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## Hip hip hooray?

**My ‘BOGO’ double hip replacement surgery came with surprises, challenges and, eventually, healing.**

STORY AND PHOTOS BY SUSAN SCHAEFER

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Minnesota’s brutal winters often encourage outlandish spring celebrations. Certainly, after enduring this year’s two record-setting polar vortexes, a grand revel was in order.

Mine might seem a bit bizarre.

March 20 found me splayed on an operating table 90 miles south of the Twin Cities at Minnesota’s world-renowned Mayo Clinic. There, a team of surgeons popped both of my fe-

murs from their sockets like roast chicken legs, sawed off the tops, and replaced the deteriorated arthritic balls and sockets with brand new titanium and ceramic parts in a rare *bilateral*, or double, hip replacement surgery. Surely, from a bird's eye view, I resembled a *Game of Thrones* torture victim during that procedure.

This was one howling springtime statement!

When the date originally had been proposed, I felt the symbolism was appropriate – I would recover in harmony with the reawakening of the earth. I would embody spring.

I'm more than two months post-surgery. With plenty of time for reflection, I can now share some helpful information, insights and, perhaps, inspiration.

**You? Yes, you.**

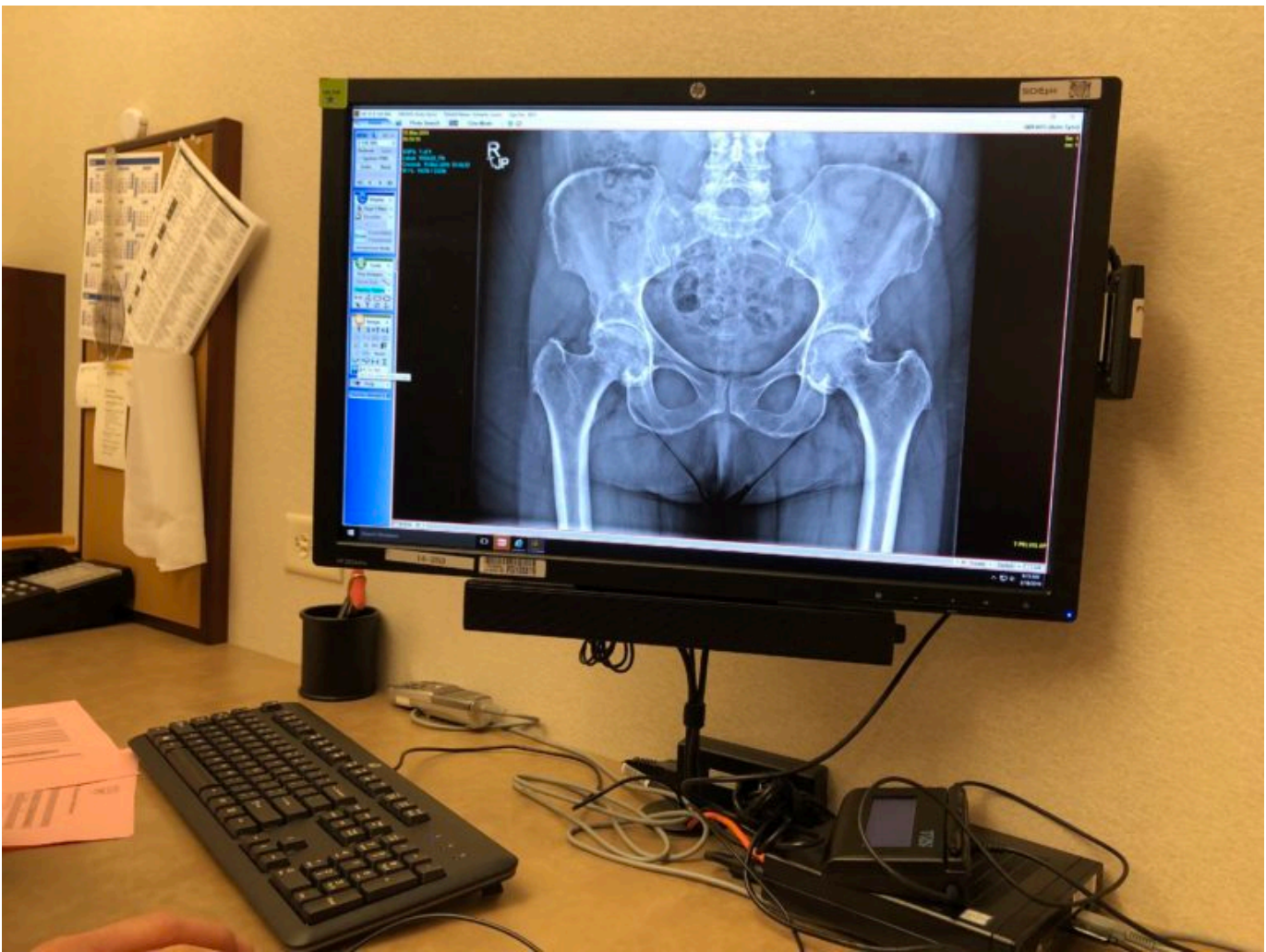
Pssst! If you're Social Security age — you're likely to need a joint replaced, especially hips.

According to a recent medical journal article, "Total hip arthroplasty (THA) is one of the most commonly performed and successful operations in orthopedic surgery in terms of clinical outcome, implant survivorship and cost-effectiveness."

With the average age for a patient being 66, this surgery is expected to become even more frequent as life expectancy continues to increase. Why? The growing number of arthritis cases is a major factor. Most hip replacements in middle-aged patients are due to degenerative arthritis caused by wear-and-tear. So higher numbers of active people translate into more arthritis. Averaging 8 to 15 miles a week of fast walking, in addition to weightlifting, biking and other fitness regimes, my wear-and-tear was self-imposed.

Candidates for THA often suffer hip-joint degeneration along with disabling pain and limited function, despite attempts at nonsurgical management.

I'd tried assertive physical therapy (PT) and cortisone shots, but my pain had increasingly restricted my movement and was impairing my quality of life.



X-ray showing massive arthritic deterioration in my hips

## A nonsurgical route

My first effort to avoid the knife had led me to the downtown Minneapolis Mayo Sports Clinic, with its exceptional orthopedic team and facilities. For a while, it seemed I wouldn't become one of the burgeoning surgical statistics. I followed a strict PT regime, learned and practiced aqua jogging (a new, impact-free sport) and showed improvement with injections that allowed me to spend a six-week summer holiday in the Netherlands, walking almost 10 miles a day. However, as my orthopedic physician had predicted, a second round of shots provided diminishing benefits.

It was time to face a different reality.



Mayo Clinic orthopedic surgeon Dr. Michael Taunton, showing the actual implant

## Getting into Mayo Clinic

A referral from my Mayo Sports Clinic orthopedic doctor gained me a sort of fast-track appointment at Rochester's legendary Mayo Clinic, where the waits to see top docs can be formidable. In addition to the excellent treatment I'd received at the Minneapolis clinic, a close architect friend — who had designed portions of the Mayo's Rochester campus — recommended the surgeon who had performed his hip replacement.

I would have preferred having my surgery closer to home because I have no family in the Twin Cities and was concerned about who would be my essential “plus one” for the entire process. Happily, my “soul sister,” Kathy, readily took on that responsibility. With that vital element arranged, we headed off for my first surgical consult one frosty winter morning.





In line at 5:30 a.m. on March 20, primed for surgery

# Going ‘bilateral’

That December day began with the hour-plus drive from the Twin Cities, followed by multiple appointments in Mayo’s impressive Gonda Building with architecture and artwork befitting the New York’s MOMA.

General health assessments and requisite X-rays were taken, and finally we were whisked into a consult chamber to meet the celebrated surgeon himself. After a few pleasantries and predictable questions, Dr. Michael Taunton casually turned to us to pronounce that his recommendation for my hip replacement would be “bilateral anterior.”

*Bilateral anterior.* Just like that.

Being a surgery virgin, I totally missed the significance of the bilateral part, concentrating on the anterior instead. I knew that this was the far less invasive approach, conducted from the front of my thighs with no cutting of muscles, with far less complications and a swifter healing time than the traditional side or back options. Plus, this is Dr. Taunton’s specialty.

But during his pronouncement, Kathy, who was seated next to me, visibly stiffened. Her unease was highly unusual for my normally composed friend.

“Do you mean both hips at once?” Her voice sounded almost disembodied to me.

“Yes,” responded my untroubled surgeon, “Bilateral — both hips at once.”

Very, very slowly my body absorbed the information and without moving a muscle, a single tear pooled at my eye and rolled down my cheek.

At that moment, I couldn’t fathom how a body could have *both* hips separated and then reattached. My mind’s eye saw my soft yet muscled torso with two jellyfish-like appendages forever hanging limply.

Kathy and the surgeon duly noted my dissociative moment and a lively interchange of many questions, with sufficiently reasoned answers, followed. In what seemed like a blink, I found myself agreeing to this rare, radical and massive intervention.

Bilateral hip disease occurs in up to 42% of the population with osteoarthritis, with an estimated 25% needing a bilateral replacement. Most undergo sequential surgery, waiting months or years in between.

However, Dr. Taunton considered me an ideal candidate for this “double bubble,” a sort of BOGO, “buy one get one,” two hips at once! He suggested that since I was highly fit for my age — with no *comorbidity* (multiple illnesses such as diabetes, heart disease or blood pressure issues), in fact, no medical illnesses whatsoever — this approach meant: “One surgery, one recovery.”

At the time it made sense.





My nurses, Dave and Char, at Capitol View Transitional Care Center in St. Paul



# Finding my village

The ensuing months resulted in a flurry of preparations (and fluctuating anxiety) unlike anything I've experienced. Because I live alone, I had to put my years as a strategic planner in action. Knowing it would take the proverbial village of friends to see me through, I began enlisting my "peeps" for various caregiving assignments.

I can attest that I had no idea how absolutely critical their role would be in my overall healing and sense of wellbeing on the long road to recovery.

The surgery itself went swimmingly. I'm a fast healer. The day after surgery I was up walking, logging a quarter of a mile on my exercise app with nursing and PT support. Amazing.

The Mayo unequivocally offers the Crown Jewel of hospital stays. The entire staff — from physicians to nurses to physical therapists to dietitians to social workers to maintenance crew — is wholly engaged with, and focused on, the patient. Even the in-patient menu is a cut above standard hospital fare.

Parts of my recovery were impeded by highly individual factors, such as my intolerance for antibiotics (and resulting gastro discomfort) and my absolute inability to sleep on my back. I experienced a few recovery hiccups that eventually resolved themselves.

Because I had no pain from the surgery, I refused narcotics, knowing they would hinder my energy and strength to stand and walk, walk, walk— which is key to hip surgery recovery. Tylenol was all I needed. My professional team marveled at my resilience, attitude and determination, which greatly aided my progress.

I left the Mayo after five days for a one-week stay at Capitol View Transitional Care Center, housed in St. Paul's Regions Hospital. Living alone qualified me for Medicare-paid, in-patient rehabilitation. I'm positive that the level of care and patient-focus there contributed greatly to my ongoing recovery.



Robert, my physical therapist at Fairview's Institute for Athletic Medicine

## Home alone — progress halts

After almost two weeks of concentrated care and attention by professionals in encompassing clinical settings, my homecoming proved to be a spell-breaker.

Specifically, maneuvering in and out of my modern, Zen-like, low platform bed was my undoing. The effort of swinging two severely challenged hips over the edge of the bed broke me. Moving became anguish. I had severely wrenched my lumbar spine with resulting excruciating muscle spasms that took weeks of intervention to remedy. All the forward progress I had been making came to a painful, grinding halt.

After a few days of unaided agony, a friend drove me to the office of my primary care doctor, Jon Hallberg of Mill City Clinic, whose wise and caring intervention convinced me to accept a little pharmaceutical help — some low-dose muscle relaxers — and most critically, a re-

ferral for thorough out-patient PT at Fairview's Institute for Athletic Medicine.

A unique additional treatment offered there, dry needling, in combination with my exercises, calmed the spasms and allowed my ongoing healing. Once my back was calmed, I was able to pick up where I'd left off.



**My dear friends, Candy and Craig, prepared a number of meals during my recovery.**

## My people kept me sane

Pain redefines everything. It forced me to take a fearless inventory of all of my choices, greatly challenging my decision to have both hips done at once, at times causing me to fret

over my arrogance. I also had begun to experience a sense of depression.

Keeping me sane and whole were my friends — my support community.

The medical world can take a healing journey only so far; it is the power of human connection that truly steers this ship. People who live alone — and have no family nearby — are at a distinct disadvantage, particularly during crises.

Without in-home help, the smallest daily chores such as making meals, getting dressed, buying groceries, getting mail and more, are daunting after such a surgery.

Certainly, I'd anticipated requiring help, but not the level that I actually came to need. Although I'd made pre-arrangements with close friends, thankfully, a surprising number of others in my community took up the yoke of small daily acts of kindness and service.

In fact, an assembly of friends and neighbors materialized, a virtual flock of caregiving angels. Obviously the quality of medical care is critical, but these real-life social-network caregivers provided the intangibles of heart and soul that shaped the marvel of my healing journey.

Now well on the road to recovery, with a few more months of concentrated physical therapy, soon I'll resume my regular physical fitness regime, hopefully better than before with my bionic hips.

I'm grateful to live in Minnesota with its superior medical institutions, professionals and people.





By seven weeks post-surgery, I could enjoy a Birchwood Cafe brunch with my friend, Bonnie.

# RECOVERY TIPS

Often people gloss over the intricacies of medical procedures. Many accounts jump to the happy ending. Joint replacement surgery and recovery is a complex journey in spite of all of the scientific progress. It helps to understand the many considerations:

## **PRE-HAB**

Make sure to get your body into the best physical shape possible. I worked for months on my core muscles knowing full well that they would carry me through to a faster, fuller recovery.

## **UNDERSTAND YOUR COVERAGE**

Take time to talk to your insurance agency's professional staff to learn exactly what's covered and what's not. I knew I would qualify for post-surgery, in-patient rehabilitation, but still had to do research to find the facilities that were covered by my plan.

## **GET ALL THE DETAILS**

Understand the specifics of the medical procedure. Consult with your specialist and be sure to ask what questions you haven't considered.

## **MAKE A COMPREHENSIVE CARE PLAN**

- Even if you have a loved one at home, think about all the aspects of your post-surgery care.
- Enlist your community in advance to help out, including providing relief for your primary caregiver.
- If you can afford in-home help, go for it.

## **ADEQUATE REST/SLEEP**

Experts all agree this is the singular most important aspect of healing. Once I was able to get a full night's sleep, my healing increased exponentially. In lieu of missed sleep, I knew to

take deep rest — little naps or quiet time.

It's shocking how even the smallest task can exhaust an individual post surgery. Never underestimate rest.

## NUTRITION

The next greatest aid to healing is proper nutrition. Whole foods are essential to whole healing. It's pretty basic, yet many individuals underestimate the role of diet in healing. There's no time like post surgery to make changes that will benefit you for the rest of your life.

## ATTITUDE

Staying positive after a painful and life-altering procedure isn't easy. But as with committing to improvements in your diet, learning relaxation and meditation techniques will improve and accelerate the healing process— and beyond!

## EXERCISE

Staying active is a sure-fire way to offset physical decline. Period! Do not return to an inactive life. Find activities that please you, but keep moving!

## COMPLIMENTARY CARE

If you can, invest in massage, acupuncture, healing touch, therapy, etc. These modalities increase a sense of wellbeing and usher healing along.

**REMEMBER:** While medical science can greatly improve quality of life, it takes individual responsibility to maintain it.

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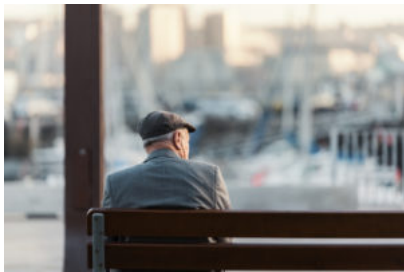
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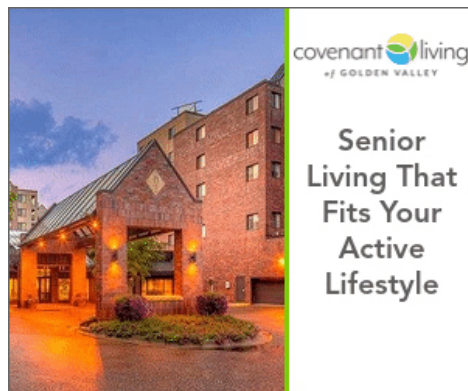




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