

Elizabeth Wajnberg
California

Gone to Ghent

"Ghent comes from the word for confluence," said the boatman as we glided up the Korenlei, "because the town was built on the confluence of three rivers." On either side of us rose the first medieval houses that were neither church nor palace, but belonged to the new class of guildsmen who charged a tax on the grain that moved through canals. Movement stimulated trade and trade, movement. "This house was once a seminary, then a factory," the boatman sped us through the ages, "it was the house in which Jews hid during World War II." Jews evicted by the Spanish Inquisition had gravitated to Amsterdam and Antwerp, where trade dulled the edge of fanaticism. The bourgeoisie was the vanguard class, the rising tide that lifted all boats...

Steering us easily by the huge construction site that broke up the stroll along the quais, the boatman identified it as the foundation of a future Marriott Hotel that had to be redug according to the city's preservation rules. After Ghent, like its twin Flemish pearl Bruges, had been spared bombing during the Second World War, the city fathers were not about to let a hotel chain do it in. Granaries, guildhalls, a cathedral of a butcher hall-the smallest of the houses with the blue door was the coinhouse, the boatman said, whose odd stepped roofs as I looked up struck the same visual key as Magritte's bowler-hatted gentlemen with their heads full of sky. My head was bathed in whatever potion the body pours forth in its shock at finding itself alive after the assault of major surgery. I was grateful that the sun forgave me for having left my sunglasses behind in California..

Charles v floated by, mounted on his mistress, then the little -boy-pissing fountain that was the Flemish version of the Catalan little man crapping.

"Jan Palfijn invented the forceps," the boatman said, waking me up with a name of more than passing tourist interest to me. The boat ride was the ideal way to sightsee this Flemish Venice of the North, especially for someone who couldn't walk. The boatman had picked me up off the pier with my crutches and set me down among the confluence of tourists, according to whose show of hands -- English? French? German? -- he gave his talk. At a question from my husband, he threw his jacket into the boat as a cushion for me to sit on so I could maintain the greater than 90 degrees angle required by the hip surgery I had just undergone.

Jan Palfijn was the name of the hospital where four days before I'd had hip surgery with the Wizard of Ghent. I had flown here from Irvine, California on the strength of a few emails and never met the surgeon until the night before the operation. I and the dozen other middleaged American boomers who had worn out their hip treads and were scheduled to have them resurfaced this week, a hip replacement that replaced less. We hadn't met in the flesh yet either, having found hip resurfacing and each other on that 21st century river of confluence, the internet, a Platonic medium where you could meet everyone and everything so long as you didn't bring your body. Without the internet who would have known there existed an alternate operation to hip replacement -- the "successful" surgery that solved your cartilage problem by chopping out your hip and gouging out a third of your leg bone to replace it with a steel rod --whose only drawback was that if you were more than 15 years away from your likely demise you would likely

outlive your artificial hip which would then itself need to be replaced and require more gouging out...

One day medicine would make cartilage and render all of this hacking, chopping and hammering as medieval as the forceps and other instruments of torture in the crusader's castle. In the meantime the only break was to stumble on – a ball rotating in its socket—the electronic image of this less drastic surgery, whose 1997 version by British surgeons Drs. Derek McMinn and Ronan Treacy using a chromium cobalt metal prosthesis in place of its failed eighties' plastic predecessor, had a nine year track record in many thousands of patients in Europe, India, Canada and was then undergoing investigational trials in the US. The electronic ball rotating in its socket highlighted the point at play in hip resurfacing, whose prosthesis replaced just enough rough edges between the two surfaces so that they were smooth enough to rotate. Instead of being chopped out, the ball was cleaned of its worn cartilage and capped like a tooth, the cap anchored by a short stem into the femur (which had to be good enough bone to hold it). The leg bone was left intact, its own reward that also preserved the normal transmission of the bone-building stress of walking, that along with more range of motion, and less chance of dislocation, all translated into more of that priceless commodity, freedom of movement.

For me to come to this point of comparing axe blows showed how far I had come in accepting what struck me as a gross amputation. I had reached the age of 57 expecting no special trouble from the skeletal quarter—any wear and tear on my joints was a proud badge of the dancing that kept me going between colitis attacks--when a simple X ray of the "pulled muscle" which the orthopedic surgeon studied in silence, revealed "he could

try to buy me some time with cortisone injections".... but I would definitely need a hip replacement. And leaving the room, he returned proudly with a huge dangling steel earring which he put in my hands. I turned green. He beamed at me, waiting for a response. "It's ...heavy," I said. "Heavy?" His face fell. What could I say? That I couldn't even stand to have my ears pierced? I limped out of his office that late November day in 2003 as quickly as I could.

I didn't even know I had arthritis. (Wasn't colitis enough?) Next, a well-meaning rheumatologist, informing me that colitis and arthritis went together like a horse and carriage, agreed that I would need hip replacement but to put it off as long as possible because in 15 years I would need another one, and I would not be in good condition for the second operation.

The first time I came across hip resurfacing was in an AARP article. An American orthopedic surgeon had gone to Canada to get his hip resurfaced; it allowed him to get into those small planes in which he patrolled his Montana clientele; now *he* was doing the operation. I took the article to my next appointment with the Beverley Hills orthopedic surgeon whose book on water exercises I liked. He was enraged, tearing out of the office to dictate a letter to the editor. "It's not been passed by the FDA! The chromium in the prosthesis can give you cancer, and while it may save your leg bone, it takes more of your pelvic bone..."

I would not have found the procedure again if I had not stumbled on the surfacehippy site. It was the last American frontier of do it-yourself free speech resourcefulness, founded by Keith Brewster in 2000 just in time for my generation of

boomer hippies who wanted to remain more active than hip replacement allowed. The website photo was a surfer riding a wave. (Not simply cosmetically motivated, because hip resurfacing left a bigger scar.)

The previous doctor's disendorsement perhaps told more about how successful traditional hip replacement was for surgeons than anything about the current hip resurfacing. He and every other doctor I asked knew about the failed eighties version, after which they had drawn the blinds. Making this choice for your hip would be largely played out on the computer screen, beginning with sending your x-rays to the surgeons provided on the list. You would not get any help from your local doctor. It was the closest boomers got to be hippies again, thumbing their noses at the received chauvinistic wisdom that denied anything desirable could be invented outside the U.S. Apart from the British innovators, the most practiced surgeon was a Belgian doctor who had been their student.

"Is Dr. De Smet up to American standards?"

"He *sets* the standards!" This from Alan; if Keith Brewster the silent techie was the founder, Alan Ray was the guiding spirit.

Keith and Alan were up to American standards all right, piloting this convivial caravan—a shtetl of the mind—a rolling multilogue stabilized by a few pioneers who had been operated and who made it their responsibility to answer every newcomer's questions—how about the chromium ions? (how about them? The answer was still pending but so was your life) the pelvic gouge? (a feature of the 80s operation since dropped) True, there was only a nine year old track record but in case it failed, you had saved bone and could still have the total hip replacement you could not go the other way.

Among the American investigational trials, the nearest was at the Joint Replacement Center in Los Angeles, whose senior surgeon Dr. Amstutz had performed the first resurfacing in the United States on a male dancer. Who went on dancing. It was by randomly typing in *dancers hips* that I eventually found the surfacehippy site.

A major part of the site was taken up with how to get insurance to cover it, which meant persuading an insurance company: You want this surgery so it will save them money in the longer run?

Failure of insurance appeals had sent such hippies as Alan Ray and Peggy Gabriel who wrote a book about it to Belgium into the best hands in the business.

Not only does De Smet report a 99.5 percent success rate, his charges are one half to one third what insurance cos. are being billed for the procedure in the US.

What did I know about surgeons.

When my first hapless surgeon said, "I do five hip replacements a week." "Butcher," I thought. "Elizabeth," my doctor friend said, "if you have to have a hip replacement it is better to have it done by a surgeon who does many of them. "

Dr. De Smet did five a day. Not that it meant anything to me, nor his 99.5 success rate so phenomenal that American surgeons accused him of doctoring his numbers or cherry picking his patients when actually he did the opposite. He welcomed challenges, and took patients with *pertusio* and other Latin names refused by other surgeons. What I did know was that from his first email –his own response, not a secretary, a nurse, an administrative assistant, or any other PR title for the person whose job it was to field questions-- not any of the barriers doctors put up between them and their patients-- from the time his first answer lit up my computer screen, I was a goner. Excitable, three exclamation points, playful, signing off with his first name, he had the American

informality that had been choked out of American doctors by the fear of being sued and by the fear of expending a single unbillable second of their time.

A surgeon who was a human being! A *mensh*. I sent him my x-rays. He said I was a candidate.

He was more THERE in pixels than the seven-foot tall Stanford ex-basketball scholar at the Los Angeles Joint Replacement Institute I'd gone to see. Who said I was a candidate but was not enthusiastic because of my risk factors—he was running trials after all to gain passage by the FDA. Also because I was so suited to total hip replacement, I was small and would not wear it out.

Going to a "foreign" country? I would rather fly to Belgium than drive to Los Angeles. If I could drive, that is. I am a Canadian living in southern California who does not drive. My girlfriend drove me to L.A. (Though California born, the freeways were not her friend), proving it is possible to come to maturity in southern California and have no sense of direction. Driving along baking freeways, she swerved, hoping she didn't get off the wrong exit, "We don't want to wind up in Watts!" Arriving in the parking lot of the hospital, a sign said, "It is safe to leave your car here."

I thought we were in the wrong building. The first floor was an emergency services, crowded with Hispanic patients. The fact that the emergency room is the only resort for people who don't have insurance was used as an argument against universal health care—the Calvinist horror at the idea of paying for somebody else's health care, God forbid, was such it was worth depriving yourself also. To me the refusal to turn away the destitute was the one hopeful rock sign at the rock bottom.

The JRI with its glass case of screws, balls and sockets was on the fourth floor. After the surgeon declared me a candidate, I took instructions from the secretary. "It is not FDA approved, then insurance will not cover it, but you can always appeal!" sang the secretary. Nothing could be less appealing than bargaining for a body part.

Insurance wouldn't cover it, I breathed a sigh of relief, I would *have* to go to Belgium.

I still had not gotten used to my country-by-marriage allowed health care to be gambled on by profit making insurance companies, whose profit was made when they *didn't* pay for it. An adversary, in other words, when you were in least shape to fight.

Wouldn't you know it, because insurance would *not* be covering it, the price quoted by the PR person magically dropped from \$30,000 to \$17,000, a price competitive with the operation in Belgium: \$13,000.

For a Belgian, for a Canadian, for every first world nation except US, this cost would then be covered by their national or social security health care plan. There was another contender; that of a young Greek surgeon who was doing resurfacing in—to my surprise, pride and dismay—the Jewish General Hospital in my hometown Montreal which I might have embraced if it hadn't been too homey from my parents' last days. If we were flying, my husband said, we might as well go to Ghent.

The PR person of the Joint Replacement Institute protested, "Oh but the company gives you the device for free!"

When I returned to the rheumatologist saying I had found this alternate operation for younger patients, she said I was not *that* young. "You need good bone for it to hang

on to. The femur has to hold the spike." (Whereas with hip replacement you don't need to worry about the femur because ...it gets chopped out anyways.)

"Whoever the surgeon is, show him your bone density, the fact that you take steroids..." Knew one person in their forties. The surgery was not proven, I wanted a surgery that would last 20 years, not five!

Back to De Smet. "If you want a surgery that is proven 20 years you can have cemented ceramic total hip but if you want to run, skip and jump, then I still prefer a little the hip resurfacing." (Didn't mean the hip resurfacing wouldn't last 20 years, it just did not have a history longer than 9 years.) What do *you* think?" He said.

"I think I prefer A LOT the resurfacing. Mostly I think you are wonderful to be responding to me like this."

There existed a smallish picture of the curly haired doctor wearing a turtleneck sweater and holding not the BHR prosthesis he favored but a cup of espresso. Which he needed, God knew, not only to do the five or six operations a day but to answer the letters in his stuffed international mailbox, *every last one of which he answered himself*, and which was shortly to be overrun with mine.

The prospect of major surgery opened the floodgates to every anxiety, and for good reason. I was anemic, I took prednisone, my bones were no good, I was small—I did everything to disqualify myself—I brought him the challenges from the doctors here—I bombarded him with emails, none was too trifling for him to answer. Finally I came out with it. " It's not you or the operation I don't trust," I said to Dr. De Smet, " it's my body."

I was not your typical cautious patient. It wasn't just that if there existed a known side effect I would get it, I would get *unknown* ones. Take the iron infusion I was prescribed to build up my diminished blood for surgery – "you can't afford to lose any." It went well until I got home, when changing my clothes, I watched in horror as waves snaked through my thighs. My flesh had literally started to crawl. " CLUMPS! My legs have clumped up!" I said over the telephone to the baffled nurse at the infusion center. Hives, itching, swelling are the expected allergic reaction. "Not hives! Clumps!" " Clumps?" "I guess you have to see it to believe it."

Dr. De Smet never batted an eye either at my low bone density test nor my low blood iron... "I will give you enough metal!" Did nothing frighten him away? "I have to take prednisone," I wailed. "Has nothing to do with it! That leaves you open to infection which is more with total hip."

I fretted until Alan interrupted one of my sympathizing posts to Flame who was being denied the operation by American doctors because of her age, 'uh, excuse me, but Dr. De Smet would not have accepted you as a candidate if he did not think your femur was up to it. He *has* refused some people."

The pullback moment in which perspective suddenly widens. It wasn't a matter of this operation or nothing, I reminded myself, I was going to have one of them. Yes I was a walking risk factor, And so?

My next fear.

What about after? Imagine me alone post surgery with a prosthesis planted in my uncertain body whose parts were unavailable in the USA, let alone where nobody knew what hip resurfacing was.

I quoted what the JRI surgeon said in reply to my question about bad case scenarios later "...and if you fracture the pain will be such that you will need emergency surgery. "

"That is probably true," Dr. De Smet replied. My blood froze. Yes, but how often was that, I started pedaling backwards.

"Just ask for a Eurocone that is everywhere available!' he replied.

"Euro-what? Can you imagine asking an American doctor for a Euro-anything? They will rip out anything that is "foreign."

I made an appointment with an orthopedic surgeon in a huge practice affiliated with my local hospital with what I realize was a fraught request for emergency aftercare, should I need it.

"Do you know what a Eurocone is?"

"I don't do Belgian devices," sniffed the Newport Beach chacham. Another basketball player. He knew the JRI surgeon from school, "he was the only guy taller than me."

"Do you do the lateral or posterior approach?"

"My, you *have* done your homework," he said. And went and got his toys. All he knew about hip resurfacing was that "it was tried in the 70s and failed," A freeway hour away from his former classmate and teacher who had pioneered it and he had never heard of the new wave of hip resurfacing.

"The last I heard Dr. Amstutz is all excited about this new material, but if you want my advice, don't go to Belgium."

" No?"

"No, and you should wait to have a hip replacement when you're in agony. Then you'll really appreciate it."

Finally I put my dilemma to Dr. De Smet: "Why when I have the foremost resurfacing surgeon here in L.A. who can follow me after and I do not have to fly there or fly home with attendant expense, exhaustion and risk of blood clots, why am I going to Belgium? Am I crazy? (Don't answer that question)"

In response, he offered to put in an American prosthesis whose parts would be available in the U.S. I was dismayed. Why was he stooping to my nonsense? "Please put in what you think best irrespective of national provenance." I reminded him that he had done 1200 with the British device on record and his record was after all we were going to him and why we had the least chance of failure. The next day I got my Surgery papers. RBHR. Right Birmingham Hip Resurfacing.

By the time I got on the plane there was no way I wouldn't go. I wouldn't have missed this meeting for the world. (Dr. De Smet deserved a humanitarian award for putting up with me.)

Let's not call this medical tourism. When you got down to it, I and the other surfacehippies were following the sensible advice of going to the most accomplished surgeon we knew of, plus an airplane trip. But it was not the airplane that made this happen, the transporting engine that carried us from here to there but a much more ethereal vehicle, it was the Internet. It was the ability of the mind to go there first that knitted up the global village. Where would we have heard about the surgery or Dr. De Smet, how did we find this knowledge without borders except on the internet? We were the collective reference population gathered in as yet no medical study, but we had access

to greater pool of subjects than any of the surgeons because we had access to each other.

Anybody else scheduled for the 24th of August? I asked the site. And soon had my cohort of hippies, whose every question was answered by the generations gone before, what to pack, what to wear (forget underwear, with a discussion on whether to thong or not to thong) "You will need the nurse to change bandage and to bring a bedpan." "Ever try to pee with your hips arched on a pillow?" Last minute shopping to buy the first skirt I had worn since my wedding and the first nightgowns I had ever worn. "I am not a nightgown person either," Alan sympathized. "How do you go to the bathroom on the flight home if you can't bend at the hips?" I asked. This was good for 80 letters. The guys just had to point and shoot. Rugged outdoorsmen suggested feminine urinal for those nights in the Arctic when it is too cold to go outside...

And arriving in Ghent, exposing our haunches to the scalpel of a surgeon we had met only the night before, borne up by the cycle of strangers transmitting what came next from adjoining hotel rooms and adjoining hospital beds, right up to the flash forward of the bag of fluids and blood that would collect at the foot of the bed from our collective wounds... Matching flesh to spirit, letter to the law, pixels to blood ...Plato was wrong. "Are you Carol?" "I'm Carol." The first person to meet was the vision of loveliness, Carol the ballet dancer, returning to the hotel from the hospital where she had both hips operated on. (bilateral Carol.) She was accompanied by a gentle looking young man, who turned out to be Hugo the Dislocator. "Oh you know, I bend the knee and twist like with a chicken leg..."

Plato was wrong. The images in our computer were not delusions, the shadows in the cave were not misleading, they were carriers to Reality, and the Reality was better than the Idea.

On the first afternoon gathered in the lobby of the overseas patients' headquarters, a Holiday Inn out on a highway, we were already getting the After picture "I don't even feel where my incision is! Touch it!" Said Karen. "She doesn't feel her incision!" We marveled. Karen "overdid" it in succeeding days in Ghent and would be banished to the bench outside the hotel to suck up the fumes from the freeway with Adelle and me.

Adelle was more nervous than me. She had a fear of going under. "It took four therapy sessions for me to do this!" "Only four," I marveled. But after the surgery Adelle would also overdo it. Overdoing it meant going to town and having fun until the operated hip swelled like a sausage. Payback was restriction to quarters with ice from the Coke machine, and what quarters!

The Design Museum in Ghent, a house across from which there was an outdoors café where I would happily sit on my new hip for hours, contained rooms furnished each in rococo, regency, classical, and empire styles. You hardly think of style as such in France or Italy; in Belgium you sense it is a study. During our stay, the museum had an exhibit on Tupperware, strings of blue-green salad spinners suspended from the ceiling. This staple of fifties American plastic looked good, but not the Holiday Inn. A box on a highway in an industrial wasteland outside town, my heart sank when I saw it. Chosen not because we Americans would feel at home in it, I was told, but because it was close to the hospital where De Smet used to practice. This was where we were for a week of

aftercare, where we would be visited by Bart the nurse, Marc the physiotherapist and The Man himself –who liked to surprise us, said my husband, by quietly slipping into our rooms and observing our posture. "If you are lying like that you must be feeling really good." Facedown with my head in the pillow, that is, to avoid the Holiday Inn's queasymaking bordello rugs.

Our first room looked out on concrete and smelled of an old ashtray so badly I put the lavender linen sachets bought on the Korenlei on the pillows under our noses so we could sleep. After surgery we were moved to nonsmoking floor above—only to be smacked by the sickly sweet breezes from the sausage factory across the road, hardly diluted by the wheezy air conditioner. On hot days, Adelle sent her boyfriend over with washcloths dipped in lemon and bergamot oils from her aromatherapy kit. Where did this assumption come from that functional meant ugly, that high standard medical care meant military regimentation, that free medical care meant bad medical care, that every pilgrim's progress had to be measured by displeasure?

While I could still walk, we took the train to Bruges. My fellow hippie Skip winced with every step down the narrow medieval streets, which his wife Stacey said reminded her of Disneyland.

My post To Helen, who asked about the hospital and where to stow your luggage..

From the day before, when you check in, drop your bags, and trot over for a few least invasive tests (x-rays, EKG)

with hippie pals you have either met online and/or have pleasure of meeting then...oh, and about suitcases, let me say that I brought with me a suitcase full of the drugstore I carry around for my various ills, petrified and reassured beforehand that no Nazi nurse would take them away from me (OK, I carry BAGGAGE)

Far from it, the anesthesiologist on his rounds told me what I could take and what to drop off the day of the surgery, and after everything as normal. Here was the biggest shock on adult care in contrast with American hospital where we would be chained to our beds: When he finished making his notes, and noticed my husband and other hippie helpers leaving us for the night to go have dinner, he said, "I'm finished with you. You don't have to STAY HERE all evening, you know. You can go out, just be back by midnight."

But by the time Cinderella realized she could go to the ball, hubby and everyone was long gone, slurping mussels and wine. So I went for a sunset walk along the canal outside the hospital. I walked until my hip reminded me why I was there. Then returned to look in on Adele and Steve who had been done that day and gave us a preview of our drool- -to-be until we were chased back to our rooms in time to meet the MAN --Dr. De Smet small and elegant-- my bones rejoiced to see his small bones--in a black leather jacket after a long day carrying a black magic marker. There was nothing to say, I'd said it all on email, I smiled up at him and he

smiled back at me. That was it. "Are you nervous? The others say you are nervous." "No," I decided. "I don't know anything about surgery, but thank you for answering my emails."

"We are human beings first," he said. "You will be number two, the nurse will come to get you at a quarter to eight." (Skip had asked months ago to go first) He lifted my leg pant, marked a big x on my right thigh and then he was gone.

All I can say it is better to be gaga over your surgeon than to be scared of him.

I was grateful to the Jan Palfijn for the things they did not find it necessary to inflict: No enema (as I have colitis, an enema can start a process that is hard to stop)

No nurse came by to shave me. (Though some of the guys were they said) No bedpan, no catheter (if you

Needed one they gave you one.) They imposed nothing they did not have to, and at the same time they were scrupulous in what they had to.

The Last Supper: What do they bring but one of those huge hospital trays covered with thermal top--I am now getting hungry (in American hospital you would be enemaed and

starved to stave off a burp) and the tray looks like it's holding a 3 course meal that you hope is more on the French than the Flemish end --I lift the cover to find

FOUR SLICES OF WHITE BREAD. All alone on a white platter.

In the corner there were, I suppose, four thin slices of Salami. I did not count them.

I laughed, but my friend April said she cried. They brought this after the op too and she was nauseous. Hold on a minute, though. It was not American Wonder Bread, it was good substantial European bread, said Steve and Skippy who scarfed it down. I am European too, and know not to hurt the nurse's feelings by turning down the Staff of Life.

(Occasionally I have tried nonwheat diets to see if it would help the colitis. It never did.) I asked the nurse for some yoghurt (the best yoghurt, cheese etc) The big three course meal is at lunchtime. But that would be the day after the day after.

Major surgery is not supposed to be fun. This one was. Meanwhile the best bread I ever ate was at a restaurant in Ghent called the House of Elliott, where they bake

Flanders bread in little flowerpots. You get a little flowerpot and you pull out the crusty roll.

Have fun.

Thank You Lizzie. It is so great the previous hippies can tell future hippies just what is about to happen to them.

More than you sometimes want to know. At no time did this strike me more viscerally than when I saw Adelle who had been operated on that morning lying there with oxygen tubes up her nose, and the bag of blood draining at the foot of her bed,

exactly where I will be lying in 24 hours... the bag of blood at my feet.

The night before she went in the hospital, I had been in her room, reassuring *her*.
Hah! Snorted Stacey.

Found her pacing in the lobby, "I should eat something but I can't," she said. "This is a good thing we're doing..." she kept up a self talk. "Do you realize they have real Dover sole which we don't get in the US?" I said, coaxing her into the dining room, where Skip was downing pasta Bolognese and the entire dessert tray.

Now I watched her, as dry-lipped and restless, she made an effort to speak that moved me to tears.

"It is doable, Lizzie," she whispered and dozed off.

My fellow hippies were making jokes in the corridor when a nurse dispersed us,

"Go to your rooms,! Dr. De Smet is coming!"

"You will be number two," Dr. De Smet said. "The nurse will come and get you at a quarter to eight."

And it was so. The nurse gave me an injection of muscle relaxant and trundled my bed along the corridor. Then it was Steve's turn. We were overseas visitors neatly managed into assembly line of six surgeries per day, from the website a well-oiled operation that is bad in human relations but good in surgery. It went like clockwork and at the same time nothing extra bureaucratic was imposed.

I was grateful for what the hospital did not do. Neither braceleted nor enemaed nor approached me with a razor. American doctors still used the blood-thinner coumadin; Dr. De Smet used low weight heparin that you were entrusted to inject yourself into your tummy skin; American hospitals asked for your own blood donations;

Belgian blood is safe and you don't need one. Perhaps the ease earned by experience allowed the dropping of constraints, or the lack of legal pressure to close even unnecessary loopholes.

The first days after surgery are best left forgotten, as they so easily are. (I kept swatting the morphine drip, embarrassed by the bell that rung with every swat) As soon as they could, Skip and Steve crutched up to my room to lend moral support. "We feel like shit, too, Lizzie!"

Dr. De Smet came by wearing a blue surgical cap and commanded, "Rotate your ankles!" How can I rotate my ankles, I can't straighten my knee? I objected with dancer's logic. I remembered Dr. De Smet walking out followed by my husband who said, "No use telling her anything now. She won't remember it tomorrow." Telling me what?

"She has the bones of a 30 year old! "

Blood and Bones was the title of my emails bugging Dr. De Smet. My poor bones, and my iron-poor blood. "I will give you enough metal!!!" he wrote back.

He looked almost ill himself when he came to see me after surgery. Shaking his head, the DexaDscans and my emails re prednisone had made him a little apprehensive about the quality of the bone he would find when he operated. "Did I make you nervous?" "It is good for me to be nervous before an operation," he said. What about the Dexa scans, it was true showed more bone loss in the spine than in the hip He shrugged and said something about my bones not photographing well.

"What about me," I said, "You have just overturned my self-image."

Sliced bread was the only complaint anyone had about the hospital. My protégée April, however, woke up nauseous from the anesthetic and kept vomiting. "How do you say cereal in Flemish?" her husband Mike asked me redeyed in the Holiday Inn. Dr. De Smet came and "problem-solved" with her, she said later. She was given an injection and 15 minutes later Mike said her color came back.

I wasn't compelled to eat bread until I saw it growing out of a flowerpot in the House of Eliott. I'd been intrigued by the Wildean rosette décor when I'd looked into the restaurant overhanging the Korenlei, catching a glimpse of rows of tiny flowerpots filled with crusty smooth mounds. . . who would have thought the food would also be sublime? I ate two flowerpots of Flanders bread, pulling it out by its chewy roots to be repotted in my stomach, followed by scallops with pistachio gremolata on their little beds of spinach. At night we returned (the hotel provided an after hours taxi discount that rescued hippies on crutches) and I ate a whole kreef. (Lobster) I was pulling the chewy Flanders crust out of the flowerpot when I started giggling. Behind you are a head of Jesus, said my husband. I was relieved to sit on the river and rest my eyes on the lights coming on along the medieval stone parapets. Then, loth to face our musty hotel, we lingered over our elixir d'Anvers at the bar while leafing through the owner's book of fashion cartoons...

I have to admit that the hotel was redeemed by a sympathetic staff ("I scalded myself in the shower" –"ouch," replied the manager) and by our communal breakfasts, from which each of us disappeared for a few days and reappeared in white stockings and crutches to a wide welcome. On leave-taking mornings, time was always left for a last rendezvous in the lobby with pictures, exchange of real email addresses, and our new X-ray passports to pass steel hips through airport detection.

It was in the middle of this heartening show of American solidarity that one morning I saw pictures of drowning bodies on the front page of The Herald Tribune in the lobby.

A disaster in a Third World country, I thought, before I read that this was New Orleans in hurricane Katrina. These were Americans, who dismantled Buchenwald in front of my father's astonished eyes. "Did you see the news?" Marc the physiotherapist said, "Fidel Castro offered to send Cuban medical aid to the United States." Medicine without borders.

Landing in Newark was like landing in Calcutta. The crush, the rattley wheelchair with the broken foot pads (the nifty Brussels number had special inserts for crutches) When we landed in the customs crush at Newark my husband balked at peeling off 3 bucks for a luggage trolley. "They're free in Europe!" "We're in *your* country now," I said from under the bags in my wheelchair.

Postscript 1

Dr. De Smet did not succeed in rewiring my self-image completely; as for months I was plagued by groin pain that had no correlative in X-rays. "Get off that treadmill immediately!" responded Dr. De Smet to my first complaint. At 2 mph I was overdoing it? "Postop groin pain anyone?" I checked in with my hippie archive and Alan recalled a dancer, Suzanne, plagued with psoas pain after her surgery which eventually dissipated so that she was dancing better than ever. Perhaps it was damage from the dislocation during the surgery, when gentle Hugo twists you like a chicken leg? In turn I plagued Dr. De Smet with 500 more emails, every single one of which he answered. I felt bad,

and worse making him feel bad. I went with my tail between my legs to Dr. Schmalzried. An x ray of Dr. De Smet's magnificent work hung between us. If you stub your toe and get a black eye is one related to the other? Huh? Go to a gynecologist, he roared. What happened next was the longest colitis attack in my life for which I was put on massive doses of the steamshovel immunosuppressant prednisone. That stopped the groin pain. With a pain pill and a maternity top to cover my cushingoid tummy I returned to dance class, and then the pain was definitely gone.

Two years later, I am driving to LA regularly to be treated for colitis at Cedars Sinai. This part of town feels more like a city; my friends can have lunch at the Chaya brasserie and eavesdrop on screenwriters while they wait. I am off the Prednisone and on the more refined immunosuppressant Remicade when the OTHER hip starts to hurt. In the interim, hip resurfacing was passed in the US in May 2006 with the Birmingham Hip resurfacing device I have in my body as the only kosher one so far. Hip resurfacing has gone mainstream Hippies used to regret in advance that the hoped for approval by the FDA might render this help group obsolete. Not so fast. I have recently read articles about hip resurfacing in The New York Times that still refer readers to the website for help persuading insurance companies to cover it.

Now that it's been passed by the FDA and the parts are available here, there really is no reason to go to Belgium for my other hip, is there?

Except to check out Dr. De Smet's new clinic—no more Holiday Inn! Instead there is an Art Deco Italianate villa whose website demonstrates how this architectural style was used most in American skyscrapers. My gastroenterologist says good luck on

finding a surgeon willing to operate on a patient taking remicade with its risk of infection.

He doesn't know my surgeon.

Not so fast. To be continued.

