

***A Goofy Grammie's Guide to  
Gluteus Medius Surgery***



***By***

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***The Reasons, Equipment, Preparation, Process,  
Miscellaneous Advice, and Resources in Mixed Up Order***

Before surgery on my Gluteus Medius, I watched on the computer what the operation would entail. I thought, 'Hey! That's easy enough! I'm tough. I can handle it.' Having had my knees operated on by the same doctor, I knew I was in good hands and would be okay.

I skimmed a few scholarly documents which did me no good since medical things are out of my realm of expertise. I read a number of articles written by those who had the same operation. Many of the stories ended up looking like comprehensive lists of amazon ads.

Anyway ... After surgery, I decided to add my brilliant musings to all the other articles out there and put my own spin on the ins and outs of hip muscle tear surgery, preparation, and recovery. If you are looking for medical advice or a sophisticated recollection of the surgery process and its aftermath, keep looking. This is my typical somewhere 'between knowledge and nonsense'. I hope some of it is useful.

## ***The Reason***

First, you need to know there are a few old sayings that may not be true. In my overzealous attempt to get strong, I overdid exercise - big time! My problem is always 'if a little is good, a lot is better'. Not a good attitude! After studying Dr. Google's many suggestions for pool exercises for hips and legs, I did them all - every time - several times a week. I was doing 750 reps daily on the same muscles. I eventually cut it down to 250, but the damage was done.

'No pain, no gain' is a lie. One of my physical therapists said that overdoing exercise can sometimes be worse than doing nothing at all. I guess I am a prime example of that truth. At some point I will learn moderation but at the ripe old age of 71, I don't have much hope.

I had shots, physical therapy, and worked with a personal trainer - to no avail. I could stand the pain, but I reeled like a drunk tightrope walker. Which would be dangerous in anyone's book. An MRI showed the truth of it - muscle and tendon tears.

Both hips are damaged but since I couldn't have both done at the same time, my doctor started with the worst one. His initial response, 'I would rather do a hip replacement on you than what I have to do,' should have scared me. But I am pretty tough. Mostly. Sometimes. Occasionally.

I initially told the doctor's PA I would pass on the surgery. Even though I was afraid of falls that could break my fool neck or other miscellaneous parts of my anatomy, I was undecided for another week or so. It took a while between sessions with my physical trainer to try to get strong enough to avoid surgery, pouting because it didn't work, more pouting, deliberations on whether I really wanted to go through with the surgery, and more pouting for me to decide for sure.

I finally got tired of what I called my 'glory gait' - throwing up one hand for balance making me look like I was praising God all the time. I don't mind praising God for real, but I was getting more sore muscles from trying to keep myself on an even keel. My pain level I could have handled, but I felt the extreme 'weeble wobbles' were too dangerous to ignore. I said 'yes' to surgery. When he prescribed 52 strong pain pills for me to last only a few weeks, I knew I was in for it.

I guess I should have taken better notes when talking with the doctor beforehand and asked more questions so my expectations were more in line with my reality. But then, I would probably be clueless no matter what.

When I opted for the surgery, my husband of 50+ years agreed it was the best choice. Bless his heart! Little did he imagine what his life would look like after surgery. I was anticipating six weeks or so of post-op accommodations and habit

changes, but dang! Ronald and I will be ancient before I can get totally on my feet again!

Oh, yeah. Too late. We are already there.

The surgery went fine, I guess. I don't really remember anything but sharing the two jokes I know right before I went under. The anesthesiologist and nurse just groaned.

## ***Advice and Equipment***

First, let me suggest this one thing. Don't choose surgery at a time when holiday festivities are even close timewise. Thankfully, I always put up Christmas decorations long beforehand, so I was prepared that way. I was totally delusional about my recovery outlook and missed out on the special events I had planned for Thanksgiving and Christmas. Even now, after the new year, I am still not able to motivate enough to get out and about comfortably.

Also if there would be post-op problems and the doctor took off on holiday, you might get stuck dealing with someone you don't know. Personally, I need to have someone available who understands my wacky, whiny personality.

Let me say this as sort of a 'Prequel'. If you are building or remodeling, make all your doors handicap accessible. When we remodeled nearly 20 years ago, I only planned the master bedroom and bath door to be 36" wide. Live and learn. Ronald has a lot of repainting ahead of him because we nicked and scraped every other doorway in the house as we navigated the wheelchair. I am still running into walls and doors with the rolling walker. (I drive poorly, so that's not a surprise.)

Had I known how fast old age would zoom in on me, I would have opted to install a higher toilet seat as suggested by ADA.

I bought several things online or borrowed items that were suggested in other articles. We had some handicap equipment from when Mom lived with us. I will list what we have found very useful or necessary.

**Compression socks** were prescribed, and I was to bring those to the hospital. I found from my knee surgery that the zip up style from **Presadee** were perfect. I got two pairs so Ronald could launder one pair while I wore the other. I wore those constantly and appreciated a **Bath Brush** in the shower to scrub my itchy legs. I wore the hose for six weeks. So glad now to let my legs breathe!

I ordered **Crutches**, but the therapists wanted me to use the walker instead. Considering how klutzy I am, that's a good call. I could only put toe weight on my surgery leg for the first six weeks. I used a traditional **Walker** to help me stand one-legged and turn around into the **Wheelchair**, on and off the toilet, or in and out of bed.

The **Bedside Porta-Potty** was a local drugstore purchase. Though useful, we only used it for a few nights. After the fact, I learned that the adjustable bedside toilet could have been arranged onto our regular toilet instead of buying a high toilet seat. Live and learn.

**High toilet seat.** My only problem - and this is way too much information - if you aren't really careful, you could jar that sucker loose and lose your balance!

**Handrails** on the side of the toilet. Because I was hoisting this fat backside up with one weak hip and without putting any weight on the other leg, the rails were lifesavers.

The first night home, I lost my balance, fell, and put too much pressure on the bad leg before Ronald caught me. The next night, I decided the higher seat wouldn't work, had Ronald take it off, then fell hard on the bad hip onto the lower toilet seat. The high seat was then placed appropriately for many weeks afterward.

Ronald had a difficult time at first assisting me to the bathroom. I know there must be a proper technique to accomplish that gracefully, and it took us a while to figure the best way for us. While there was no weight on the bad leg, we did the 'Tweedle Dee and Tweedle Dumb Tango'. He got me from my recliner or the bed to stand in front of the walker without me accidentally putting one of the walker legs onto his toes. I swirled not so gracefully on one socked foot, tried to keep my balance, and plopped onto the office chair he scooted behind me (before we started using the wheelchair). I sat and lifted the walker like I was aiming double barreled shotguns, and we raced for the bathroom.

Whether being taken in a wheelchair or walking yourself to the toilet, it is not a process you want to do at the last minute. Toileting needs to be a scheduled activity! Sooner rather than later! Seriously. The process of getting from the lounge, taking off the robe (to keep the belt ends from an unexpected swim), hurrying to the other room, doing the Toilet Tango, and sitting before the needed moves are accomplished takes up several critical minutes. That can mean the difference between success or mess! I know - TOO MUCH INFORMATION!

Once in front of the toilet, we placed the walker at the right position and distance so he could swirl me around in the small space (not ADA), helped me stand, and maneuvered me onto the potty without us tilting over. At that point, he left me a moment so he could sit down a second or two to rest. At my beck and call, he came running to help me push up onto the walker, do a reverse swirl, and back onto the chair. He reversed the beginning move to get me back into the recliner. I leaned back and gasped in exhaustion as he replaced the icepack onto my hip, tucked blankets around my body, and placed a pillow behind my neck. What a guy!

**TMI** As a person who needs to go to the bathroom more often than most, the first few nights were torture for Ronald as he helped me out of bed, onto the toilet, back into bed. Repeat. And Repeat. And Repeat.

I ordered a piece of equipment like I had used in the hospital called a **PureWick** which is an external urinary collection apparatus for women. **BD PureWick** had the best prices, and the product was there in one day. It was worth its weight in gold as I didn't have to get out of bed to get things done. I used it only during the night. Ronald could get adequate rest so he was ready to spoil me all day long!

I did wear the PureWick device with an **Adult Pull-Up** (diaper) to keep wetness within bounds in case the PureWick wasn't set just right. Having a large package of **Baby Wipes** beside the bed for hands insured a bit of cleanliness. A convenient **Garbage Can** needed to be nearby. Sorry about telling too much, but I think those things should be shared to anyone anticipating this surgery and getting the PureWick.

I know I was doing it wrong, but I never could figure how to move the good leg smoothly. Wearing **Bulky Socks** over the compression socks instead of any kind of slippers or shoes seemed to help me move a little easier and pivot on the good leg. I never got how to do the toe weight move. I hopped using the walker.





After week six I could put weight on both legs, and I graduated to wearing shoes. I also graduated to a **Rolling Walker** at week seven.

One thing in the remodel I did sort of right is get rid of the tubs. Though there is a small lip on the edge of the shower, I wish I had made it totally walk in. I also have a handheld shower head that I was able to loop through the walker when I needed both hands to shampoo my hair.



I can stand for a longer time now, but I still sit and use this technique during my shower.

**Shower seat.** I wish the one we have had handles on the side. Getting into the shower at first was a process as we placed the walker halfway into the shower, stepped across the lip, turned to sit on the shower seat, and moved the walker inside so I could reverse the process. I can't imagine how getting into a tub would work!

I am going to mention one other company of note. **Carewell Home Health Products** is concerned with the needs of caregivers. I found their site informative with caregiving advice and quality products. I ordered a **large Plastic Pad** for my bed and **Disposable Pads** to put on that. It is a system that worked for us. The pads also came in handy when transferring from the bed to the wheelchair and from the shower to the wheelchair. I ordered the higher toilet seat from them which my four year old grandson unpacked the day it arrived. He thought it was some sort of strange toy.



I wore a **Master Brace** for six weeks that Velcroed around my waist, and a metal/plastic bar went down into my side - to hold me together, I guess. It was a 24/7 accessory. When I took it off to shower and put it back on, I was very careful to keep the parts of my upper anatomy out of the mix. (I originally wrote a much funnier version but it may have been a little crass, and I am a sweet and sophisticated lady after all!)

Because I was wearing that big ol' honkin' brace around my waist and down my leg, getting my britches up and down was problematic. Ronald kindly assisted me a number of times a day.



The brace has its own issues. Donning a cotton tee shirt before putting on the brace prevents chafing around the waist or wear the brace on the outside of the shirt. Having **Heavy Pads** to protect the surgery sites and ease the pressure from the brace is necessary though that's probably not doctor approved. But it hurt like the Dickens without the padding!

Having **antibiotic gel** is necessary for where the Velcro bands rub and the various places old ladies get chafed. Whether or not this is a good choice, Ronald rubbed my feet and legs with **Aspercreme** at night because of feet and leg cramps which were probably not due to the surgery. I rubbed it on my upper legs and back and still use it around my hip - until I'm told to stop anyway.

Each night after the gel and Aspercreme, the **diaper** came next. It needed to be pulled up under the brace and then the brace leg re-strap. Getting into bed was trialsome because I needed to keep the surgery leg from bending outward. First, I gently sat down (with Ronald's help) at an angle as deep into the bed as I could. He grasped both legs and pivoted me around to make sure my hip did not bend improperly. Most times we succeeded with only a bit of pain. (Sometimes, it hurt like Level 9 of my pain chart - refer to end of article.)

Because I couldn't move the leg during the night, Ronald placed a folded towel the length of the leg to further secure the brace. I am still doing this even since the brace has been off for

some time. I am a restless sleeper and have caught myself several times starting to move around too much and ending up making the hip hurt.

Because my back is bad at the best of times, he placed a smaller towel to support the low-back. The PureWick placement came next, then the final prep as Ronald covered my legs and made sure all the other things I needed for the night were in place (breathing machine, cough drops, tissues). His final task before prayer was turning on the PureWick machine and my CD player.

Bunny trail. After my double knee replacement a few years ago, I learned music is an effective pain killer. Even when in great pain, music calms me.

When it comes to pain, ice has been soothing at times and is one of the things I was told to do from day one. At first, we used the **Ice Machine** I had from my knee replacements. At three months out, I am still using the small **Icepacks** available at any pharmacy. They are not really ice but filled with a substance that molds to that part of the body quite nicely. I use them in the day and some when I first get settled at night. At times however, ice increases my leg cramps as I lie in bed.

Having a bottle of water beside me is necessary to alleviate mouth dryness partially due to my breathing machine, but the meds may add to that issue.

## ***Accolades and More Advice***

Six weeks with very limited mobility is a long time! Full recovery is even longer. Sigh. Here are a few more ideas I think are worth passing along.

Before I say anything else, I have to say Ronald has been a real trooper and babied me in so many ways we had not anticipated. 'For better or worse, in sickness or in health' has a whole new meaning. If any person out there is going to be a caregiver at some point, I pray you are as good as my husband has been. I have seen a man of patience and gentleness who has kept his great sense of humor through it all. He has taken over chores that are usually mine, and he's done a great job. Except ---

If you are a woman and your husband will be taking care of you, I have a special piece of advice. Put outfits together on hangers so you will have a variety of ensembles within easy reach. Until a friend came over to match things, Ronald was washing one day's outfit and dressed me in another. And then the switch back. And the switch back. It was cute. Thankfully, I can get up and about now and choose my own clothing for the day. Sometimes, he has been washing my clothes on hot and drying them on the same. But I figure if he ruins my clothes, I get to buy new stuff! Win - Win!

Since we are retired and Ronald is most often the cook anyway, meals have been no problem. If that is not your situation, freeze meals ahead or buy boxed meals. It's easier on the caregiver if you have basic supplies stashed within easy reach.

Have some comfort food purchased ahead of time. I have to have sugar free junk, but protein bars have filled my need for chocolate. And protein helps heal the body, right? Perfectly justifiable! But after these few weeks, the scales have to be lying worse than usual!

I will strongly suggest **SunSweet Ready to Eat Prunes** be a staple of your diet - even a few days ahead of surgery. The pain pills quickly attack your system. TMI - **Suppositories** for hemorrhoids and **Enemas** are no fun, but you may want those handy as well.

As an old lady I don't have to work, but I do try to stay busy. Recovery time has been pretty boring. I don't watch TV or movies and try not to do a lot of social media, so my choices have been limited. I did finish sewing some Christmas costumes, but the necessary pain pills afterward were not worth the effort. Making my beaded tree of life sculptures was not a wise choice. I couldn't keep the beads from rolling off my lap desk!

Because we have **Recliners** in our living room, that is where I spent my days for the first six weeks. The large **Lap Desk** I've

had for years was perfect for my computer work and even a few meals.

One very boring day, Ronald humored me and let me do a dirty pour (a very messy and fun style of painting). He hauled all my paints, canvases, and supplies from my craft area to the kitchen table and replaced them after. He even cleaned up the paint I spilled! The best part was his letting me use my blowtorch in my 'fragile' condition.

The painting's inspiration was based on what my hip looked like. The finished project was called 'Scars and Gripes'.



We have played cards and a dice game called 'Greedy'. Crossword puzzles - my addiction of choice - gave me a distinct advantage as Ronald and I played Scrabble. Bless his heart. Losing was one thing but admitting that he, a former English teacher, lost to his wife was beyond torture for him. Through

everything in so many ways, he has kept me laughing which seems to be medicine in itself.

We had to have a laugh or two. Even though no one really laughs or ever comes close to guffawing at my jokes, I'll share some humorous musings about our last few months - funny to me anyway. Ronald has been my hero but since neither of us had everything figured, we laughed with a lot of 'oops' and 'let's not do that again!' mixed in with our trials.

I was looking up a verse on laughter in the Bible and found an article by Rusty Wright. Be sure to look up and read his Memos from God, Proverbs 17:22 Laughter is Good Medicine - which proves my point exactly.

Though Ronald has been a little bored, he learned the hard way not to tell me that. I found a number of sites online that enabled me to humor him with jokes. Mostly. After the fiftieth joke in a row, I pretty much only got eyerolls and groans. But at least I'm not telling the same two jokes all the time! (I have to put in my most infamous joke ever - Why don't ants ever get sick? They have little anti-bodies.)

There were many times during the first few weeks I would be in my wheelchair and try to help. I have to suggest another product - a **Grabber**. Instead of one long one like I have, I suggest getting several adjustable ones and place them

strategically around the house. I would have liked a second grabber to pick up the first one which dropped on the floor. Argh!



There is also a thing called a 'hip kit' that includes a grabber, a long shoehorn, a device for donning and taking off socks, and a scrub brush with a long handle. Since Ronald, The Great Spoiler, was putting my socks on me and taking them off, I didn't need the kit. Though I wasn't bothered by the chore, he might have really been helped by such a package of tools!

Because I was not supposed to overdo or bend, my 'help' was most often not successful. I would like to blame my present spilling and knocking over things on the surgery. But from what I understand, the hip surgery will take care of my instability but is not expected to heal clumsiness. Too bad.

But like my early childhood attempts to assist my daddy setting irrigation pipes in West Texas, helping means more messes than help. Ronald has groaned, laughed, suggested I go back to my chair, then cleaned up my mess. Through it all, he

kept his sense of humor. My quote from my past, “I helpin’, aren’t I, Daddy?” has become the standard joke.

I am jumping all over with this article. Maybe I’ll straighten my paragraphs out later. And I guess I’d better before Ronald proofreads it.

When I was able to be up and about with my walker, I tied a **Carpenter’s Apron** on the front of it to haul small items. I ordered a **Multi-tiered Cart** beforehand to wheel from the laundry room to the bath and bedroom.

I was not coordinated enough to move it as I walked, so the process was - slide the cart ahead (very carefully so it didn’t tip over), step with the walker - injured leg - good leg - repeat. It was a very slow process but satisfying after not doing it for 6 weeks. Who would have thought I’d miss doing laundry?

I learned to exhale and tighten my abs and backside when standing. I don't know if I'm concentrating harder or what, but the move is smoother. At first, I leaned on the good leg and used that side of the walker. Balancing my weight entirely on the right leg, I let my foot scoot me around or if the balance was just right, I used



the tip toe twirl. Now, I use the same process but stand using both legs as evenly as possible.

Another thing we learned is extending the height of different seating options. The office chair we used at its highest setting. Our shower chair was in the wrong position from the beginning. We were able to balance me to get in, but turning around was challenging. Flopping down onto the seat was not good! We moved the chair against the wall with the sprayer and raised the chair seat, so I no longer plopped down onto the seat which has no rails. There was also more room to turn around safely with that set up. The walker helped me back to the chair or wheelchair. I am now able to walk unassisted and moved everything back to its original position. Like I said, the shower chair is still being used.

I still haven't figured how to carry a full glass from the kitchen to my chair without spilling, so I found that bottled waters work for this situation. At nearly three months out whether using my stick or trying to walk unassisted, I still struggle carrying things. The rolling walker gets used now even though I can walk with a (mostly) normal gait. It makes me feel more secure, and the items I need to transfer from room to room are a whole lot safer! Except liquids in an open glass made of glass. No need to experiment. Just take my word for it.

Again, this is not the usual 5 paragraph essay form with well-appointed sequences. It's more like a flow of consciousness

montage. I hope you get some good out of some of it and can look past the hodgepodge of topics. Look at it as a mosaic of advice. That sounds better for sure. Or just blame the pain pills!

Here is one bit of advice that is standard for old people and suggested by ADA. Get rid of the rugs.

We have all tile floors with only a few rugs in the kitchen, near the doors, and in the bathrooms. We put all rugs away for now. Whether in the wheelchair or on my walker, rugs are treacherous - for me anyway. When I had to have help showering, Ronald made sure my feet were dry before I moved to my room.

One of the most painful times for me has been getting in and out of the car and riding. Because my left side is the bad one, getting into the passenger seat required some special moves.

This was the process at first. We have a short plastic stool we sat by the open car door with Ronald standing right in front of me. He held on while I stepped backward with the good leg, leaned against him, and he helped pull the bad leg up. I sat back very carefully. He would hold my legs together and turn them. I can get in without the stool now, but it still hurts. When I drive, I sit back onto the seat and swirl my legs around together onto the floorboard. Doing a wide angle straddle is not comfortable. I'm sure it will be down the road, just not yet.

## ***Emotions***

One thing that surprised me during this process is my weakness when it comes to emotions.

I have tried not to complain too much as I remember the recovery room nurse's response to my moaning. "Don't complain to me, you asked for this." If I want to emulate one of the 7 dwarves, I want to be Happy, not Grumpy!

I am not a bawl bag, seldom cry for anything but happy stuff, and consider myself tough...not as tough as my pioneering ancestors whom I try to emulate. Not as tough as nails. But tough enough.

However, this go 'round is shockingly revealing. I am not as tough as I have bragged! I'm not even as tough as I thought I was! I don't know if it's the little bit of meds I do or don't take, the resulting pain, old age, or what. All I know is I'm about done with it. Tears are too often at the brink of spilling out. I DO NOT like that feeling.

The Fear Factor! Like a total weakling, I have moved very gently toward the next level of recuperation. Though I do my PT exercises faithfully, I think I am being overly careful to not move inappropriately. Even in my activities of toileting, dressing, getting in and out of bed or up or down from chairs, I am being a total wimp!

While doing any of the balancing routines, I needed Ronald within reach. I still carry my phone with me at all times in case I fall. Crazy, right? When going up and down stairs for the first time, I needed my therapist on one side and Ronald on the other. I have problems with left and right, so my mantra is good leg up, bad leg down. Memories of falling down brick steps a few years ago still haunt me and cause me to be overly cautious, or a wimp, but whatever. I hate stairs!

Another issue is depression. How often do I have to take a deep breath and tell the Good Lord I am at the end of my rope? More often than I like to admit. But the Lord is good and gives me peace. Knowing that I am blessed and will not have these issues forever gives me hope. Mom's old saying, 'This too shall pass' always proves to be true. Having a reality check that there are many others who will never be able to walk again puts things in proper perspective for me.

As I talked through the issue with my physical therapist, another lady joined the conversation. As we sorted our feelings, we both thought the inability to do our usual chores was one of the major factors of depression. Both of us wanted 'instant back to good' results. Considering our ages, the extent of our injuries, and the time that had past since our surgeries, we were being delusional. We need to be content to work through the therapy at

a reasonable pace and acknowledge our physical and time-frame limitations.

I just need to take time to hike up my big girl panties, say some prayers, and kick my depression to the curb!

## ***Auxiliary Pain***

A funny thing happened on the recovery road. I'm sure I was holding too tightly to the walker, and my hands hurt. I was also leaning on them too much which then affected my shoulders. Tension from the pain already had my upper back in an uproar, but leaning on the walker with stiffened shoulders caused more pain. I had to keep reminding myself to relax the upper back and neck muscles which tightened further from nervousness as I did exercise.

As I worked through home health physical therapy, I had many tight and sore muscles that had to be exercised after so many weeks of inactivity. Alise had me up and about safely and helped me through a list of activities within my skill and healing levels.

At my ninth week, I went back to the surgeon who assigned outpatient physical therapy. I thought that was going to be the challenge of the century. Despite the fact my therapist is nicknamed Killer Kadie, she is a sweetheart and I am plugging right along. She works me hard, but I am surviving and thriving. I am swimming a few times a week, but it takes longer to get into the wellness center and pool and out than I have energy to swim. Shopping trips to Walmart (or anywhere else) are not worth the effort. My advice is make a list and let someone else do it.

## ***Caregiver Notes***

After Ronald read through this, I asked him what his advice would be as the caregiver. Here goes.

First off, Ronald was nervous about me staying in the hospital. After my double knee replacement, I got a little (okay, a lot) enthusiastic about showing how tough I was during the hospital's physical therapy jaunts down the hallway. In the process, I blew out my lungs with blood clots.

Ronald wanted to avoid a repeat of that scenario and the long stay at a rehab. Under his supervision, he would keep me from over doing. He bugged the poor nurse to death to get me out after one night in the hospital. The doctor had been proactive and assigned 2 weeks of blood thinner shots which Ronald administered very gently. No clots. Yay!

He had great concern about how to get me home. He wasn't sure if I would be immobile enough to require an ambulance. After seeing the nurses bring me to the car in a wheelchair, he knew we would be fine. We have a ramp that enabled him to easily maneuver me inside. If you have stairs and no ramp, his advice is to rig one or con some strong friends to help haul the wheelchair up the stairs. I don't believe I was strong enough at that point to do anything but ride.

Don't underestimate the work involved. The tasks we usually share - laundry, cooking, kitchen cleanup, packing and unpacking the dishwasher, and house cleaning - fell totally on him. I will say, he got into vacuuming and mopping our white tile floors as never before. If you have tile or a floor that can be mopped, get a **Floor Police**.

Maybe your significant other will take over that part of your chores even without you having surgery!

In addition to those things, Ronald was physically helping me with every trip to the bathroom (seemingly a jillion times a day), to the table, to my recliner, and to bed. He was waiting on me hand and foot. One of the sweetest things he did every morning was brush my hair. Though I didn't ask him to do it and I could have done it myself, it made me smile.

But, the poor man was exhausted! Like I said earlier, I'm packing more than a few extra pounds. Hauling me to a safe standing or sitting position put his back out and sent him to the chiropractor more than once. Maybe I should have made him go to the physical trainer with me before my surgery!



As the only caregiver, he was surprised by the isolation he felt. This is TMI and probably should have been told earlier but as we rehashed the beginning of this journey, we realized the seclusion was important to me and necessary for many reasons.

For the first two weeks or so, rather than bother with underpants that had to be pulled up and under the brace, I went au naturel on the bottom. I would wear a long skirt over the brace for warmth, sometimes just a blanket. There were no adequate undergarments as I was too tired and too lazy to get dressed properly. Hardly company ready!

I don't like going a day without showering, but I had to start this process with a three day hiatus. As a person who has the habit of making my face and doing my hair every day, I didn't even wear earrings for days at a time (which is my idea of going totally naked). But the less Ronald had to move me around to get fancied up, the better it was for both of us.

His usual walks around the neighborhood were limited because he was afraid to leave me. Even though our kids volunteered to come help, we were more comfortable having him be the one to assist me in the bathroom.

He would put me down for the night with my phone within easy reach and hurry to the grocery store and back. Only one time did he leave me any length of time. He had to go an hour away to pick up a prescription for the drugs I needed and an hour

travel on the return plus go to the pharmacy. He had a friend come sit with me so I wouldn't be alone. Like I said in one of my blogs, my superhero wears suspenders.

## ***But What If?***

First off, get your act together as much as you can before surgery. Arrange your house as best you can, borrow or buy assistive equipment, plus follow the advice above as it applies to your situation.

But, if you don't have someone to help after surgery, what can you do?

Everything depends on relationships or finances.

Relatives may or may not be a good choices as caregivers. There are those like Ronald who have the 'helping gene'. There are people like me who have absolutely no empathy. Or at least that was what one of those crazy personality evaluations said. God may put me to the test on that someday, but I hope I am wise enough to pass it.

The truth of it is this. Ronald is not heavier than I am, but I'm a weakling in many ways! Though my intentions would be good if Ronald had been the injured spouse, I would not have the upper body strength to adequately care for him. I would have had to get help from other sources or buy an indoor forklift.

If you have really good friends who would not be embarrassed by your needs, you may be able to call on them in your times of recuperation. If you are part of a church body, there are those who do caregiving as their ministry. Don't be afraid to

ask for help. There are others in any congregation who could be hired as assistants.

Local assisted living homes and retirement communities have lists of people who are skilled care providers. Others in the community will refer their favorite caregivers.

If you have good insurance, home health is a good option at the beginning. There are many companies who offer skilled nursing, therapy, personal care, help with household chores, and companionship. I am not sure how those companies handle things without insurance, but there are sources available for financial assistance. And of course, we older ones qualify for many things. At least there's one advantage for becoming ancient!!!

There are many sites to guide you to places where you can get help. State Health Insurance Assistance Programs, Council on Aging, AARP, and AMAC tell where you can get assistance getting meals, help navigating insurance and Medicare, and every other service imaginable. If you know you are going to have surgery and need this type of assistance, don't wait. Be proactive.

**Carewell** has an article "11 Government Programs That Can Help You Provide Aging Parent Care." It tells things much better than I did. Check it out for yourself or others. I will say from experience the VA is a very poor source of assistance.

SCAM ALERT! Be wise in contacting people. Take care who you give information to or share any vital stats. If scammers knew the imprecatory prayers I pray on their behalf, they would leave us old people alone!

This is a total downer but do have your end of life plans in order. One never knows.

## ***Final Thoughts (almost)***

I am now over 3 months out from surgery. I do most walking without anything, though I do admit I am within easy reach of a wall or a chair. I use the rolling walker more often than I probably should, especially when I'm super tired. The cane I purchased at the beginning is not used at all as it is not as sturdy as my 5 foot walking stick. Holding my hand higher seems to give me more stability. And I like the idea of being rather Hobbit-ish. I use that now only when I'm out and about and overdoing it or after therapy when I am 'plum wore out'!

As long as I can stop tripping over the dern end of the stick or running into the wheel of the walker when I'm trying to turn it around, I'm going to be fine using those devices. I find when I sit in any chair or stand at the sink too long, I am especially thankful for those assistive tools to walk. I'm like a kid with a pacifier. I'll give them up eventually.

I won't lie. I still hurt at times. (Level 5, see below.) As a person who doesn't like to take pain pills, I succumb to taking a



half a drug when I've reached my limits. For some reason taking an OTC pill doesn't seem as threatening to my overall wellbeing, so I do take a couple of those occasionally. But I've got to keep moving, stretching both my body and my limits. (And I'm not going to sit here and cry or complain any more than I have, dern it! Where are those big girl panties?)

Every physical therapist I talk to tells stories of patients who won't do therapy. Their tales put the fear into me, for sure! I am encouraged by several people who have had successful surgery years ago and still do therapy exercises to maintain. My role models, guaranteed!

But I have been warned more than once to follow a moderate path to recovery. Moving furniture the first day after the doctor said I was okay to get back to normal was probably not what he had in mind.

Lord knows, I am trying to be wise. Mostly. Sometimes. Occasionally. But maybe that's just plain ol' impossible!

Nearly 4 months after surgery, I reported to the doctor. Though my mobility had improved, the strength isn't there yet. With the doctor's evaluation and the therapist's assessment, I flunked therapy which I will be doing another six weeks, twice a week. I bought a Fitbit so I can evaluate each day's efforts, walking at least. It doesn't register other things, but I am going to go great guns this set! I don't want anyone thinking I'm a goof off!

**Four months out** to the day! I find most extreme pain is gone - just some tenderness unless I have exercised. I am walking without any assistive devices and doing normal chores. Maybe not as quickly as before and maybe wearing out more quickly, but I'm getting there. I'm supposed to be walking a mile a day without stopping but since I don't do that crazy thing on a normal day, I doubt it will happen any time soon. Though I am trying. Argh!

My stability and balance have mostly returned unless I am tired from exercising. I've always said exercise bothers my body and let me tell you! It is the truth! I am careful when I stand to make sure my feet are firmly planted and still pause before stepping out. I think it's the fear factor.

**17 weeks out.** I am walking more each day, sometimes  $\frac{1}{2}$  mile at a time. Both hips still hurt, but I am determined to keep on keeping on. During the walk, I sometimes get wobbly. I pause briefly to regain my balance, then continue. Swimming is a challenge as I try to keep from overdoing.

**Five Months Out** I am still in therapy for a few more times. Every session, Kadie rigorously challenges my physical stamina. It will take some real determination to follow through with those exercises when I am finished with therapy.

Some days, I make about 2 miles. Then I love me some ice packs! The only part of that exercise I love is the music my

daughter recorded for me before the surgery. The words penned by Steven Curtis Chapman, “His Strength is Perfect When Our Strength is Gone” is the perfect song as I struggle to make one more lap. “It is Well With My Soul” reminds me my body may be in bad shape, but the rest of me soars when I hear those wonderful words.

I am back to my regular activities, but at a slower pace with frequent rest periods. I figure that’s better than nothing, and tomorrow is another day. They say “It ain’t over until the fat lady sings.” I may moan and groan but I haven’t broken out in song or dance yet, so I’ll keep on keepin’ on.

Unless something more happens in the journey, I’ll call it a day, though I’ll probably wait to publish this until I finish the final leg of my recovery. Just in case something exciting happens!

If you are anticipating this surgery, I pray you have a great surgeon like I had, wonderful physical therapists, and an amazing significant other who’ll put up with you!

Blessings!

Kara Beth

## ***Pain Levels***

I hate being asked at a doctor's office how I am doing. Pain is relative. The charts mean different things to different people. Here is my list in stages.

- 12 Schedule a trip to Canada for euthanasia or a trip to the Grand Canyon to take a selfie over the edge.
- 11 Hurts like having all your teeth pulled without anesthetic.
- 10 Hurts like a place the preacher warns you not to go.
- 9 Hurts like a word your mama washed your mouth out for saying.
- 8 Hurts like the Dickens.
- 7 Hurts like a son-of-a-gun.
- 6 Hurts so bad you want to slap everyone around you.
- 5 Hurts so bad, everyone around you wants to slap **you** for your constant complaining.
- 4 You start bragging how tough you are and you can stand the pain.
- 3 You do enough chores to be helpful but not enough that your significant other will think you are completely well.
- 2 You start checking out travel sites.
- 1 You make solid plans and start packing.
- 0 And you're off on a great adventure!

## ***Helpful Links***

[Presadee](#)

[Carewell](#)

[Purwick](#)

[Transport Chair](#)

[Nifty Nabber Reacher Grabber](#)

[Floor Police Floor Cleaner](#)

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I am definitely not a doctor. This document is to provide a case study of one woman's experience and is not meant to be construed as medical advice. Only you and your doctor can be certain what is right for you.