

My Right Hip

By

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This is a story of my new right hip. I think it's pretty interesting. When I tell people about it, they all want to know more. Maybe you'll think so too.

I'm now 71. I had an artificial hip installed about 19 weeks ago. I wasn't in favor of doing this but there were compelling reasons. Let me tell you about it.

I'm a senior softball player in Sarasota, FL where there are about 240 other guys over the age of 60 like me in our local senior softball association (See www.sarasotaseniorsoftball.org if you don't believe me.), , who love playing ball. If you think it's goofy to contemplate a bunch of old men playing slow pitch softball, you should come and take a look for yourselves. There are some great ballplayers here, guys who can hit a softball thrown at 30 miles per hour over a fence 300 feet away. In case you don't have a feeling for what an accomplishment that is, consider that the right field fence in Yankee stadium is about the same distance away from home plate. I used to think that I was a pretty fair softball player myself but my peers downgraded me a bit because, although I have a strong arm, am a reliable fielder and can hit with power, I can't run very well.

At first that was because my right knee had some 20 year-old cartilage damage. I got that fixed with arthroscopic surgery a couple of years ago. Then the hip started to hurt. It wasn't really the hip exactly. It was just that when I made a quick move to my right when fielding the ball, I felt a pain in my groin area that was compellingly sharp-blinding, really. As time went by, this pain persisted and seemed to get worse. Needless to say my base running days were over. Every time I managed to hit the ball far enough to get to first base, there was an immediate "courtesy runner" substitution.

I saw an orthopedic surgeon who took an x-ray and showed me that I had cartilage damage. I protested that I thought it was a muscle problem in the groin area. He assured me that I was experiencing a classic symptom of osteoarthritis of the hip. "What do I do about it?" I asked. He said that I could get my hip replaced. "No way!" I said. "I'm only 69". "Lots of people younger than you get hip replacements." He said. "Not me." Was my rejoinder. So, he prescribed physical therapy where I learned many useful stretching and strength-building techniques, especially swimming pool exercises. But my hip didn't get any better.

I took a summer off from softball, concentrating on golf. My hip felt better. "Maybe he was wrong." I fantasized. Then softball season started last November 1 and my hip certainly wasn't any better.

I went back to the doctor and asked if there was anything short of a replacement that we might try. He suggested a corticosteroid injection in the joint. He said that it wouldn't repair the damaged cartilage but would make it feel better. It was an interesting procedure done by some doctors who are referred to as "Interventional Radiologists" because they make the injection guided by a real time CAT scan. Before they made the injection, they shot some anesthetic into the joint. It was painless once the anesthetic started working. The next day I had a doubleheader to play. I went out to the field and felt no pain. I legged out a triple and eventually crossed home plate for the first time in 2 years. I was ecstatic but then the anesthetic wore off. My hip felt worse than it ever had before. Now, I had constant pain in the joint. The orthopedic surgeon had told me that different people have more or less pain with osteoarthritis. Some don't feel anything until the joint is completely shot. Others feel pain very early in the course of the disease. That was me. I had pain sitting, standing, walking, and running -- all the time. Mercifully, I could ease the pain when I went to bed at night, so it didn't keep me from sleeping. Contemplating hip replacement surgery took care of that.

Don't get me wrong. I'm no sissy. I'm a former Marine. I can take pain. But my wife gently reasoned that I could suffer and experience further diminishment of my activities and then try to recover from surgery at age 75 or I could get the surgery done now, rid myself of the pain and recuperate while I was still in pretty good shape otherwise.

Her logic was compelling. We started to look into hip replacement surgery. I Googled (Is that really a verb?) for hours. We attended a seminar given by some prominent orthopedic surgeons (Doctors White and Stolarski) at the Doctors Hospital here. I talked with a neighbor who had had a hip replacement some years ago. I learned that there are different surgical approaches to hip replacement (or total hip arthroplasty in medical terminology): most common are the traditional posterior approach and the newer anterior method, pioneered by Dr. Richard Berger in Chicago around 2001. The anterior (or frontal) approach is sometimes referred to as "minimally invasive" because the incision is "only" about 5 to 9 inches long instead of a foot or more and because it avoids cutting muscles, unlike the posterior approach, promising a 30% shorter recovery period. Hip replacements have been performed for more than 100 years. At this point there are about 250,000 hip replacements in the US each year. There is about a 1% probability of developing an infection and another 1% probability of suffering post-surgical dislocations. Other things can go wrong as well so there is maybe a 96% chance of success. Not everyone is a candidate for the anterior approach. You have to be relatively fit and have good bone structure among other things. I passed muster.

Luckily, we have a local guy, Dr. Edward Stolarski, who is very skilled in this approach and who has made some improvements in technique over the years. I went to see him. He looked at a fresh x-ray that was a lot worse than the one taken a year earlier. "Looks like you're ready for a hip replacement." He said. That was an interesting way to put it but he was correct. It wasn't like I had a broken hip or anything. I was just sitting there with a constant burning pain in my hip. He said I was it was my decision whether or not to proceed. That's important to understand. Hip replacement is discretionary unless one has suffered serious damage to the bones that make up the joint. I scheduled the surgery for late March just after the end of the softball season.

I asked about the choice of technology. He said that he would use a stainless steel metal-on-metal system for me because, given my 225 pounds and my active lifestyle, that choice would suffer minimum wear, offer greater range of motion, and provide greater joint stability. I jokingly asked him whether the new joint would stick or squeak, not knowing at the time that one manufacturer has had a small percentage of hip replacements with squeaking problems. He assured me that it wouldn't. I asked how long the surgery would take. He said about 20 minutes. Yikes, that's less time than it takes to clean my teeth. I later asked the physician assistant how long the surgery would take. He estimated 30 minutes-still incredibly quick. I asked how long I would be hospitalized after the surgery. I was told 3 days or so. That really worried me. I had only spent one night in the hospital in my life and that was because the doctor wanted to do the very minor procedure very early the next morning. I left a couple of hours later but was ready to leave in 10 minutes.

When I awoke after the hip surgery in Doctors Hospital in Sarasota, I was in a good mood, thanks to the sedatives and anesthetic. I found that I had a 4 by 9 inch plastic bandage over the incision and a catheter installed for collecting urine but I was still alive. That was a plus. I had never spent time in a hospital before for post-operative. Other than that one brief episode, I had been the visitor to others in the hospital. Now I was the visatee. I was given a private room to reduce the chance for picking up an infection. Three hours or so after the surgery a physical therapist came in and ordered me out of bed with the offer of a walker to help get around. I gave it a go and found to my amazement, given the IV and urine bottle dangling from my person, that I was able to move up and down the hospital corridor. So far, so good.

I was given a box of disposable hypodermic needles filled with an anticoagulant. My job was to stick one of these things into my abdomen once a day. This was to reduce the chance of getting a blood clot I was told. I had to continue this regimen for a month. The food in the hospital was great but I was worried about having to deal with a bowel movement. I was told not to worry about that for a while. One of the side effects of the pain medication was to cause mild constipation. In fact I was given stool softeners and some kind of Metamucil-like beverage to deal with that.

The first night in the hospital was not what I expected, as I dozed off around 10:30 PM. Within a short time I could hear my next-door neighbor yelling at the top of his lungs for a nurse. He was somewhat memory-challenged and couldn't remember how to work the call button. This continued off and on for the next 8 hours. He was amazing. He never got hoarse.

At about 1 AM he had quieted down but the door opened with a bang. It was a nurse coming to check on my vital signs, take my blood pressure and to service the catheter bag. My blood pressure was low but threatening to rise, if I didn't get some sleep. The nurse left but my neighbor started up again. By about 2 AM the door banged open again and it was another nurse to draw some blood. "Didn't I lose enough during the surgery?" I complained. "This was for the doctor." I was told. They needed a few hours for the lab work before the doctor came in. At 3 AM the door banged open again for more blood pressure and pulse measurements. My blood pressure was higher. At 5 the door really banged open loudly and in bounced Dr. Stolarski. Didn't this guy ever sleep? I asked him how long the surgery took. "An hour" he said.

“You’re a big guy with a lot of muscle and it was a little more difficult than we expected.” “Did he remove the bone spur that had grown on the diseased hip?” I asked. “Yes, I used that as a guide post.” He replied. I was sorry I asked. I had assumed that he could see what he was doing in there.

The next day the sedatives and anesthetic had worn off and I was happy for the pain pills. The food was still good but the catheter was really bothering me. I insisted that they remove it. The nurse complied but made me pay for my insistence with a moment of sharp pain as the device was popped out of my bladder. They moved my noisy neighbor and continued to serve great food. The physician assistant popped in and told me that I was doing great. One thing I noticed was that the burning pain that had been my constant companion before surgery appeared to be gone. I was pretty beat up with some impressive bruises on my side and my thigh. I had no sensation on the surface of the skin on my thigh. I was told that this was because it was unavoidable that those nerves serving the skin would be damaged. This should repair itself over time, they said

The physical therapist at the hospital had me up and walking a couple of times, banging around with a walker that wasn’t equipped with the mysterious yellow tennis balls that most people seem to favor. I found that I was the owner of the walker and could put tennis balls on it whenever I felt the need. The second night was as bad as the first. In between vital sign measurements and blood samples I found out that I had a neighbor across the hall equipped with a bed alarm. Unfortunately, she kept forgetting that she was wired to the bed, repeatedly getting out of bed and setting off the alarm—all night long. That was enough for me. The doctor had kindly offered that I could stay 3 days if I wanted to. I didn’t. I was out of there after two nights. I had to get some sleep. I thought I would do better at home but I was “Oh, so wrong.”

There were some restrictions that I had to obey that made the first few weeks at home less enjoyable. I had to sleep only on my back. I wasn’t allowed to cross my legs. I had to use a walker to get around. I was equipped with pain medication but didn’t like taking it so I stopped. An in-home care manager paid a visit and set up appointments for a nurse to visit me periodically and for a physical therapist to stop in. The band-aid was supposed to be waterproof but I wasn’t allowed to take a shower for a week or so. Eventually the bandage got refreshed with another waterproof covering. I got to see the staples in my hip—pretty ugly. The eventual staple pulling reminded me of stapled documents that I had pulled apart so many times. The difference was that pulling staples out of my skin hurt more. For the first few nights at home I didn’t sleep any better than when in the hospital. My entire right leg had swelled to the size of a middle-aged tree trunk. The body’s way of dealing with this is to expel the excess fluid that causes the swelling through urination. I was up every hour on the hour for a few days.

The physical therapist was a lady from New Jersey who was insistent that I do various exercises that were supposed to be good for me. I’ve been tortured in Marine Corps training. This hip

stuff wasn't so bad. Because my leg was swollen from hip to heel, I couldn't bend my knee very far. Getting dressed required assistance from my wife. I wasn't allowed to drive. I was a prisoner in my own home. I was not a happy patient.

After about a week, I graduated from the walker to a cane. Never did get tennis balls. I didn't like the cane because I kept accidentally kicking it with my left foot which caused me to lose my balance and put more weight on the right hip than it wanted. It responded with a sharp pain. I got rid of the cane after a week or so, relying on counter tops and furniture to help me get around. The swelling slowly retreated and I advanced from in-home physical therapy to outside physical therapy. My wife drove me to a place about 3 blocks from our home that turned out to be terrific. The owner did an assessment of my needs and put together a program of activities for my twice a week hourly sessions at his place plus exercises I could do at home. I walked the 1/3 mile to and from the physical therapy place thereafter. Less than 5 weeks after surgery I was on my own. It was still difficult for me to get up out of a chair but I could walk from A to B unaided. My wife took me to the golf course for a 9-hole outing. I was issued a red flag allowing me to drive the cart closer to the greens. My golf hadn't improved but it was great to get out and about.

The next week I had a 6 week check up with the doctor. He took a fresh x-ray and said that the new joint looked very good. The feeling in the skin would come back maybe in a year or so he said. I observed that, if I sat down for a while, it took me three or four baby steps before I could get going on my feet. He said that would go away in a couple of months and then I would be ready to try softball again. By this time I could dress myself entirely unaided. (The right sock was the last holdout.) I could drive. I was free. The next day I drove over to the county softball fields where the summer league play for seniors was getting started. "You're limping a lot better." One wag observed. I was surprised to find one of the guys there who had sat out a season to get a knee replaced. He was not only playing but he managed to get 9 hits in the course of a double header. This raised my spirits considerably.

7 weeks after surgery we took a trip to Chicago to visit with various family members. It's only a 2 and a 1/2 hour flight from Sarasota. The biggest obstacle was the security check. As I approached the walk-through metal detector, I announced that I had a metal hip joint. I was waved through, accompanied by a loud squeal from the machine, and ushered over to a separate area for a search. I stood for several minutes unattended until one of the TSA operatives finally came over. "I just had a hip replaced." I said to explain why I was there. He was unsympathetic. I was wanded, patted and probed for several minutes while my stuff piled up at the end of a distant x-ray position. Luckily my wife kept an eye on it. They finally, grudgingly let me go. We were better prepared on the return from Chicago. I removed everything from my person and put them in my wife's custody before I went through the process. With no watch, no wallet, and completely empty pockets, I spent 15 minutes being checked. I was lucky. There was an elderly guy behind me with a cane. They took his cane away and made him go to the area where I was being checked but he couldn't walk without his cane. That was interesting.

It has now been 19 weeks since the surgery. I have no pain except when doing one specific exercise and that is diminishing. The swelling has completely disappeared except for the area immediately around the joint itself and that only swells a little after strenuous exercise. I can get dressed without even thinking about it. I can step into my shorts without holding on to anything. I can walk up and down stairs, stair over stair. This was something that I couldn't do before the surgery. I can tie both shoes from a standing position. I am playing golf competitively and have started to improve. Before the surgery, I was happy with drives that were 1) in the fairway and 2) traveled 200- to 220 yards. A couple of days ago I managed to hit 13/14 fairways and had some drives that were in the 250-260 range. Maybe the new hip has some "bionic" properties—do you think? It hasn't helped my putting though. I have been out taking batting practice with my softball buddies. I am hitting the ball as well as I ever have. I haven't tried much running yet but I will.

I was very apprehensive about the surgery but it was a situation where I was in constant pain. My active lifestyle was becoming constrained and I knew that time was not on my side as far as tolerance for surgery was concerned. I'm glad I did it. I'm looking forward to playing softball again.