors are around. So he was given 1:00 P.M. I was done by noon, he was next. Hopefully, the operating staff had an hour for lunch.

Frank was in a bad mood when I called. The 300-mg iron pills make him constipated, and he has severe edema causing a very swollen ankle and foot. Since I had just talked to Dennis, I was able to suggest he keep his leg elevated at night. A nurse had come to give him his Lovenox shots (an anti-clotting medication) which he preferred to compression stockings (he refused to give himself the shots).

Because he had had a stroke in 1983 and is on Coumadin (a blood thinner), the nurse comes regularly to draw blood. He complains of being conscious of his prosthesis, of having pain, takes Darvocet, and is still using his walker—feeling nowhere near ready for a cane. He can't read or do much of anything except sit on his deck and look at his view.

Compared to Frank, I'm doing fine…

It's strange that we gauge our progress not only by our daily improvements, but by how well or poorly others in the same situation are doing. It's a competitive feeling on one hand: *I'm doing better than he.* It can also be self-defeating: *I'm not doing as well as she.* There is a part of me that wants to do better than anyone else—*I win the race to healing the fastest.* I find this a disgusting trait in myself but can't seem to overcome it. How embarrassing to have to admit it, but I may not be the only one to feel this way, and I'm guessing that this feeling is

not conducive to taking it easy and slow. One needs a lot of patience to heal at one's own rate.

Day Twenty-two after Surgery

I'm still in spasm. The nurse says I exercised too long and too hard. I did because I figured it would strengthen my muscles quicker. Wrong! One should go easier and slower, healing can't be pushed. I need to listen to my body and not tell it what it should do, but listen to what it can do. These are not only lessons from the hip, but lessons from life.

Day Twenty-three after Surgery

I was the first woman to ask to join the big, downtown Rotary Club of five-hundred men. Women now comprise 15% of the membership, and the first woman president is being inaugurated today. I don't want to miss this, and Herman takes me in a wheelchair. I'm afraid to use a walker or cane because of the possible jostling, and also it's quite a distance from the car to up-ramps and down long hotel hallways.

It was wonderful to be there and participate, and it's kind of fun to have people come up and ask with great surprise "What happened to you?"

I have no pain walking and feel generally encouraged until 3:00 A.M. when I am awakened up by a lot of pain in my hip area. I take two extra-strength Tylenol; they take forty-five minutes to work. I feel better in the morning, and much better by the afternoon.

Herman and I walk back and forth in front of our house, joined by a neighbor. I also venture to the bathroom without the cane. I wobble a bit, limp, feel stiff, but am encouraged by this next step forward.

Day Twenty-four through Twenty-seven (Weekend of July Fourth)

I go to a movie—what an expedition. We take the wheelchair and a raised traveling potty that fits over regular toilets (even the handicapped toilets are not high enough.) The potty fits into a large plastic bag that fits into an even larger shopping bag, so it doesn't show.

Most movie theaters have an area in the last row that accommodates a wheelchair, which also means I can get up every half-hour or so and walk about for a couple of minutes, which is really important to do.

Because the potty does not have handles, I take my walker so I can get up without bending forward. These are ideas that just may make it possible to get out of the house earlier. The same goes when visiting friends.

The weekend goes well. I can walk a bit without a cane. The only problem now is pain at night, which wakes me. Tylenol helps very minimally. Virginia, the nurse, thinks that maybe I sit for too long at a time; it should be no more than forty-five minutes before get up and walk around a bit. The leg still feels very tight and stiff. Friends came over with take-out Chinese food, so I sat at the dining table for over an hour, then in the living room for another hour, and that was too long. My back and hip both hurt.

There seems to be no average in the rate of recovery. Some people I talk to are still using a walker after four weeks, others feel almost normal walking unaided. What this means is that one cannot compare oneself to others, but accept one's own rate of progress as to what the body needs.

I talk to Irma G., who is six months into her second hip replacement. She still has some pain when she walks and complains that when she lies on her operated side, it feels like she has a stone in there. The doctor told her it was a common experience and would disappear.

Irma fell a month after her operation and had pain for several weeks afterwards. The doctor took an X-ray which did not show anything. She blames her fall for the continuing discomfort.

The Second Month After Surgery

I have a appointment with Dr. Colwell. He does not examine me, he is just there to answer questions—I have seventeen. Yes, I can swim, take a bath, drive carefully around the block to check on my reflexes before going any further, use the treadmill slowly and for just a few minutes, exercise with caution, stop if it hurts, and discontinue the iron pills. My pain at night is due to my overdoing it in the daytime. I walk around too much and sit too long. I should take it easy and spend more time resting in bed.

Two weeks from now—which will make it six weeks—I can forget about the four precautions: don't bend down, don't cross legs, keep legs apart with a pillow in bed, and don't sit with torso and hips at right angles. But, he cautions, this does not mean that I can now pick-up something off the floor quickly—it means I can go half way slowly at first, then increase my range of motion a little at a time.

He also talked about how individual the rate of healing is; no two people are alike. Others may not walk as well by four weeks, but then they don't have night pain. Comparing oneself to others is a mistake. This is a twenty-six mile marathon, and I'm only finishing the first mile, contemplating the twenty-five left to go. What is important is how well I do by the end of the race, not at the beginning.

I turn a corner—some pain at night but not enough to take medication. I am able to lift my leg off the bed, and I walk half the time without a cane. Also, I can do five minutes on the treadmill going at one mile per hour. I finally feel greatly encouraged.

Also, I interview Elsie Weisman from Los Angeles. She is ninety-nine and a half, as lucid as could be on the phone, and told me how, when she was ninety-eight, she had trouble walking and wanted her hip replaced. She had a terrible time finding a doctor willing to operate. So, she finally called one who had been recommended and said she was seventy. He agreed to see her and when he examined her, she admitted to her real age. He found her in good enough health to undergo the surgery with an epidural. She heard everything during the operation, felt no pain and said she walked to the bed. Within a month she was off her walker and within two she was walking without a cane.

Unhappily, she fell six months ago and broke her other hip which needed three pins to hold it in place. That hip gives her trouble. She uses a walker, and she is, as she says, "aware of it." The first hip is trouble free. This is the most inspirational story I have heard.

Today is really a very good day.

Five Weeks after Surgery

So I'm stupid! I don't learn, and I pay a high price for it. How can an intelligent person like me, after all I have a Ph.D., be so incredibly dumb? The doctor said I could go swimming, the pool is warm from the solar heat, it felt wonderful to do laps. I swam hard for twenty minutes non-stop, with no pain. The next day, excruciating pain in my groin. I had again overdone it.

Rita calls, she says at the beginning they allowed her three minutes on the bicycle, no more. I probably should have swum for five minutes. I really have trouble pacing myself, and I'm angry with myself for not knowing how to take it easy. Of course being angry doesn't help.

The good news is that I don't have night pain anymore, so I sleep better and my new hip doesn't feel as tight or as foreign. I keep forgetting my cane—a good sign. I have my energy back and walk a little more every day—I am up to the equivalent of three blocks. We go to movies and to the theater; I bring a pillow to sit higher. It's better to sit at the end of a row. I can't wait for next week when I can sit on a regular toilet seat and sink into a comfortable arm chair instead of always being perched up high in a straight-backed, uncomfortable one. I also look forward to being able to put my operated leg into the hole of my panties and slacks without resorting to the "grabber" that pinches the cloth and pulls it up. I might even be able to put on socks and pantyhose by myself again. Independent living!

I can sympathize with all the disabled people that need help in getting dressed and going about what we call a "normal life." So many of us take it for granted. A small thing like a piece of paper that drops on the floor means getting the grabber to pick it up. My pen fell down and the grabber couldn't grab it, it was too slippery.

I talked to Sarah B. today. She's a 55-year-old woman whose operation was three months ago today. She has a non-cemented hip. Her lack of cartilage was thought to be due to an early injury to the hip. She was in a lot of pain before surgery, and when pain killers did not work anymore, she had no choice but to get her hip replaced. She was four days in the hospital and went home with a lot of pain which Vicodin relieved. She had bad dreams as an after-effect of the anesthesia. That whole first week at home, her husband had to lift her operated leg onto the bed. She was hanging her leg off the bed which relieved the pain but was told it could dislocate it. She only went out once that first month. She stayed on her walker the first two months, then to crutches for two weeks, and to a

cane which she still uses at three months. She took Vicodin for a month and gradually tapered off, taking it only at night.

Sarah said she was unable to focus on anything at first, and it took five weeks until she felt like her old self again.

It really helped me to talk to her, because I too didn't feel "normal" until after five weeks. Hearing that someone else had the same experience is very comforting. I'm not alone in my inability to concentrate; I even had trouble reading a book for any length of time.

Sarah felt extremely weak at first. When I asked what symptoms, if any, she had, she mentioned a feeling of tightness around her knee which she still has and a great deal of pain at the incision site which is finally getting better.

She is upset at the contradicting messages she gets from the physical therapist who insists on exercising even though it hurts and from the doctor who says: if it hurts, don't do it. Her right, front thigh still hurts, and she is worried that her leg that was operated on is half an inch longer, although she has been told that this may no longer be so at six months. She is generally satisfied with the results and is looking forward to walking without a cane at four months. I plan to call her again in one month.

An interesting pattern is beginning to emerge: a lot of the people I'm interviewing are overweight, and I'm wondering whether the extra weight tends to wear away cartilage that much quicker. Or is it because of one's physical limitation, one doesn't exercise or move much and therefore gains weight. I've only gained one pound a year for the past twenty years!!!

I spoke to Matt S., who is seventy-five and sixty pounds overweight. He lost ten pounds after the operation and gained it back. He was fairly mobile before his surgery but had what he called "sudden seizures" in his leg with pain so excruciating he couldn't move at all. It has been five and a half months since his surgery, he's feeling totally normal, except for his other hip, which he will have done in two weeks. He was four days in the hospital and five days in a rehab center. He took Vicodin which made him terribly constipated and then 5 mg. of Ambien (a sleep medication) at night. He was one month on a walker and one month on a cane and admitted to not exercising. He rented a hospital bed for a month and at two months was driving. He did not leave the house the first six weeks and kept busy at home reading and doing various projects. (He's retired.) He is totally satisfied with the outcome of his surgery, the hospital staff, and the aftercare. I will talk to him again after his second operation.

We drove to Beverly Hills, a two and a half hour drive from San Diego. I walked into the room where my mother was sitting and told her I had my hip replaced. At first, she didn't understand and thought I wanted to have it done

now. I showed her my scar, which goes from mid-thigh all the way around my buttock. She flushed from the shock, gasped, and said: "Oh my God, did you suffer a lot?" I reassured her, and she said that it was good I didn't tell her sooner. Still, it took her some time to get over the shock. She's relieved to see me walking and that the operation is a success!

I can walk without a cane, but after sitting for awhile, the first few steps are quite painful, then the muscles loosen up and I'm close to normal walking.

The doctor told me that I did not have to use the "four cautions" anymore (keep knees apart at all times, don't raise knees higher than hip level while sitting, keep knee of operated leg rolled outward, and don't bend all the way down from the waist). I'm still careful about picking-up objects from the floor, and keeping a pillow between my legs at night still feels more comfortable. I do all my exercises every morning before getting up, and as Medicare does not pay for physiotherapy anymore, I pay a physiotherapist $40.00 to come once a week and teach me new exercises. Last time, she added a one-pound weight to my ankles and said I could go five-minutes on my exercise bicycle.

My daughter Nina is visiting from Toronto with her youngest, nine-year-old Daniel. I don't feel I can run around town all day with her as yet. My hip gets tired and then starts hurting. I miss the running around but don't want to push myself into overdoing it . See…I can learn!!!

I interviewed John H. today, he spends his summers in San Diego. He is a fifty-six-year-old professor of literature from the Midwest who had his new hip done three weeks ago. It's interesting how different surgeons give different instructions to their patients. John spent five days in the hospital, then ten days on a walker when he got home and is now using a cane—being told not to put his full weight on his operated leg. But he is certainly placing more weight on it than if he were using crutches, which is what other doctors recommend to their non-cemented hip patients.

He is still taking Vicodin, having tried extra-strength Tylenol which he said didn't help. He had an epidural—felt nothing but heard everything. What did he hear? He said everyone in the operating room was talking about surfing. He also heard the sawing of his bone and the hammering, but it didn't bother him. He had given two pints of blood before his operation, but did not need it back.

Although he is satisfied with his progress, John finds the recovery much slower than he expected. He had osteoarthritis and had waited too long according to his surgeon. He had been unable to walk for quite a while, and that can impact negatively the knees, back, and the other hip—which will also have to be replaced at some time in the future.

He has been unable to work so far, can read and be with friends, but concentration is still difficult. Since he didn't have general anesthesia, one cannot attribute this general inability to focus, which I found in just about everyone I called, to the after-effects of being put to sleep. The trauma of the surgery itself and the energy needed by the body to repair itself must be the explanation.

Virginia, my surgeon's orthopedic nurse, came for lunch. She was very helpful in answering the many questions I had—yes, my groin pain will eventually go away. No, I may never dance the polka, run, or play tennis or other high-impact sports. Some surgeons allow their patients a very slow game of doubles tennis…doesn't sound like great fun to me!

Losing weight is important for the longevity of the new hip. Although a lot of people need it replaced after 12 to 15 years, some have lasted 25 years. I'm adamant that mine will too.

What upset me most was to be told I could not run, like after the mailman or the cat who streaks out the door. Also, cutting up on the dance floor is now a no no. The trick is to always keep one foot on the floor. This is forever…

Carol, my physiotherapist disagrees: I'll be able to run and dance. Again, conflicting messages.

I interviewed Jack L., a retired airline executive, who is seventy-years-old. He had his first hip done in October and six weeks later, his second hip. The first hip went so well, that he got cocky with the second and dislocated it a week after surgery. He was sitting in a low couch, already a mistake, and in getting up, he bent forward with his legs crossed, twisting his leg inward. It popped out. The pain was excruciating, and he was home alone. By chance his son called and came right over to take him to the hospital. He was given an I.V. that anesthetized him for five minutes so that a team of doctors could push it back in place. He did not need to be operated on but was told that after a first dislocation there is a 25% chance of doing it again, after a second, it's 50%, after a third it's 75%, and after that it's surgery.

Jack said he's been "gun shy" ever since and has been really careful. Because his first hip was such an easy recovery, he assumed his second hip would be the same. It wasn't. He had much more pain and a very swollen leg, especially just above the knee. He used a walker for three weeks and a cane for another two months. However, five months later, he took a 1000-mile motorcycle trip with no after-effects.

He says his incision site still hurts sometimes, but otherwise he forgets that he has two artificial hips.

While Jack says that his doctor makes him feel like he's the only person that matters, other patients have complained that their surgeon always seems in a hurry to get out of the consultation room. I'm guessing that while the surgeons' expertise is to operate, for some, hand-holding and bedside manners have a lower priority.

It's interesting how I get the names of people to interview. I met a woman at a conference in Los Angeles where I was a speaker a couple of weeks ago and had mentioned this book. She called to tell me she has a friend who had both hips done. I talked to the friend who then gave me the name of her friend who had her hip replaced—and so it goes from friend to friend to friend…

I talked to Nancy D., who is a pianist. We both wondered whether sedentary people tend to lose cartilage more than active people, barring injuries to the hip which can happen to anyone.

In 1995, Nancy had her first hip done at age fifty-five; it was uncemented. She remembers her recovery as painful and slow. It didn't help that her mother, who was living with her at the time, died ten days after she came home from the hospital. There was a lot to take care of, and she had to push herself to do what was necessary. Her second hip was done a year later, and she thought it was a much easier recovery. She attributes this to the fact that she knew what to expect and knew that it all eventually stops hurting and heals. She was the first person, so far, that I talked to whose second hip was a better experience than the first. Everyone else's second hip was significantly more difficult.

She is now pain free except for some sensitivity at her incision site and leads a normal life—walking as much as she likes, totally satisfied with the results. She was and still is overweight but goes to a gym and exercises regularly.

Seven Weeks after Surgery

I'm my old self except for two things: When I have been sitting down for awhile, the first few steps are stiff and painful—by the tenth step I'm walking normally. Also, at night, I keep waking up with a pain in my hip and need to change positions. I'm stupid not to have taken Tylenol, so I will now.

About a year ago, Dr. Joel Smith, the son of a friend of mine, was working in Norway on the injection of cartilage into knees. I called him there and asked about their research on hips, saying that I was willing to be his first patient for a cartilage injection in a hip joint. He said that they were nowhere near working with hips, if ever.

Joel visited his mother here and came over so we could meet, after having corresponded with me by e-mail from Norway.

He reiterated that cartilage injection in hips is not being done and the jury's still out on the success of injections into knee joints.

I'm guessing that eventually, some years down the line, a lot of surgeries will be obsolete and cartilage will be injected into all kinds of joints where it is missing.

I talked to Nora J. who was operated on a month ago. She is sixty-one and had a cemented hip. She is the president of her own company with 300 employees. She doesn't remember when she had no pain from her rheumatoid arthritis and has lived on prednisone, a powerful drug, for many years. She had tried Rolfing, chiropractors, acupuncture—nothing helped. By the time her hip was finally replaced, she had no cartilage left. She spent four days in the hospital and one week in rehab where she used a walker. Her arthritis was still bothering her, a fact she attributed to our particularly overcast and damp July.

Instead of going home, her daughter drove her to Palm Springs. Ten days after surgery, this was too soon and the drive was painful, however in the desert, she felt immediately better. She stayed a week and by the time she went home, the pain was gone for the first time in years. She still takes Vicodin at night to help her sleep. She complains of not being able to concentrate. I reassured her that I and many others have had the same problem—whether it's the after-effects of anesthesia or general trauma to the body is immaterial—it goes away after about four or five weeks.

She also said that she feels like she has a doorknob in her hip. I laughed and told her of the "stones" other people described and again was able to tell her that the doorknob will disappear.

Her operated upon leg also feels longer. So does mine, several people mentioned the same thing but said that about three months after surgery, both legs seem to even out. I hope so.

Eight Weeks after Surgery

Many hours during the day, I forget I have a prosthesis, except when just getting up from a chair, and I still have some mild discomfort at night.

I'm walking a mile every morning with my dog and only feel a slightly tired hip after, but no pain. Now I have to work on endurance, increasing the distance every few days. I also swim every day—doing the breaststroke. I never learned the crawl because I always had long, red, curly hair down to my waist held in a bun, and it was such a procedure to dry that mop that I always swam with my head sticking up looking like a turtle. Those were the days before hair dryers, and my mother believed that if I went out with wet hair I would catch a cold. Of course, now I have short gray hair but still can't get myself to put my face in the

water. Old habits keep us in their grip long past their usefulness, yet, shaking them loose is so unpleasant and difficult that unless they impact us in a serious, negative way—we remain captive, consciously.

I still can't put a sock on or lace my shoes. I talked to Gladys P. today, who is seventy-years-old and had her hip replaced a year ago, and she still can't do it. Gladys is not too happy with her hip because it is three-eighths of an inch longer and she really feels the difference, especially when she's barefoot. Also, her leg feels heavier. She walks three-quarters of a mile everyday with her dog and rides her stationary bike fifteen minutes everyday.

She started driving three months after surgery and used her cane for a long time more as a crutch, just in case, rather than in real need of it. Gladys is afraid to fall and generally prefers to be very cautious. A friend of hers who had both her hips done, told her that her doctor said never to lift anything heavier than twenty pounds. Gladys had very little pain after surgery and has none now.

What I don't know is how much she remembers. It seems the longer people are from the surgery date, the less pain they seem to remember, like childbirth…

A friend faxed me a website on the Internet for used medical equipment. You can buy or sell medical equipment if your hospital did not provide you with everything you needed.

Also, some drugstores have a cane with a grabber attached so that when out of the house or traveling, you don't need to take both a cane and a grabber. Folding grabbers are also available for travel; they are shorter than the ones the hospital sends you home with.

I found drugstores cheaper than the medical supply stores, but with similar aids including wheelchairs, walkers, etc.

Hopefully, we will only use the canes, grabbers, and sock-pullers for a short period and either put them up in an attic or give them to a nursing home. By the way, some people call grabbers "cherry pickers."

I called Frank T., who I talked to a month ago. He is the man who was operated on an hour after I was. He feels much better—drives, walks up-and-down his deck—first with a cane then without—and has no pain at all. He exercises twice a day and concentrates on his upper-body.

I also called Dennis B. again, who is now eleven-weeks past surgery, he still has some pain at night. His main problem is his other hip. He has trouble walking because of it and will have to have it replaced early next year.

When we are told that this operation is 98% successful, I always wonder about the other 2%. I guess it is the people who dislocate, whose legs are uneven, who still have pain a long time after surgery, or who cannot perform everyday tasks with ease.

In that 2% is Ann S., whose hip popped out after six days, she said for no reason. It was pushed back in, and she had the other hip redone after one month because her leg was too short and she limped badly.

Kay F. is also in that 2%. Kay had her first hip done in 1985 when she was sixty. It was an uncemented, metal alloy which failed after twelve years. It wore out, and she had it redone. The second time around (it's called a revision) was in May 1997. In September 1997, four weeks later, she had her other hip done. She was seven days in the hospital, and even though she was on Coumadin (a medication which prevents blood clotting) three weeks after her operation she had blood clots in her calf and for six weeks had to stay in bed with her leg elevated higher than her heart. Then her knee swelled and had to be drained (it was incredibly painful). She got a cortisone injection for that. Kay says that four months between operations is not enough time to recover. She lost 27 pounds and was exhausted. She partly blamed the Coumadin, which she says made her sick.

She walks thirty minutes, twice a day and couldn't bend for ten weeks to either pick something off the floor or tie a shoe. Ten months after surgery she still uses a cane as a precaution against falling.

Since her surgery, she has needed to take something to calm herself down so she can sleep. Amitriptyline (50 mg) was prescribed and it has helped. She says it has slowed her down and suggested I take it too, as she felt from our phone conversation that I needed to pace myself better.

Of course she is right, but I avoid all medications I can possibly do without. So I'll just have to use common sense—it's not clear to me how much of that I really have…

The Third and Fourth Months of Recovery

Two-Month Anniversary of Surgery

I walked a mile with large strides and fairly fast, trying to keep up with my husband and another man walking his dog.

The two men were talking politics and economics and were so intensely engaged in that conversation that if I didn't keep up, I would have quickly been left behind. It was a challenge to walk so fast, and I was thrilled to have met it.

Progress Report: less pain at night, in fact—no pain, only some discomfort in certain positions. Which ones I don't know, because by the time I wake up, I have changed positions. Still some pain when getting up from a chair for the first few steps, and I still cannot put a sock on or lace a shoe.

Audrey K. called. She's a friend of Gladys, whom I interviewed and who is a friend of that woman I met at that talk I gave. This sounds like "The House That Jack Built."

Audrey is sixty and has had two careers: first as a beautician, then as a librarian—both of which required a lot of standing.

Her hip was replaced five months ago, and it is an uncemented one. She attributes the pain she had and the arthritis to a car accident twenty-five years ago.

Her incision is not across the buttock like mine and all the others I talked to, but along the thigh. I was told that one can go into the thigh from either an anterior or posterior cut. The decision is the doctor's.

Audrey was three days in the hospital and took, first Vicodin, then Darvocet for five weeks and still takes something at night to help her sleep. She used a walker for six weeks, then used a cane for two more weeks, but never used crutches.

She had very bad groin pain and was immediately helped by using the Feldenkreis method of exercise. A trainer came to the house and made the whole difference. Hearing her rave about how much help she got and how it reduced her pain, I decided to try it sometime.

Audrey felt very weak for about a month and says that her operated leg still feels weak when she walks. Her ankle is still a bit swollen, especially in the evening. She feels a burning sensation in her hip and described it as "little worms crawling around." I have felt some "ants" in the scar region, which I vastly prefer to "worms."

Audrey couldn't tie her shoe until a month ago—which made it four months. That gave me hope. Her operated leg is a half inch longer which upsets her, but what upsets her more is her two arthritic knees for which she takes 75 mg of Arthrotec, a new form of Voltaren with a stomach buffer.

She just received her first injection of synovial fluid (a lubricant) in her knees and hopes this treatment will help. I will call her in a couple of months to see how she's doing.

I flew to New York for my niece's wedding. I paid attention to getting up and walking up and down the aisle of the plane every hour and a half or so to prevent blood clots and stiffness. It's difficult to not keep bumping into flight attendants with food carts blocking the aisles. The best time is during the movie.

New York was hot and muggy, but we walked in the Metropolitan Museum of Art every morning as it was just opposite our hotel. We walked in the Whitney, the Museum of Modern Art, and in the streets after sundown. All in all, I walked for hours every day, going up and down stairs, sitting through long Broadway plays that had no intermissions, and all that without pain.

Except for some equal tiredness in both hips, I forgot I had a prosthesis—only a twinge here and there getting in and out of cabs.

We stayed ten days in New York, and on my return home I put away the high toilet seat, but kept the gadget to put socks on with.

I interviewed Tony G., a seventy-two-year-old widowed housewife. She had a cemented hip done six months ago. She was five days in the hospital, six days in rehab, then her daughters came to help out for three weeks. She used a walker for four weeks and never used a cane. What helped her, was to start her hip exercises two weeks prior to surgery. Once home, she had some swelling in her ankle and hip, but no other discomfort, took no drugs and had no pain.

Her doctor told her she could not bend for three months, so she didn't and used her cherry-picker, as she called the grabber. What encouraged her was that the Queen Mother in England had both her hips done in her mid-nineties.

Tony could drive after six weeks, since it was her left hip that had been operated on and she had an automatic transmission.

I'm driving using my right foot and hip after two months, before that it hurt to lift my right foot from the accelerator pedal to the brake and vice versa.

I also talked to Cherie H., who is fifty-three and had an uncemented hip done five and a half months ago. She decided to get operated on when she couldn't tie a shoe or paint her own toenails anymore. Cherie had her first hip done two years ago.

The recovery of her two hips was very different. After the first one, her whole leg swelled for three weeks, she had to take a diuretic, and it was

extremely painful. She was on crutches for three months. Her second hip didn't swell, but she developed a hair-line crack on the bone adjacent to her thigh bone, so she stayed on crutches longer. She was also given Coumadin for six weeks. She experienced groin pain for four months and, for a short-period, bad sciatica pain.

She is the first person I interviewed that said that the morphine-drip at the hospital did not help the pain; she was given Percocet which worked. She also took sleeping pills.

Cherie's doctor did not recommend physical therapy. He told her to walk and bicycle on a recumbent exercise bike. He also told her she would take about a year to heal completely.

Cherie said it took ten months for the pain to disappear in her thigh, the part where the prosthesis was hammered in.

She could not bend to feed her dog for five months and is upset that she was not told by the hospital staff how long her disability would last.

She was assigned a "clinic day" at her hospital two weeks before surgery, where she said she spent half a day meeting people who measured her range of motion, drew blood, introduced themselves as physiotherapist, anesthesiologist, and nurse, but she felt it was disorganized and people did not seem competent.

My hospital did not have such a "clinic day," and I found this an interesting way of doing things as opposed to my having to go on three different days to accomplish the same pre-op requirements. I'm guessing this can be requested if given the choice far enough ahead of time.

I had a very interesting interview with John G. John used to jog thirteen miles a day, four days a week, then his hips got so bad he couldn't turn in bed. He had his right hip done five-years ago when he was fifty-seven and his left hip done a year ago at sixty-one. His right hip is uncemented, his left is cemented. When his first hip was operated on, it turned out to be three-quarters of an inch longer, and he had back problems until the second hip was done. The doctor was able to reduce the difference by a quarter inch, and that made the back pain go away.

With the first operation, it took him one and a half years to get his strength back—ten weeks on crutches and six months on a cane. He was given Vicodin. Like everyone else I talked to, he couldn't sleep at night and it made him paranoid, which he says is a terrifying effect of that drug. Apparently, a very small percentage of the population does react with paranoia. He went back to work as an aeronautics engineer four weeks after his first surgery.

The second operation went much better until a month ago. He was on crutches for three weeks, drove and played doubles tennis four months after

surgery. He could do thirty repetitions lying on his side, lifting his leg with a five-pound weight.

One month ago, John was at Disneyland on the Splash Mountain ride and felt his leg being pushed back hard by the rider in front of him. He felt a sharp pain and every since then, he hears it pop when he moves; it hurts and he can't walk more than a block. He had it X-rayed at his HMO, and the doctor could find nothing wrong. John is understandably upset and worried.

John prefers the uncemented operation, feeling the prosthesis is stronger, even though the recovery period is considerably longer. He believes the incident at Disneyland would not have hurt his right, uncemented hip. There also is a difference in the appearance of his scars. The first incision healed rapidly and left a thin, white trace; the second is still purple and itches after ten months.

John doesn't know what he will do. I'll call him in a couple of months and see if his hip is better or whether they need to re-operate.

What I'm learning from this is that you're never entirely out of the woods. Some caution always has to be exercised—so the moral of this story is: don't ride on Splash Mountain at Disneyland or on anything else that can severely jar your hip.

I took the "Ride to Mars" at the Reuben H. Fleet Science Center, in Balboa Park last weekend with my granddaughter. You sit strapped in a chair which shakes, moves up and down and sideways, and simulates sudden landings and takeoffs as you watch a movie exploration of Mars. It was fun, but I was concerned about my hip being bumped around. I came out of it OK, but after talking to John, I realize maybe it wasn't a wise thing to do.

And then there is a really bad story: I called Donald R. in Pennsylvania. While in rehab after his hip replacement, his physiotherapist had him lying on his side, pulling his leg towards the ceiling; he kept complaining that it was hurting and she was going too far. She kept on and finally dislocated it. His surgeon had had a car accident on his way in that morning, so his assistant came in and tried to push it back in—to no avail. The pain was excruciating. Donald had to be taken to the hospital, anesthetized, and the hip pushed back in. He then had to wear a brace for six-weeks to hold his hip in place.

This story is a warning to not let therapists or anyone else move the leg into positions where it hurts. By the time I talked to Donald, his hip was fine.

Two Months and Three Weeks after Surgery

Mother died. She was ninety-five and had lived in the same house for fifty-seven years. She never threw anything out; so my two children, my brother and his family, and a cousin with her daughter and grandson all congregated in the

house to sort things out and take whatever we could use. It's strange that even though my mother was ready to go, I was with her when she died, and things are as they should be, I'm very weepy and upset. I was used to having her in my life. I guess one is never ready to be without a mother, even in one's seventies.

We all worked hard, but the family had to go home after a few days (having come from London, Paris, Toronto, New York, and New Jersey). I was left to finish the task.

I was surprised how well my hip was working. I was bending, reaching, packing, carrying boxes, going up and down stairs, showing the house to prospective buyers, and nothing hurt. It was as if I never had the operation. It felt truly miraculous. I also noticed that my energy level was very high compared to what it was before the operation. I guess constant pain can be quite debilitating and sap energy.

I spent twelve days in Beverly Hills emptying the house. At the end, I couldn't decide what to keep, what to throw out, or what to give away, so now I have a dozen boxes in my garage of mother's mementos: birthday cards, photos, letters, pill boxes, ashtrays, linens, dishes, small appliances, vases no one else wanted, all her notes from classes she took, books she read, trips she took. Now I'm scurrying about trying to fit her things in my already overcrowded house.

I walk the dog, exercise, and am on my feet most of the day with no ill effects. What a testament to the hip-replacement operation.

Three Months and Three Weeks after Surgery

Because of my mother's death, I missed my three month check-up, so I had it now.

I sauntered into Dr. Colwell's office saying, "I've got good news and bad news." The good news is that I never think of my new hip; the bad news is that my leg is longer, my hip looks higher, and my other hip is beginning to bother me which it didn't do before the operation. Dr. Colwell shows me the X-rays that have just been taken and says I had a slight scoliosis of the spine. In other words, I was a bit crooked and he made my leg longer to compensate. He says I should wear a half-inch lift in my other shoe. My other hip could last me anywhere between three and twenty years.

I don't like this vagueness and decide to pursue some means of saving my good hip from surgery. I make an appointment with a woman specializing in posture and walking correctly. She watches me walk and says I still favor my operated hip by putting more weight on the other. I should learn to trust that my prosthesis is reliable and put equal pressure on both legs. After years of limping, this is not easy. It's a "head trip." I must concentrate on walking evenly.

Conclusions

Last Interviews

I call all my interviewees who are still in recovery to check on their progress. Most everyone is doing well:

John F. says he's a little stiff at times.

Frank J. is pushing eighty and says his hip is better than he is.

Matt S. still has trouble sleeping on the operated side.

Gladys P. still cannot tie her shoes and cannot get on the floor, nor garden. She fell on her good hip and has had a click in the operated one since then. Her surgeon told her not to worry, but she does.

Audrey K. takes Arthrotec, a new pain medication. She feels like she has arthritis in her prosthesis though this is not possible. Her knee is bothering her a lot and she still has pain at her incision site after seven months. However, she can tie her shoes and walked all day at the fair.

Tony G. is as good as new and sounded very upbeat.

Kay F. has stopped doing her exercises due to a bout of shingles, and she feels she's gotten weaker. So she plans to resume working out. Her hip is doing well, but she still is afraid to drive.

Irma G. is doing well, and her only complaint is some numbness in her leg.

John H. still limps after four and a half months. He says he's 80% better and probably just favors that leg. He's optimistic, as he's improving daily.

Elsie W., my ninety-nine year old is still using a walker, as her doctor doesn't want her to fall, but she gets out of the house and sounded great.

Dennis B.'s operated hip is perfect, but his other hip got significantly worse and will be operated on in three months.

Ann S. feels well and can do everything but experiences something her doctor called "pistoning." It's like a little click in the hip when she makes certain movements. It's due to an imperfect adjustment of the new hip, which does not hurt but feels "weird," she says.

I call back all my interviewees who mentioned this clicking and give their click a name: "pistoning."

Nora J. said she wished her body were as good as her hip.

Sherie H. sounded the happiest of all, because, she says, she can now paint her own toenails and wear sandals again. She still feels a little soreness in her hip area, but it really doesn't bother her.

Everyone is pleased with the outcome and so am I—some people said they were as good as new. Some, better than new, and one person said he didn't remember how he was when he was new so he can't compare... I interviewed nine people with uncemented hips, twelve with cemented ones, ten men and eleven women. The youngest was forty-three, the oldest ninety-nine. I have found that when people were two or three years after the surgery, they could remember very little of their experience—a good sign.

Summing It Up

Expect a lot of limitations at the beginning; the first month is really difficult, be sure to have help. The pain can be bad for some people, but not for others; and it varies between groin, leg, hip, and incision site. A few people's legs swelled; a few had side effects from the medication; some people complained a lot about the discomfort, the doctor, the nurses, but most were very satisfied with the care they received—and all are glad that they had the operation.

On a personal note: It helped me to talk to people who were in their recovery as I was, for we could compare notes and reassure each other that what we were going through was normal, which is, of course, the reason for this book.

Reading about people with similar experiences is very comforting. You will find that there is no "average"—instead, great diversity in healing time as well as tolerance for the post-operative days, weeks, and months.

I am hoping that this book has helped, or will help with your recovery from total hip replacement and that you, like myself and the 21 people in these pages will say after it's all over:

"Hip Hip Hooray!"