

Hip Recovery Video Project

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Introduction

This page is a reference journal of my successful recovery from total hip replacement surgery, intended as performance-based field notes for active people who are considering this surgery.

About Me

Image: RF Fire Show



I've had 2 total hip replacements, both due to osteoarthritis (wear and tear). The first was the left hip, on December 4 2015. I was 50 at the time. Then, the right hip on April 25 2017. Both operations were performed by **Dr. Gordon Lundy** at California Pacific Medical Center in San Francisco, CA.

It seems that joint replacement patients are either older with degenerative osteoarthritis, or hard-core athletes who wear their joints out through extreme sports: skiers, dancers, ultra-marathoners, basketball players, martial artists. In my case, it was over-use and possibly a hip joint that naturally grew a little too tight – a manufacturing defect, in other words.

The only undesired outcome was a leg length discrepancy. More on this later.

History

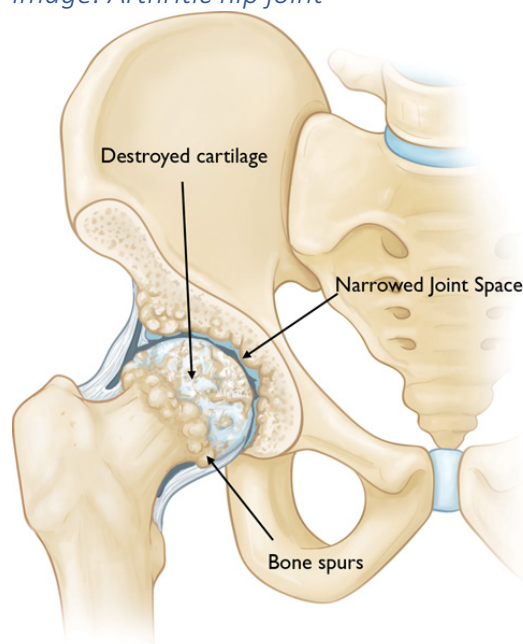
I first started having pain in my left hip around 2011 or so. I'd been doing some extreme fitness boot camp class where they make you run up about 300 concrete stairs two at a time as the warm-up. The class was otherwise great, and I figured it was just a pulled muscle or ordinary sciatica. So, I kept going.

This was the first time that rest did not really help. I tried the usual alternative approaches: massage, chiropractic, walking, yoga, meditation. All those things still felt good to do, and yet there was still a growing sense of weakness in that hip, and sometimes my nerve would pinch and the leg would collapse underneath me. It got so bad that I had to use railings every time I used stairs. People at work were asking me every day "Are you limping?" because I was.

To be honest, I never guessed that it was ordinary arthritis. I thought it was something worse, maybe a bone tumor. And, I didn't realize how easy and routine joint replacements have become.

What Is Osteoarthritis?

Image: Arthritic hip joint



Osteoarthritis is basically when your joint cartilage wears out, like brake linings on a car. Cartilage helps your joints rotate smoothly in their sockets. And, like a car, once that lining is gone, your joint's rough surfaces are grinding directly against one another, bone on bone. This friction damages your body further, leading to pain, loss of mobility, loss of fitness, loss of bone density due to lack of exercise, and general malaise.

Unlike most of the rest of your body, cartilage can't repair itself. No matter what any health nut might tell you, joints that degenerate, stay that way. Plus, bones develop deformities like bone spurs that can limit range of motion in your body's attempt to stabilize the area.

Video Journal

These video snippets were shot on my iPhone 6 with a \$40 tripod from Amazon. They're not edited, just raw, for informational purposes only. I didn't do this for my first surgery so currently this only shows the first month of progress.

Pre-Surgery Benchmarks

At the Hospital

Week 1

Week 2

Week 3

One Month

Factors for Success

I'm very happy with my recovery, and worked hard to make it so. Here are some factors that I believe helped me recover faster and without injury.

Home Prep

I followed all the instructions in the hip-replacement surgery prep class and in the brochures. There's a ton of stuff they want you to do: quit smoking, clean your house, reduce clutter, eliminate tripping hazards, getting a raised toilet seat, and getting furniture that's stable with arms. No wheely office chairs or you'll be sorry. I considered grab bars, but ended up not needing them.

Ergonomic Workstation

I consulted with an ergonomics specialist **Vicki Ross**, who recommended products from **Kenneth Milliken**. This setup cost about \$1500 total, worth every penny. A motorized sit/stand desk and a tall stool, delivered and assembled.

Sleeping

Your bed has to be high enough to swing your legs over and stand up easily. Futons on the floor – no good. A few additional pillows, extra-firm, in the bed are helpful because you have to keep your legs apart when sleeping. The only sleeping positions I could use were on my back or a fetal curl.

Pull-Up Rig

Before the first surgery, I had a pull-up rig installed in my house by a woman who runs a CrossFit gym and also does welding and custom installations on the side. She came out, made me a custom piece, and made sure it was really sunk into the wall studs and not just the drywall. I used a stepladder to mount and dismount, and followed the “3 points of contact” rule that OSHA wants to see from all ladder users on the job.

Don’t try this at home kids! My first PTs were horrified and thought I’d fall off, injure myself, and sue them. Or maybe they’d lose their jobs.

Housekeeping Service

One thing about me is I hate housecleaning and I retain too much junk. I prefer the term “high-functioning pack rat” to “slovenly hoarder” but it was bad. I knew I didn’t want to come home post-surgery to a messy place, so I hired a housekeeper, **Vilma Martinez**, who really did a deep clean and tidied everything very nicely. For the first few weeks, I really needed her help for things like taking out the trash. I kept using her because having a tidy house is good for your mental well-being and it’s cheaper than a shrink. Vilma is also very respectful with all my things.

Help from Neighbors

One of my neighbors down the hall was especially sweet and helpful. He works out of his home and has a few health issues of his own. Plus, he’d looked after his aging mother for years and knew just how to treat frail and elderly types. I could walk around and do my own shopping, I just couldn’t drive. It was also nice to have some human contact during the day, even for an hour.

Pre-Hab

Most people talk about rehab after surgery, but “pre-hab” is what you do *prior* to surgery to be in the best physical shape possible for recovery. For my first surgery, pre-hab consisted of physical therapy, which I’d never tried before, and weight training with a personal trainer. Second time, it was martial arts and yoga.

PT Prep

My first surgeon (not the one I ended up going with) had recommended physical therapy, so I figured what the hell. The PT worked on hip stabilization and we did a lot of clamshells and other Pilates-like movements.

Strength Training

For my first surgery, I also did weight training prior, with a personal trainer named **Jen Deering** who also worked with me post-surgery. In addition to building up the glutes and other hip stabilizing muscles, weight training was good for building core abdominal strength and upper-body strength, both of which help a lot in the first few days when you can barely move your leg.

Weight training is also incredibly confidence-building. RAWR!!

Martial Arts

For second surgery, I had started training a few months prior at a traditional martial arts school, **Soja Mindbody** in Berkeley, CA. Soja featured White Crane Silat affiliated with the **PGB group** in Indonesia. In February of 2017, I had just gotten to the point from the first surgery where I could really do challenging things like falls, rolls, and some of the more “baroque” movements that come up in kung-fu movies and systems like Silat. (Silat is based on a training style that originated in China.)

Soja also offered classes in kettlebell fitness, **functional fitness training** (FFT), and practical self-defense courses affiliated with **Rory Miller**, a corrections officer who’s worked in some very maximum-security environments. In addition, the head of the school, **Peter Ajemian**, was my age and had had 2 hip replacements of his own. I figured he wouldn’t make me do stupid things that would cause re-injury.

The other instructor I worked with most consistently at Soja was **Charles Strange**, an exercise physiologist who does functional fitness, kettlebells, clubbells, bodywork, and probably other stuff as well.

Training at Soja had immediate results: Within 6 weeks I could fit into my booty pants again and all my friends were saying “Man, you look so buff! Have you been working out?” Even my housekeeper said something. I think post-surgery my recovery’s been quicker because of the training as well.

Mindfulness and Breathing

I had been doing yoga and martial arts for years prior to surgery, and it gave me better body awareness and some control over my relaxation. Deep breathing in particular is something you can do while still lying trussed up in the hospital bed. I did a lot of deep breathing in standing positions even after returning home. When I couldn’t do anything else, doing breathing gave me a sense of personal agency, a form of positive thinking.

Rehab

After both hip replacement surgeries, they had a physical therapist come to my home for around 8 visits at 2x a week. This was Sutter Health. The second time only, the PT actually made a pre-surgery visit to make sure my home was safe: wide corridors to fit a walker, no tripping hazards, raised toilet seat, essential items at waist height.

It’s very important to do all your rehab, all your PT, and really do all your exercises. Daily. Those who do... recover athletic ability. Those who don’t... stay limited forever after.

First Surgery PT

After the first surgery, I had a variety of PTs come to my house, not always the same person. They were sometimes reluctant to push the envelope, apparently fearing liability and other

consequences if I should fall off my pull-up rig. I guess they could lose their job, so I just went along with their directives and got back up on the rig once they were out the door.

There was also an occupational therapist to make sure I could perform basic self-care tasks in my home safely. This is probably essential for older patients. You have to have someone really looking in on them to catch problems early. The PT checked my sutures to make sure there was no infection, drainage, or other potential urgent problem.

After 2 weeks of in-home PT they send you off to outpatient. I can't say much about the differences between clinics, but I will say that who you get as a PT matters more than where. Especially if you are already an athlete with special interests, it pays to find someone who's got some level of experience in that same activity: yoga, basketball, rock climbing, kick boxing, ballet, whatever. They should understand the culture as well as the movements.

Some PTs can be really by-the-book and that's bad. They have canned answers to everything. The stupidest PT I had was someone who actually had a Ph.D in physical therapy and while he did help me with gait and form, he could not answer any freeform questions at all.

Second Surgery PT

After the second surgery, I got a PT who was also a martial artist, and was not afraid to try new things with me. She understood when I asked about stances and kicks, and we just tried different stuff. She let me use my pull-up bar and get down and up off the floor for floor exercises.

The second time around, I was doing yoga and White Crane Silat. Both these disciplines feature complex movements and mind-body integration. This was far better than ordinary PT for conditioning. Even though a lot of our Silat forms seemed pretty artificial – I mean, no one's going to twist their legs around and sit down during an actual fight – they did promote physical coordination and agility in a way that was very important to my rehab.

Image: Twisted Stance

Yoga

About 3-4 months after my first surgery, I started up at **Leela Yoga** in Alameda. They had a variety of classes including one targeted specifically for rehab or people with disabilities. I'd done a lot of yoga prior, so my main concern was not assuming that I could do my old moves right away. I had to re-learn and re-train. The instructors were very accommodating and didn't get mad when I deviated. Some places, they do.

Milestones

A lot of people ask "So when were you back to normal?" and it's more like a continuum of essential tasks vs. nice-to-have abilities. Walking, using the toilet, basic self-care like showering

and putting something in the microwave, and climbing stairs you can do with a walking aid like a cane. But it's slow. Driving is next.

Later, you can start to walk faster or jump and hop, maybe run a little. You need to be able to dash across the street before the light changes. Drivers in Oakland WILL run you down.

First Milestones

These are things you have to be able to do before getting released from the hospital to go home.

- Standing up with a walker.
- Taking a step with a walker.
- Using the toilet.
- Going up a few stairs.
- Basic self-care: showering, dressing, food.
- Getting into and out of a chair.
- Getting into and out of bed.
- Getting into and out of a car.

Walker to Cane

After the first week and a half, I didn't need the walker anymore and switched to the cane. I could climb stairs on the new hip instead of posting off the other one.

One-Month Milestones

- Around 3 weeks, I could walk half a mile to the Coliseum BART into San Francisco, and ride the #1 bus to see my doc for a follow-up visit. Note: a cane doesn't rate a seat on this bus, which is full of elderly Chinese with walkers who REALLY need that seat.
- After the first month, I didn't need the cane anymore.
- Within a month, I could carry light things like groceries.
- Within a month or less, I could do stairs with both legs hands-free. That was a big milestone.
- At one month, putting on my sock without a sock aid.
- At one month, getting down and up off the floor without posting off a chair on the way up or down.
- At one month, I started forgetting to take my pain meds and not noticing a difference.
- At around one month, I could drive. Probably could've done it sooner but why bother?

Further Milestones

I haven't made these for Hip #2 yet (it's only been a month). So these are roughly from Hip #1.

- In 2 months, I got on an airplane (with extra leg room) and was also cleared to take a bath and swim. They want the scar to close up before immersing in water. Showering is OK. The hip doesn't set off airport security alarms.

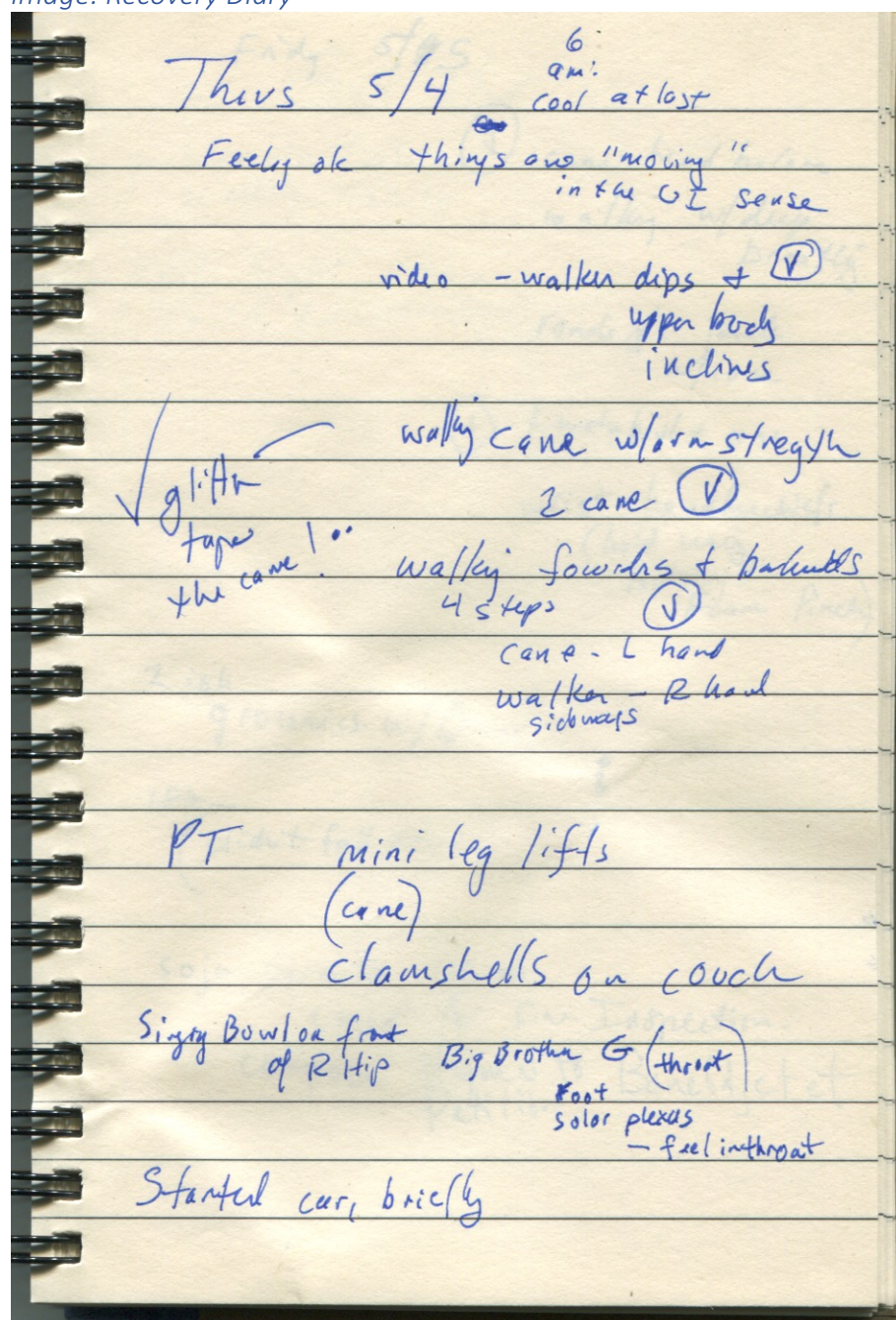
- In 3 months, I joined a yoga studio and went back to yoga practice, with additional props and shallower stances.
- In 3 months I could hike off-road on uneven and even muddy or slippery ground in places like Tilden Park. It wasn't easy but I could do it. I always brought a companion with me.
- Maybe in 6-7 months I could run a little. I didn't push this.
- In 14 months I started White Crane Silat, including rolls and tumbling, handstands, cartwheels, and light bag work.
- Backbending wasn't a problem. I could do them pretty early on. Not a full one dropping all the way back, though. No Turkish drops, if you know what that is. But I couldn't do them prior, either. I could do a full Wheel in yoga, where you come up from your back.

Things I Still Can't Do

Well, a lot of things I couldn't do BEFORE so yeah, I still can't do them now. Double backflips from standing, for example. Other things have diminished slightly, mostly range of motion. Those include full splits front and side, deep forward folds, and deep lunges. My squats are much shallower now. I'm not doing high jumps or sprints, football tackles, judo break-falls, or foot sweeps and leg traps. Yoga poses like Pigeon are still highly modified.

Journaling

I kept a detailed recovery diary with daily notes on what I could do that day. The goal was daily video shorts, so I'd get up, stoke up on espresso, and crank through the rehab exercises with music. Sometimes I'd start with one exercise like marching in place and see where it led. When I got to something fun I'd make a note of it and then video that for my clip of the day.



Patient Experience

Surgery can seem overwhelming, especially if it's your first time going under the knife. I'm here to tell you that it went OK, it really did. Some details about what it was like will tell you more.

But I'm Afraid of Surgery!

Honestly, I was terrified of going under the knife the first time. A few of my relatives also expressed horror. They would do anything to avoid surgery, even if it meant living with a bad

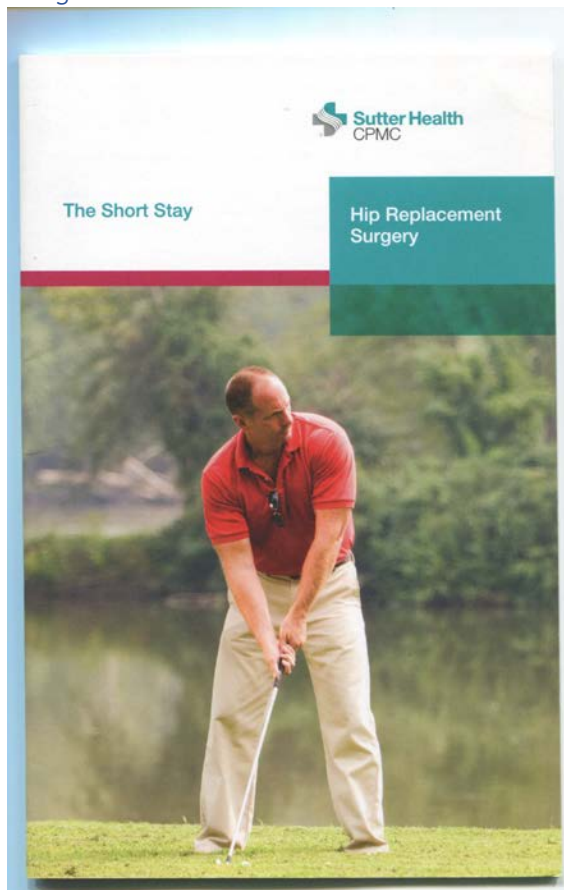
knee and limping around for the rest of their lives. But you know what? That's like being afraid of food poisoning. Sure, it's scary, but thousands of people eat every day and live to tell the tale. Same with flying in an airplane, or heart bypasses. So, get over yourself and do a realistic risk assessment with your doc, based on your actual level of fitness and health.

I slept through the entire thing.

What To Expect

California Pacific Medical Center made me do a surgery prep class and I got tons of brochures about how to prepare your home, what to expect in the hospital, how to get in and out of bed, and even how to have sex safely. (Apparently, sex after a hip replacement must be performed in pajamas and leotards.)

Image: Brochure



My hospital stay was very short, only a couple of days. They make you stand up and walk right away, and make sure you can do basic self-care like using the toilet. A Foley catheter was a big help the first day after surgery, it basically means you don't have to get up to pee, and I could drink all the water I wanted. I also loved the feet squeezing machine (combats blood clots) but they wouldn't let me take it home.

They sent me home with a walker, a cane, a sock aid, and a long shoehorn.

Image: Sock Aid, Picker, Shoehorn



The Worst Part: Indigestion

This particular thing happened both times I was hospitalized, and after returning home. Basically, your body is in shock from all the anesthesia and the fact that it's been cut open to the bone. So, your digestive tract slows to a crawl. They gave me oxycontin among other drugs, which made me a lot calmer but also slows digestion to zero.

They give you a stool softener to fight constipation but that does nothing to actually get the assembly line moving. After 3-4 days, I was in such discomfort that I refused any more opioids and it took over a week at home to be able to eat again properly. I also had to ditch Celebrex and even the aspirin because I got terrible heartburn.

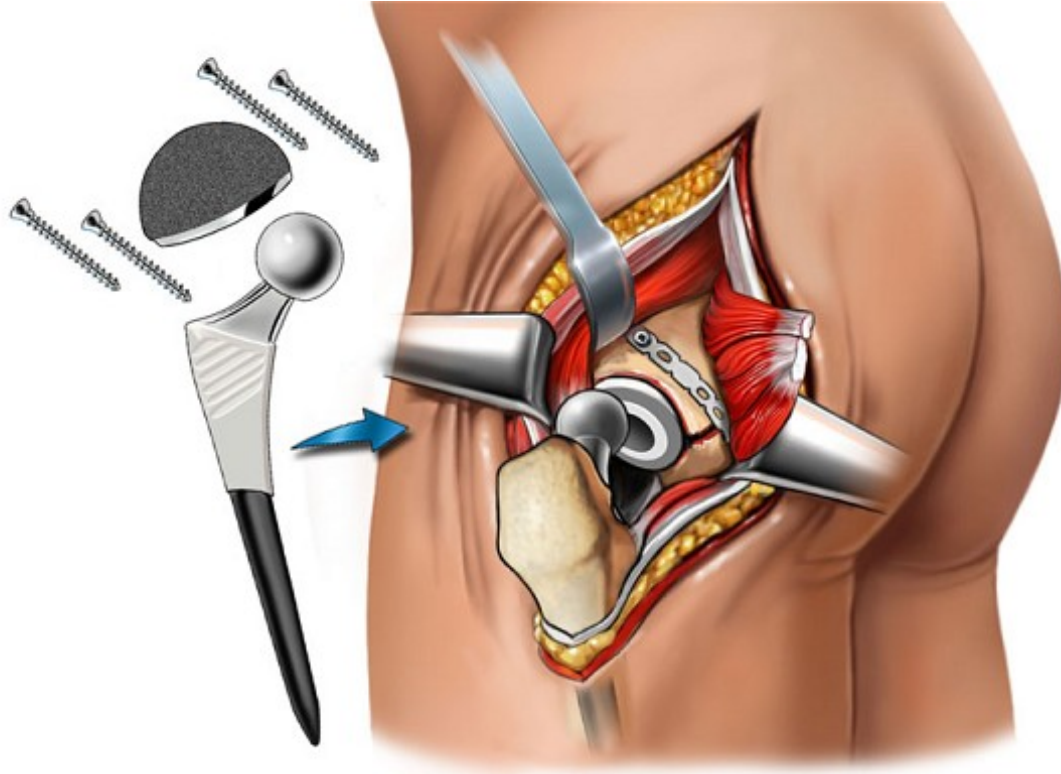
I won't describe the hospital enema, other than to say that it was epic.

How Do They Do It?

The product brochure from Smith & Nephew (who made my hips) had pictures of how it all works. The surgeon's kit includes several specialized saws, routers, various hardware and screws. The ball and socket are two parts. The ball has a shaft that goes into the femur. The socket attaches to the hip with screws. Both have roughened surfaces where they contact the

bone, which apparently encourages the bone to grow and bond to the artificial hip components.

Image: Lateral Hip Replacement



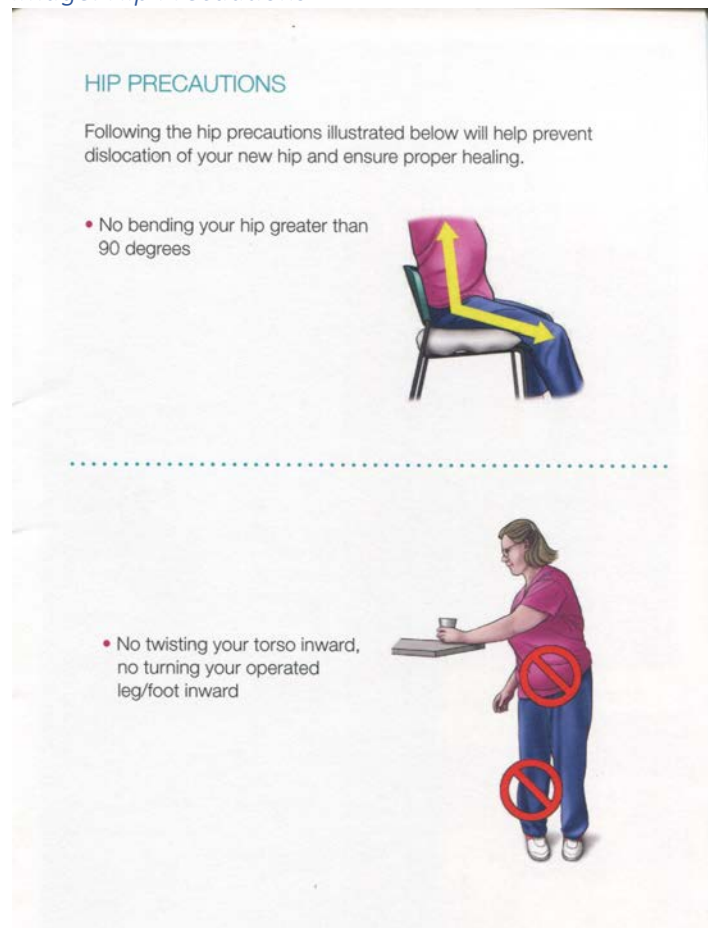
In the posteriolateral approach, they slice you open vertically from the side of your butt, going through your glutes. The surgery doesn't cut the muscles across the grain, but it does part them like a curtain in order to dislocate the hip joint. The surgeon slices off the top of the femur (thighbone) and then gouges out a round indentation in the hip bone to receive the new artificial socket. The socket is held in place with metal screws. The surgeon uses a router to create a hole in the top of the femur that receives the shaft.

There's fiddling to get everything properly positioned. **Post-surgery reports** here.

[Precautions or Forbidden Movements](#)

After hip replacement surgery, there are "precautions" on things you shouldn't try to do because it can dislocate your new hip. For the lateral or posterior approach, those precautions were not crossing my leg across the midline of my body, and not bending forward at the hip greater than 90 degrees. I couldn't even bend close to that. It was hard to sit in a regular chair.

Image: Hip Precautions



I couldn't tie my shoes, and I needed special tools to put on my pants or socks. If I did something not advised, I'd feel it right away. It was self-correcting.

If you have an anterior approach, the big precaution is apparently not putting your leg backwards in an arabesque. I could do that no problem.

How Soon Can You Drive?

I was told 3 weeks but it took me more like 4. I could have driven sooner, but it wasn't comfortable. On my second surgery I discovered the joys of **Lyft**, so I could still get around.

Image: Ridesharing Service



Pick the Right Surgeon

I did take the whole trust thing seriously. You are trusting your surgeon, the entire surgical team, and the hospital with your well-being. They are rendering you helpless and unconscious, and you are surrendering your body to their control. That's non-trivial.

My primary care physician, **Dr. Mark Oscherwitz**, has always provided great specialist referrals. The first orthopedic surgeon my primary doc sent me to was a brilliant young hotshot at Saint Francis, the world's most expensive place to pass a kidney stone (that was in 2007).

I went in, had an X ray, and then the surgeon popped in and said very abruptly that I had arthritis and was a candidate for replacement. He said "Do some physical therapy and come back in 3 months if it's any worse" and that was it. He told me "Oh you'll be driving in 3 weeks" and I totally didn't believe him.

This first surgeon didn't provide any patient educational materials at all, and his office was so hard to reach that I went back to my primary doc and said, "I want one that talks this time." So, he sent me to **Dr. Gordon Lundy** who was much more personable and willing to answer questions like which products was he going to use, and would I really be able to do yoga, bellydance, martial arts, and other stuff? His office staff was much better as well, and helped me out immensely with a lot of important paperwork like my short-term medical disability.

Dr. Lundy also showed me a product sample, although he wouldn't let me take it home. The sample was space-age cool looking. Metal, ceramic, and a high-density plastic socket lining. It looked like something Tesla might make, if they ever get into artificial limbs. Maybe Tesla will design other artificial joints eventually, if they ever quit with their vanity projects.

Types of Hip Replacement

When they replace your hip joint, there are a few ways they can get in there. One is the posterior or lateral approach, where they slice open your butt and part the glutes like a curtain. The anterior or frontal approach, they come in through the front, near the psoas (don't ask me details, this is approximate). There is also something called a partial hip resurfacing where they don't cut off the entire ball (acetabulum).

Surgeons specialize in one or the other. The anterior requires a special table.

I asked Dr. Lundy about this and he pointed me to a **scholarly medical research article** outlining the pros and cons of each approach, the risks, and outcomes. Dr. Lundy uses something called the "posteriolateral approach" or "minimally invasive posterior approach" which has a smaller scar than the old posterior method. He felt that the outcomes from his approach were more favorable for patients like myself who were physically fit. I'm sure anterior surgeons could come up with support for their ways, too.

I felt that what the hell, I needed to get it done and wasn't going to shop around any longer. I didn't like the anterior guy and didn't want a surgeon who couldn't talk to me and explain why he was doing it one way and not another. Outcome matters more than method.

Young Hip Recovery

If you Google for "young hip recovery" you'll find out about people who've had hip replacements at age 20. These are mostly people with congenital joint malformations, or who've had serious trauma and subsequently developed arthritis.

Products

I asked Dr. Lundy what specific product he planned to use. He named something from **Smith & Nephew** that he'd been using for 10+ years, no crazy allergic reactions, no breakages. I've got 2 of them now and no problems so far.

How Long Does It Last?

The old conventional wisdom was that artificial hips last only 10 years and you could only get it re-done once. The new idea is they last 20-30 years and maybe longer if you don't do stupid things that wear it out prematurely. So, if you wanna be an ultra-marathoner, maybe that's a foolish idea. You are NOT immortal. Use common sense.

Do Your Own Research

One thing I did was ask all my friends and family for names of people who'd had hip replacements, and who were willing to talk to me about their experiences. I interviewed around 5-6 people, some briefly, some at length. One was 80. She'd had double hip replacements when she was 70 and was currently recovering from a shoulder replacement. Most of the rest of my informants were 50-60 range and physically active.

Every single person said the same thing: “I wish I’d done this a long time ago.” Not one person regretted it. All the athletes were able to resume their sports satisfactorily. One person had had an issue with dislocation, and had to limit certain movements. She said that her artificial hip had maybe been too small or something. Whatever. She’s still basically OK today.

They all described their recovery period in detail, so I pretty much knew what to expect.

Knee Replacement is Different

Knee replacements are apparently a far more challenging recovery. The rehab is longer, more painful, and it takes discipline to stick with it. If you don’t do your rehab, you will not recover full mobility. Do your own research.

Did It Hurt?

Actually, not much! Hips aren’t that bad. It feels like a dull ache and the first few days afterwards are scary and things feel shaky. When I got home from the hospital I didn’t need strong painkillers, just ordinary acetaminophen and something called gabapentin, which is an anti-seizure med that also calms nerves to reduce throbbing. Ice packs too.

How Was CPMC?

My patient experience at California Pacific Medical Center’s Ambulatory Care ward was overall positive. The second time more than the first. The nursing teams are crucial, and the day shift answered their call buttons quickly. The director of nursing came around and introduced herself to all the patients. It seemed like the night shift nurses were at times leaderless, disorganized, and panicky. CPMC has decent food, too.

I would add, though, that there were some real screamers in the ward. A lot of joint replacements are done on older folks, and some of these patients have memory problems or dementia. People with dementia are often aggressive, agitated, and fearful, especially at night. They fight their caregivers and don’t understand what is being done to them. So, I felt for the night nurses even when I had to bully them into helping me at 12 midnight.

Home Recovery

I had a complicated **post-operative drug cocktail** that included acetaminophen for pain, gabapentin for nerve soothing, aspirin for blood thinning to prevent clots, and Celebrex as an anti-inflammatory (didn’t help much). I could have had dilaudid, too, but didn’t need it and was afraid of habit-forming opioids.

First few days returning home I was moving pretty slow. I had someone stay overnight with me the first 3 nights in case I fell down or lost my mind somehow. I was easily tired. I did my rehab faithfully, though. I kept my walker close by me all the time and kept a travel vest with my phone, keys, wallet within arm’s reach at all times.

Ice packs are the thing to reduce swelling. I had hardly any swelling but the ice felt great, soothing, and gave me another reason to lie around in bed reading Victorian steampunk bodice-rippers and other light novellas.

Turning over in bed was hard. I had extra pillows and really had to be careful getting in and out of bed the first few days. The gabapentin made me light headed. I couldn't walk more than 30 yards without seeing yellow sparkles and feeling faint. So, I always had someone with me anytime I left the house.

Sex After Surgery

Yes, it's true, you can have sex after a hip replacement. The brochure was noteworthy in that its drawings not only showed positions, but a lot of older folks. All heteronormative, of course, and nothing pervy. Sigh. Apparently you have to wear pajamas and leotards, too.

Image: Sex After Joint Replacement Brochure



Not to over-share here, but I was able to have sex, like REAL sex, around 2 weeks after surgery.

Would You Do It Again?

Yes! Absolutely.

Pain Management

When they send you home, there is a post-op instruction sheet with medications, and a separate one for wound care with warning signs of infection. My home meds only included ordinary pain management, no opiates.

- Acetaminophen every 6-8 hours or 3x a day, 2 650mg tablets. I took 2 500s and was fine.
- Aspirin 3x a day as a blood thinner to prevent clots from forming. Exercise and activity, walking, also helps with this. You don't want to sit around.
- Gabapentin, 3x a day, anti-seizure.

And that's it! That's all I needed. Ice packs the first 2 weeks.

They'd also given me Celebrex, but that didn't agree with me. I'd been having heartburn and stabbing pains as after-effect of hospital meds. After a week at home eating nothing but yogurt I looked up Celebrex online and found that it had a side effect of sudden perforated intestinal ulcers. Same as aspirin, really. So I quit the aspirin as well and substituted Vitamin E as a blood thinner.

Cannabis

In the interests of science, I have to mention that I used edible cannabis products. They alleviated exercise boredom while still allowing me to work out and maintain my fitness goals (time and repetitions), and movement felt better to do, more enjoyable.

Leg Lengths

After my first surgery, I noticed a distinct imbalance in my legs. My left leg with the new hip was now a full centimeter longer than my right, about a quarter-inch. Heel lifts helped when wearing shoes but not for barefoot stuff. Since I do so much barefoot activity, this presented a problem and I had to re-train and make a lot of adjustments. Most exercise systems assume body symmetry as a given, but a lot of bodies aren't perfectly balanced.

Think of it like wheel balancing on your car. If you're driving slowly it may not matter much, but if you're going 60mph or really speeding, even a small imbalance will cause the entire auto frame to shimmy, eventually damaging the frame itself.

So now my right hip was taking a beating, and eventually the extra wear and tear caused cartilage deterioration. Now that the right hip is also replaced the imbalance is less, but still present. I've been experimenting with ways to re-train it. So far, some dance movements are more accessible now so it's definitely better than it was and we can't always insist on a perfect world. If I had to choose between keeping my legs the same but limping around with arthritis

for the rest of my life, or having new hips and dealing with a small discrepancy, I'd choose the second.

I discussed this whole problem repeatedly and at length with Dr. Lundy. He explained that there's a built-in uncertainty with implants. Sometimes they "settle" into the bone, and other times they stay exactly where they were originally placed. He also showed me X rays that indicated that my legs were actually the same length, but my hips were actually cockeyed and rotated.

Years before I'd had chiropractors tell me I had mild scoliosis, which is a sideways curvature of the spine. They said that most people had a little bit of it, so I wasn't really all that worried. It's possible that the scoliosis is a factor in perceived leg length differences.

The Scar

Some people are afraid of the way the scar will look. I personally didn't care because I'd rather have mobility. A 4-inch line across my butt is the least of my worries.

Image: The Scar



Getting Around

Rideshares

I live in an under-served area of Oakland where you cannot get a taxi to come to your house. I've tried. After an hour of waiting and runarounds with the dispatcher saying "driver is on his way" when he clearly wasn't, I said forget it. Finally, this time I tried the ridesharing service **Lyft**. I'd resisted mainly because Lyft's main competitor, Uber, had gotten such reams of bad press that I determined NEVER to give them my money even if I was stuck in my house forever.

To my surprise, Lyft was easy to use and their drivers showed up in 2-6 minutes. Their app is easy to use and pretty intuitive. Every once in a while the Lyft app loses its mind and thinks there's no connectivity when there is, and you have to restart your phone or the app itself. All the drivers use some sort of navigation and they often find back routes that are faster than

what I would have taken myself. All the drivers except one were courteous and patient, especially when they saw me hobbling out to meet them.

Friends

Friends were often willing to drop by for a few hours and take me on an outing, shopping or just a short nature walk. It was also good to have someone with me in case I had a fall, or was accosted by unfriendly persons.

BART

After 3 weeks I could walk with a cane the ½ mile to the nearest BART station on my own. A mile was too tiring.

Alternative Therapies

Chiropractic

I have to say a few bad words about alternative medicines here, even though I've used chiropractic services successfully for many other types of malfunctions. Chiropractors fall into 2 types, old-school bone-crackers and modern soft tissue manipulators. I prefer the second type.

Chiropractors seem to think that their discipline can cure all ills, including reversing osteoarthritic deterioration. It does not. I had one guy, not named here, who took X rays of my left hip back in 2012 and who never EVER suggested that I might one day need a joint replacement. Another one went on at such length about "wheat belly" that I really lost my patience. Just because ONE patient cut out gluten and miraculously recovered from everything under the sun, does NOT make it a scientific study or proof!

Blood Platelet Infusion

I didn't try this, but my feeling is if it worked that well everyone would be doing it. It wasn't covered by my insurance, either. I think it's for people who are terrified of going under the knife.

Dietary Supplements

Some people swear by glucosamine and chondroitin, among other things. Nope. They might slow deterioration but they won't reverse it once it has occurred. It's expensive, too.

Here are some other things that won't cure osteoarthritic deterioration: a gluten-free diet, a raw foods diet, deep breathing, weight training, marijuana, and wishful thinking.

Turmeric supposedly has anti-inflammatory properties to reduce joint pain, so if you can't get surgery go ahead and try it. If you use freshly grated turmeric root (tasty) note that it stains like nothing else, bright fluorescent yellow. You will look like the Yellowfingers Monster or like someone with a highlighter fetish. It will stain your clothes, too... permanently.

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Exhibits

1. Post-surgery reports
2. Smith & Nephew brochure
3. Article on posterior hip replacement
4. X rays
5. Slideshow