

Preface.

'It makes me sad when people throw perfectly healthy bone in the bucket.'

So said Dr Vijay Bose in one of my first conversations with him. We were discussing the net effect on many relatively young active people who either through ignorance or misinformation are persuaded to undergo a Total Hip Replacement (THR) operation.

I have a very personal view of this as for some time this was the suggestion presented to me. I was fortunate in that I was aware of the Birmingham Hip Resurfacing (BHR) procedure that allows people to return to an active lifestyle (even Rugby, Marathon running and Martial arts). Many, possibly even most, people are not as lucky as me and have never heard of Hip Resurfacing. Apart from the CBS News program, '60 minutes', that touched upon the subject in an-ahead-of-the-curve presentation that focused on the increasing trend of medical tourism to India (http://www.cbsnews.com/stories/2005/04/21/60minutes/main689998_page4.shtml), the word 'Resurfacing' is uncommon in the US as regards hips. That the procedure is not familiar to practicing orthopedic surgeons seems unlikely. The central pillar of the Hippocratic oath as I understand it - is 'do no harm'. How then can this principle and a failure to pursue Hip Resurfacing for relatively young active patients, who face at the very least a far more sedentary life - if not immobility if persuaded to undertake Total Hip Replacement, be defended? Perhaps my view is simplistic and yet is that simplicity made startlingly clear by Dr Bose's lament: 'It makes me sad to see perfectly healthy bone thrown in the bucket.' One could almost change the words to: It makes me sad to see perfectly feasible active lives discarded for the lack of a proven, available procedure.'

How often is this happening in the US today? It's hard to say. But if the diehard group who find their way to the doors of Dr Bose and the handful of surgeons who are performing this surgery are anything to go by, then it could be a lot, because Dr Bose is booked solid for months in advance.

What follows is an account of my journey to India to have Birmingham Hip Resurfacing (BHR) with Dr Bose, and my experiences before, during and after as I progressed along the road to recovery. I hope this journal can help encourage others to pursue this life changing surgery and finally to return to the active life they long for, rather than the half life of Total Hip Replacement (THR).

Day one.

Mon. April 3rd

Started my hip safari to India today. Feeling a mixture of apprehension and excitement . The idea that having my hip resurfaced could give me full use back after more than 10 years of restricted mobility, pain and not a little frustration (having to have one's wife do up one's shoelaces in public, inability to put one's underpants on - or socks - and finding almost no comfortable sleeping position, can really wear you down over time) is truly a light at the end of along tunnel.

After many doctor's appointments, x-rays and physical therapy appointments and having been given a prognosis that a THR (Total hip replacement) was the best available option (with both limited time before the prosthesis would wear out - maybe 15 years - and limited capacity for intense sports like squash, which is both my passion and my profession) I decided to do some research into other options.



X-ray of my hip before my resurfacing operation. You can see (on the right side above – my left) where the ball of the femur is touching bone on bone. Also on the two outer sides of the ball there is a fair amount of shadowy material, which is unwanted growth caused by the arthritis. Altogether the result was that I had very little mobility left in the joint.

I first heard about the Birmingham Hip (BHR) when squash legend Jonah Barrington told me that he was going to have the procedure some years ago. I was in England at the time and left shortly thereafter to live and work in the US. At the time I didn't pay much attention because my own hip was only a minor inconvenience.

As the years wore on and that inconvenience became more pronounced, I took advice from several doctors, whom I'm sure gave me their best advice. However if the idea of hip resurfacing raised it's less than popular femoral head, memories of disasters 30 odd years ago combined with a lack of FDA approval and almost no local experience soon banished the topic from discussion. Indeed I was almost resigned to the idea of a THR until the mother of one of my students encouraged me to look into a newly developing trend of medical tourism to India. In a featured report from CBS news' 60 minutes program(link:) I read about the rapidly growing Indian business of first class medical procedures and stories of people from all over the US, Canada and the UK who had traveled overseas for much needed surgery and who had received not only the medical procedures at a fraction of US/UK costs, but also wonderful nursing care and red carpet hospitality.

Intrigued I decided to do my own research. I quickly established that the originators of BHR, surgeons Derek McMinn and Ronan Treacy are continuing their excellent work and reputation in England and that the success rates of the surgeries they have completed are at extraordinarily high levels. I also learned almost as quickly, that while BHR is now relatively commonplace in the UK , the costs were prohibitive for me personally.

As I continued my research I 'googled' the words 'hip resurfacing' and hit upon a number of promising sites. Two stood out. The most attractive site described a range of surgical procedures available in Belgium and in particular mentioned a hip surgeon named Dr DeSmet. Costs were advertised considerably lower than US and UK prices. The other site belonged to Dr Vijay Bose (www.hipresurfacingindia.com). Although not quite as pleasing on the eye, the site was packed with information - including the fact that Dr Bose had trained with Mssrs McMinn and Treacy in England. There was also a good deal of focus on patients that had already had the surgery and returned to normal life. And of course there were the added attractions of very reasonable comparative costs combined with luxury treatment. I decided to contact Dr Bose.

He replied and asked me to send him some digitized X-ray's. I did so and he emailed to say that on closer inspection it seemed that I was good candidate for BHR. I discussed it with my wife Pat and we decided to ask Dr Bose if he could schedule me. He does about 15 or 20 BHRs a month (reassuring to know the surgeon is much in demand and a seasoned veteran) and after some initial to-ing and fro-ing he booked me in for April 7th. The reservation process was smooth. Liaising with Mrs. Shoba Bhasker and Dr Bose we were guided to a wide range of pre-op and post-op hotel and recuperation choices. We had to get visas to visit India, which is the usual process of standing in line (at the office of the Consul General of India - you can do it by mail if you prefer). Dr Bose sent us an official document detailing our reason for visiting to help in attaining the visa.

Neither Apollo Hospitals in Chennai, nor Dr Bose, nor any of the hotels or resorts asked for a deposit of any kind and while I am sure this leaves them open to abuse, I must say that it engendered a confidence in me that negotiations were conducted totally in good faith, albeit at such a great remove.

Having gotten the visas we researched the flights and found that Air France operated by Delta through Paris was the best deal. That is where I sit at the time of writing, on the Paris to

Chennai/Madras leg. We have an older aircraft, as you might expect from the price, but there is plenty of room, the transfer at Charles De Gaulles was a pleasant and uneventful interlude, and the service has been excellent.

Finally, as I conclude this piece that connects Monday to Tuesday in the cloyed timelines of international travel, another word about Dr Bose and his program. A good friend of mine who is also suffering from a worn-out hip, got quite enthused about hip resurfacing when I told him of my plans. He did some extensive online research and found a yahoo/groups self help group called 'Surfacehippy'. This is fantastic resource for anyone considering the surgery. The group is very supportive and includes 'before' and 'after' members. I was gratified to discover on reading posts to the group that several members had been to Dr Bose and his program and spoke in glowing terms of the experience.

OK. We arrive in Chennai in about three hours at 12.45am, thus just crossing over into a third day of travel. I hope the hotel is comfortable!

Day three.

Wed April 5th

The hotel sent a driver to pick us up from the Airport. Following a somewhat hair-raising 20 minute drive from the airport through humid suburban streets, teeming with humanity even at 1 in the morning, we arrive at the Residency Towers.

The room we have booked is one of their so called Elegant Suites and is plenty for us. We watch the end of a DVD and fall asleep at around 2.30am. Having slept on the journey on and off and with the time change I can only manage a few hours sleep. We go to a very pleasant breakfast at around 7am. The courtesy and service of the hotel staff is outstanding - they can't do enough for us.

We spend part of the morning by the hotel's pool in temperatures around 90 Fahrenheit. We go to lunch which offers an enormous buffet (though we ordered a chicken Bolognese a' la carte - delicious) and retire to the suite suffering from the effects of jet lag. Pat goes back to the pool



A typical street vendor like so many that are crammed into any and every space on the sidewalks of Chennai.

while I arrange a birthday surprise for her with the help of the tireless and enterprising staff of the concierge desk. There are so many staff here, all of whom are so ready to help, in their pleasant and seemingly unaffected manner. I am really getting to enjoy this vacation when Mr. Mohan, the director of patient services at Apollo, calls to let me know that he is sending a car to bring us to Apollo Hospitals at 11am tomorrow. Oh yeah - that's why we're here!

Day four.

Thursday April 6th

Much better night's sleep and I don't feel anywhere near so jet-lagged.

One odd thing is that I have had less pain in my hip since coming here than anytime in the past two or three years, despite the fact that I haven't taken an anti inflammatory tablet for almost a week. I had been using Celebrex, Bextra and Arthrotec in combination to try and avoid any stomach problems. Bextra probably worked best for me, although both Celebrex and Arthrotec pretty much removed the pain, just with marginally more stomach ulcer issues from the former, and a lot of billiousness from the latter.

It's Pat's birthday today and we have just opened her cards and presents when the very attentive Mr. Mohan from Apollo Hospitals calls to tell me that a reporter from People Magazine wants to interview me. Apparently they are interviewing many of the folks from the US that are coming to Apollo Hospitals for treatment. I'm seeing them at 9am which is now - so I'd better get cracking. Mr. Mohan arrives to introduce the photographer from People Magazine - Kate Brooks.

We all pile into a car and take a brief ride through Chennai and its boiling mass of life to a tranquil restaurant called the Amethyst. We have coffee there while Kate shoots a bunch of shots for the article. It's a pleasant sojourn after hotel living which is luxurious but somewhat mundane and not at all reflective of the true Chennai.



The author with Kate Brooks, the renowned photojournalist from People Magazine and Mohan, the international patient coordinator from Apollo Specialty, at The Amethyst restaurant in Chennai.

After that we return to the hotel for a quick checkout and then off to Apollo Specialty (the branch where I am being treated) and down to business.

On arrival there is no mistaking that we are in a hospital as we walk through a crowded admissions hall and then take a short elevator ride to the fifth floor and my room.

The room is quite spacious, with a small ante room (where there's a computer with internet), then the room itself with a bed and a cot for my 'attendant' (my wife Pat in my case) plus TV, microwave, water cooler, table and chairs, and a very serviceable private bathroom. It's far more frugal than the sumptuous Residency Towers, but perfectly acceptable.

Shortly after arriving I receive an invitation to visit my neighbor. His name is Charles Dingman and he is a Tai Kwan Do master from Baton Rouge, Louisiana. Charles is exactly a week ahead of me in the process and is getting ready to leave for Fisherman's Cove, the resort where we are also booked for recovery after surgery.

Charles practically leaps out of his chair to greet us. He gives us an account of his experience, which is totally positive. From his description it seems that, pre-op, he was suffering a fair amount more than I am. Post-op he is already walking without crutches although he probably shouldn't be) and is talking about returning to a full teaching schedule within six weeks.

He certainly is inspiring. He says he will be an evangelist for Hip Resurfacing on his return to the States. I can see why!

After my chat with Charles we return to my room and have a light lunch. Then I have blood work done, followed by ECG, X-rays and a series of simple questions about my medical history. Then I meet Mrs. Shoba Bhasker through whom I had organized the booking of my surgery and pre and post surgery accommodation. Finally Dr Bose comes and introduces himself and tells me that he will be seeing me shortly in his office. Phew! Quite a lot of activity for one day. I'll be glad of the surgery tomorrow if only for the rest!

Day five – the Operation.

Fri April 7th

Today's the day! I didn't get much sleep as my mind was on the work all night. The experience has been mostly very pleasant so far (although I would defy even the most ardent positivist to describe undergoing an enema as pleasant!).

It's now 7.50am and I am slated for 8.30am. The nurses just completed my pre op preparation and I am lying here trussed up in sterile sheets with a surgical gown and cap on, to the great amusement of Pat. I expect they'll be coming to wheel me away shortly. Apparently I won't be up to much until the day after tomorrow, so this'll be my last journal entry until I return from the dark side.



All trussed up ready to go! Minutes before being wheeled down to the Operating Theater.

Days five, six, seven and eight.

Monday April 10th

I am sitting at the table of our hospital room. Today is the first day I have had enough energy to write. Having said that my rate of progress has been amazing. Here is a rough recollection of the past few days:

Friday - Op Day. I remember the nurse giving me a pre-op sedative. Apparently it is commonplace for patients to get nervous and go into palpitations, which can make life difficult for the anesthesiologist. Seemingly it must have worked because when they wheeled me down, I lay there quite relaxed in the ante room . I had to wait a bit longer than my scheduled time because there was an emergency before me. Eventually they wheeled me (just like a movie, I was looking straight up and seeing the ceiling and doctors and nurses looking down) into the theatre.

There were some shenanigans before putting me under. The hospital does tests and checks for anything and everything before you can undergo the operation. 98/100 people are fine, but of course as you'd expect yours truly had to be one of the two percent. On odd occasions in the past I have noticed a slight delay to my pulse, but being no expert and having suffered no dire consequences, discounted it as nothing. Apparently it isn't nothing. The anesthesiologist informed me that I have ' a congenital prolapse' of one the valves in my heart. He told me there was no need to worry about it, it won't require surgery, but if I ever have an operation that requires anesthetic (even a tooth extraction) I will need an antibiotic shot beforehand. Not earth shattering news, but certainly reassuring to realize how diligent these people are being.

Another issue was my heart rate. I've always been quite proud of maintaining a low pulse relative to my expected normal rate. As many people understand, heart rates are specific to the individual - in other words one can't generalize as to what is or is not a good heart rate. If a person's natural resting pulse is 60, then, provided there aren't any other problems, if they are running a pulse of say - 52, then the likelihood is that they are in pretty good shape. Someone else who has a pulse of 52 might not be so well off if their natural resting pulse is 45.

Generally athletes are on the low side - Lance Armstrong was in the low thirties when competing I believe. This can be a real problem for athletes that stop their competitive lives suddenly, thus overwhelming their previously active heart with inactivity and the consequent heart problems that ensue. Anyway, as I said, I have always been quite proud of maintaining a relatively low pulse (38 at my fittest). Now I discover that it isn't necessarily a good thing in this particular situation . It seems that a low rate is much harder for the anesthesiologist to monitor/ maintain. To this end they gave me some Atropine to keep my rate up. I can tell you - suddenly feeling your heart racing for no apparent reason while lying on an operating table is somewhat disquieting!

With my pulse at a manageable level, the anesthetic was delivered and I was under.

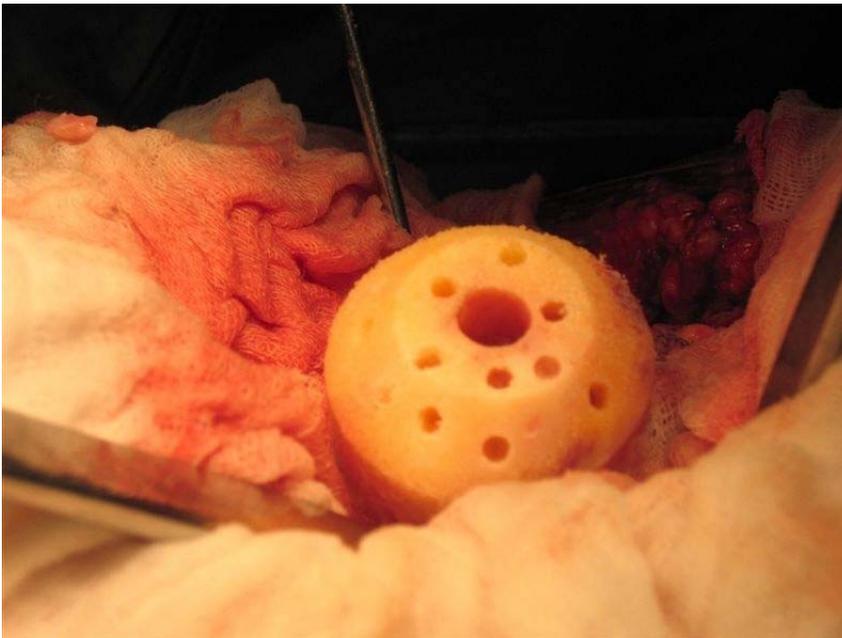
The next thing I knew someone was shouting ' Wake up Richard, everything has gone well!'. I suddenly felt I couldn't breathe. I gasped and tried to suck the air in, but got miniscule and insufficient amounts. I yelled 'I can't breathe! To which someone (Mr. Mohan as it turns out) replied ' You can, just take your time'. I was in a panic and yelled again: ' I can't breathe!' Once again Mr. Mohan calmly and firmly reassured me and I also heard Pat saying the same things. There is no way to understand the truly physical affect of panic unless you experience it. I

wouldn't wish it on anyone. Why did I panic? Apparently the Atropine they had to give me had really dried me out and in combination with having had a tube stuck down my throat for several hours, it felt as though there was no space to draw air through. Pat pointed out that if hadn't been getting any air then how was I managing to yell at the top of my lungs? Fair point, but that's not how you think when you believe that you are seconds from asphyxiation.

It was a nasty moment. However they put a nebulizer on me and within short order I was comfortably resting. I didn't realize until much later how upsetting this episode was for Pat. She knew I wasn't in danger, but just seeing someone you love in such a state is awful. She was in tears. I wish I could have spared her that.

After that, I have memories of being shifted from table to bed and of the sensation that I had literally no control of my left leg. Small movements that you take for granted were now simply impossible. As soon as I got back to the room I was encouraged to drink water. I don't recall when the nebulizer was removed, or the sequence of events generally.

I just felt weak.



My Hip Bone! This was how the head of the femur looked just before Dr Bose fitted the Smith and Nephew prosthesis. The large hole in the center is for the central pillar that fixes the cap to the ball of the joint. The other little holes are to help encourage my own bone to grow and fuse with the specially designed rough interior of the metal prosthesis. In time the bone grows into the pitted interior of the prosthesis for a permanent join.

Things I do remember were: the constant solicitous attendance of the nurses, Dr Bose telling me how well it had gone and that my bone stock was excellent, Pat looking concerned and an inability to take a pee.

They say that when people get older and/or become frail their interest in their bodily functions increases dramatically. They're not kidding! It's your whole life! First I couldn't pee, then I

couldn't stop. Every 10 fifteen minutes I needed to go. And I can tell you modesty goes right out the window. People are telling you not to force it, that everything will settle down. Fine for them to say - they're not the ones whose bladders about to burst!

The nurses were superb. They all seem to be about 16 years old but that's because many of the people here are generally very small. But don't let the youthful looks fool you, they know their business and they were right here for everything I could possibly need. My final discombobulated memories of Friday were of several injections (some into the flesh and some through the shunt/IV that I eventually realized was constantly dripping fluid into me and thus contributing to my abnormally high pee frequency), the presence of a nurse throughout the night and finally grabbing an hour or two of sleep.



The author at the 5th Floor nurses station, with some of the sisters - who were so kind and caring.



The scar! The day after the operation. The tube was for the drain that was attached to remove any residual blood and fluids after the minimally invasive surgery.

Saturday:

Saturday morning gradually escaped the clutches of Friday night and around 6.15 am the nurse turned the lights on. I don't clearly remember my thoughts, just that my left leg would not answer to any of my attempts to move it. With a shunt in my right hand and a drain connected to my wound on my left, I was well trussed up and to all intents and purposes I was immobile. My throat was sore and swollen and my stomach bloated as I found I could neither pass water or wind. More injections continued throughout the day and frankly I lost track of what they were all for. I know now that there were antibiotics to prevent infection, anti emetics to prevent vomiting, shots to prevent clotting, painkillers specific to bone or soft tissues. Sorry to be so graphic - but I want to get a couple of things across. One - at this point I was as helpless as a newborn babe and two, there was a fantastic amount of care and attention being lavished on me while in this state.

As the day continued I was continually in a twilight of consciousness. I was either trying to pee, peeing or sleeping. If I had started crying the return to infancy would have been complete! By the end of the day I was producing a painful 100mls every 15 minutes or so and continually asking the nurse to take the bed bottle away. This they did with extraordinary courtesy and kindness although if it had been me I would have been truly fed up (peed off?) in very short order. This continued pretty much up until Dr Bose said it would, in the early hours of Sunday morning.

The dietician visited to ask what I would like for breakfast, lunch and dinner. Owing to the various drugs in my system I had no appetite, but following Pat's advice I ordered. The food was excellent. Perhaps not restaurant style but nutritious, tasty and unlike any hospital

food that either Pat or I had ever tasted.

Next the physical therapist arrived. He started me with a series of exercises to be done once an hour during the day. At first I didn't believe that any of these exercises could be done, so weak was I feeling and so panicked did I feel when putting any sort of pressure on my hip. But every time I got scared and said, 'I can't', he came back with a reassuringly calm but firm: 'You can'. After fifteen minutes of exercises he asked me if I wanted to try and stand. Bearing in mind what I had achieved against my expectations over the previous few minutes, I said yes. Unless you've been through this you've no idea of the contrast between your feelings of inadequacy and the meteoric rates of progress you achieve. So it was that within the space of thirty minutes I experienced the despair of being incapable of moving my leg even an inch to standing on a major joint that had undergone major surgery less than 24 hours previously.

As I am writing this we have a visitor: Charles from Baton Rouge who we visited with on arrival. He has come to give us a report on the resort - Fisherman's cove. Paradise is his description. What is amazing is his appearance, he looks ten years younger than he did just a few days ago. Charles is leaving on Tuesday night. Back to Baton Rouge. Back to his Tai Kwan Do students who cared so much for him that they got together to pay for this trip. And, he tells us, back to work teaching on Tuesday the 18th. He sure is an inspiration - as indeed Larry, the patient of the week before was to him. I hope to offer some sort of similar encouragement to the person who we hear is arriving on Wednesday.

Anyway, back to Sunday. As I was saying the contrasts between inability and progress are surprising. Charles had said that Sunday was a pretty grim day for him, pain-wise. I steeled myself for a similar experience - but no pain arrived, for which I am grateful indeed.

The most difficult issues that I faced were bladder and bowel discomfort, which of course, being a man, I made a great deal out of. The center of attention now switched from bladder (which had returned to regular service) to the bowel (which was completely on strike). Pat of course told me that this was a normal state of affairs and to stop being a baby. This is easier said than done. A: I was feeling like a baby in that I couldn't get myself around without help and B: One the main questions asked by Doctor Bose and his entourage of assisting physicians was, 'Have you opened you bowels yet?'

Fortunately a different avenue of focus was taking over as I now had managed to perambulate using a walker and the gentle guidance of our physical therapist. Ah! Freedom! Albeit, at a snails pace. I made it across the room twice on my own. We also worked on the abduction and adduction exercises, gluteal contractions (butt clutches, to be frank), quad contractions, leg raises and calf and ankle flexion. For an athlete this was great and became my regular training mantra.

With the advent of mobility I became a slightly less irksome patient as I could now take myself to and from the bathroom (priority number one) and anywhere else locally that I needed to go. I had hoped to be a more enthusiastic email correspondent, but between the anesthetic, the cocktail of drugs I'm still on, healing exhaustion and everything else, I find myself feeling woozy as if I just came off of some weeklong alcoholic binge. My focus isn't good and what there is of it doesn't last long. I have been trying to force myself to eat in the hopes that I will get some nutriment into my system and thereby regain some sharpness.

By the end of Sunday I had eaten one good meal, practically scampered about the place on my walker, watched some movies (we brought a bunch of DVDs with us and a load of books - although you can buy all the books you would ever need at Very low cost here) and in general I

was beginning to feel on the up and up. All this 48 hours after having surgery.

Anyway back to the present.

Mon. 10th April

Best night's sleep so far last night and only called the nurse once early in the morning to empty my night bottle. Pat pointed out that I could have gone on my own, with the walker, instead of waking her up by calling the nurse. Oops! I'm not used to being able to manage by myself!

The usual array of courteous and genial waiters, porters, nurses, cleaners and order takers file through to brighten the day. Then the nutritionist comes to take my meal order and asks me about my bowel movement. Nothing doing. Then one of Doctor Bose's colleagues asks the same. Then Doctor Bose asks. All in all at the end of these questions I was pretty much focused on my inability to perform. Doctor Bose says it's a quite normal state of affairs and says he'll proscribe a laxative. Ho-hum! What's another drug or two? Once again the solicitous nature of everyone here is very apparent.

Fortunately my other main preoccupation - mobility- is high on the agenda to day, with two scheduled sessions. The physical therapist arrives and after some brief exercises and a trip around the floor on walker, we move on to crutches!

Now to you crutches may not sound that exciting, but for someone learning to walk after hip surgery the excitement is tantamount to baby walking on her own for the first time. It took me a while to get it(I never was one for keeping a steady dance rhythm as Pat quickly pointed out) but after just a few minutes I am proudly stepping out. I am so focused on staying upright I don't quite understand when Pat says, 'Where's your limp gone?'

I look at her a little quizzically at which she goes on: 'I have been so used to being able to recognize you from your gait as you walk up the eighteenth hole. Now what am I going to do?' I check out my walk in the mirror and sure enough the waggle that has characterized my movement for ten years or so - is gone. Of course I haven't moved my bowels yet, but hey this is wonderful!

Both lunch and dinner come and go and my appetite is equal to the task. Pat goes out (with her personal driver Imran) to the Spencer's mall, and enjoys Chennai's shopping mecca. She tells me that there is too much to see in one day and therefore will be returning the next day. Hmm.. A likely story! Seriously though, for around \$12 Pat has the use of a driver and car for up to five hours. She went shopping several times and out to the beach on one occasion.

Always the courtesy and warmth were overwhelming. The US is sometimes referred to as a service economy, but excellent though the service is, it is only a small part of the extraordinary treatment one receives here from these warm and caring people.

While Pat was off spending a huge fortune (one day she rips right through \$50), I continue with my physical therapy. The afternoon consists of learning to climb stairs with crutches. We do a few laps on level ground to begin with and then take our first flight (of stairs). I do well apart from one little loss of balance and return to the room with rapidly regenerating self-confidence. Pat returns with her haul from shopping and after a much-needed nap from my highly energetic afternoon, we prepare for dinner. My enthusiasm for food is somewhat decreasing once again in line with my concern that filling up one end without the emptying the other is ultimately going to lead to trouble. Just then Dr Bose shows up and repeats his laxative prescription to the nurse. Actually his main purpose for visiting is to show me the x-ray that the radiology department has taken of me earlier in the day (I forgot to mention my little outing there which happened while Pat was out).

The picture looks great with the expected metallic prosthesis boldly displayed where my arthritic hip used to be. Dr Bose says it looks perfect and sweeps out, clearly very satisfied. Obviously if he wasn't a great surgeon it wouldn't be as relevant, but he is a very impressive individual and has the ability to convey confidence and optimism which is truly inspiring. One doesn't have to like one's surgeon, but if it turns out that way it's extremely satisfying.

After he has gone the nurse shows up with a bottle of some evil looking syrup, which she promptly doses me with - twice for good measure.

We watch 'The Bourne Identity' after dinner (excellent movie -if you haven't seen the Matt Damon version, I would recommend it) and then, having set my walker up strategically for any necessary nighttime missions, we go to bed.

Day nine.

Tues. April 11th

All is well in the Millman firmament this morning! The earth (or more particularly my bowel) has moved and I am privileged to be upon it. I was able to sleep marginally on my side for the first time, instead of spread- eagled. I don't feel so woozy and after breakfast (of which I ate a champions portion) I practically whizzed around the room on my crutches. Mr. Mohan (it turns out that that's his first name) shows up to help Pat organize her daily outing. We also arrange a phone call to my son Joe in the US who is holding down the fort without us. All's well with him it seems and he can't resist announcing that he has christened me 'Crutches'. I tell him I miss him and love him to which he replies, 'Yeah, see yah Crutches!' Such is the respect of modern day youth for their parents.

After that a bit of a whirlwind day:

Dr Bose's assistant arrives to change the dressing on my wound. I can now take my first shower! I am about to do so when the head of the Physical therapy dept shows up to take me through a range of more testing exercises. These ones really test my atrophied left leg functions. He explains that they are not to be done for a week (until we get home) and then only with help. He seems generally very pleased with my progress to-date and after seeing my walking technique with the crutches, wishes me well and leaves.

After my very satisfying shower, lunch arrives and I settle down to watch Australia apparently losing to Bangladesh (the lowest ranked team in the world) at Cricket. I am hovering between whether I am happier to see the Aussies losing or Bangladesh winning, when Pat shows up from her outing. And it's only just after one!

Pat quickly discovers that she has bought the wrong size and decides to whip back to the Spencer's mall.

I watch some more cricket and before long the physical therapist shows up for one last session. He seems pleased with me and gives me a last detailed breakdown of does and don'ts in the future. He recommends swimming in particular as a rebuilding program after about 4-6 weeks. He also re-emphasizes the need for regular exercise on the flight.

When he leaves Mohan comes in and tells us a new patient from Mexico has arrived. We ask to meet them and he says he'll set it up.

A few minutes later Dr Bose's latest patient, Andres, arrives with his wife. They are very nice although he is clearly apprehensive. We reassure them and tell him about our wonderful, positive experience. He is having a bi-lateral (both hips) procedure. In the same way as Charles welcomed and reassured us, we try and 'pay it forward' so to speak. We're with them some 40 minutes at the end of which they seem more relaxed. I wish him 'Mucho Gusto!' for the road forward and we promise to drop in on him later in the week.

After writing a couple of emails and poem my dinner arrives and I attack it with some of the gusto I just wished our new arrivals.

A few minutes later Pat and I are chatting while one of the nurses takes my regular early evening blood pressure and there's a polite knock on the door. It's Kate Brooks the photojournalist come back to get a couple of 'after' shots of me and also me and Dr Bose. Dr Bose comes in and poses, chats awhile and disappears back into his busy schedule. But not before I thank him for what he has done.

Kate leaves right after him and then it is very nearly bedtime on our current schedule. Tomorrow the resort at Fisherman's wharf and both feet (or in this case hips) forward to freedom!



Saying thanks to Dr Bose before leaving for Fisherman's Cove for recuperation.

Day ten.

Wednesday April 12th.

I've just finished my morning tea and have been lying in bed mulling over the last few days in my journal.

While I will be very pleased to move on to Fisherman's Cove today and all its comforts, I have not been unhappy in our simple but serviceable hospital room here. I will be interested to see the People Magazine article and the opinions of the other interviewees. I am sure that some people would crave more luxury amenities within the room, but frankly considering what I have spent my time doing here, the luxury I needed came from the extraordinary people of the Apollo Specialty Hospital. That such simple, wholehearted, affectionate care was forthcoming from every individual with whom we came into contact, be it doctor or driver, waiter or nurse, even down to the cleaning staff and the delivery boys, has touched Pat and me in a way that we will never forget.

So now, after my first exercise routine, I can go through the interesting process of removing my attractive white surgical tights (necessary for clot prevention for several weeks and particularly on long haul flights) and enjoy the luxury of conducting my own morning ablutions, before breakfast arrives at 8am.

After breakfast the day quickly establishes itself as a good old 'hurry up and wait' Rollercoaster. The excitement of going to Fisherman's cove, contrasts with waiting around in the room. The monotony is broken when Mohan brings a new patient from Colorado. He is a national age group cycling champion and has been suffering from the same early onset arthritis as myself. He has far more mobility in the joint than I had (he can still do his own laces and put his sock on without difficulty) but by the sounds of it he has had far more pain than I have. Like many of the American hip sufferers (or 'hippies' as they are popularly called on line) he is clearly angry about what he feels is the misinformation being offered by the vast majority of orthopedists in the USA. His comments exactly dovetail with Dr Bose's remarks about: The tragedy of 'throwing perfectly good bone in the bucket.'

From my uneducated viewpoint and having heard the views of quite a number of interested parties now, there is clearly doubt about the advice being given in the USA today. Is it ignorance? Is it motivated by financial gain? I don't know. But one only has to look at the stories of people like our friend from Colorado who, just three months ago, was certain he was facing the end of his active lifestyle and was bitterly depressed until he heard of 'hip resurfacing' and discovered Dr Bose. Why is it that Hip resurfacing isn't being widely and freely discussed? Is the medical profession suppressing it? I can't believe that to be true and yet there must be some reason for the negativity toward a procedure which, so far as the research I could do shows, has yet to have a single failure in almost ten years of history since Mssrs McMinn and Treacy started out (there have been three BHRs out of the thousands done that have needed further attention but these issues have resulted from separate medical problems of the patients concerned and not the BHR procedures themselves. Personally I am delighted with my result so far. I have paid \$6500 dollars for a life altering procedure and had the opportunity to visit India, a once in a lifetime adventure for most people. But how many others are having the chance of perhaps up to thirty years of healthy active life thrown in the bucket because someone advising them either doesn't know or doesn't want to know about the opportunity that BHR presents?'

(In the name of fairness I have to point out that there are some American surgeons who clearly

'get it'. Two that I know of are Dr Gross of Columbia, South Carolina (who I believe is conducting a very busy resurfacing program) and Dr Edwin Su of the Hospital for Special Surgery in New York. I did contact Dr Su who said that he would be prepared to see me. However I left several messages with administrative contact he gave me and never heard back. If one does try and use one of these pioneering Americans however one is likely to be met with a world class obstacle course when trying to get insurance to pay for a procedure that has not yet received full FDA approval. Even if they do pay the likelihood is that you will have to pay out of pocket and then wrangle for reimbursement. Minus your deductible - which may be somewhere around \$6500. Does that figure sound familiar?

In my own case our regular doctor (Richard Gottfried who doubtless will achieve sainthood - he is an extraordinary physician and a wonderful human being) and our group orthopedist, Ed Gundy, were totally supportive and encouraging, so I was lucky).

So, back to hurry up and wait. One of Dr Bose's colleagues comes and changes my waterproof dressing. Then the Head of Physical therapy arrives to wish me all the best and to gently admonish me to remember to do my exercises. One of the nurses, Looma Eliazabeth, has become very friendly with us, and is in and out all day wanting to wish us well on this, our last day at Apollo Specialty.



The author with the wonderful Looma Elizabeth whose care and affection transcended all expectations.

Our last scheduled appointment is with Doctor Bose. He comes in and gives me all the official documentation pertaining to my case. He tells me that insofar as the hip is concerned there is nothing I can't do. Effectively I have a new hip! The only limitations to begin with will be what my existing musculature is used to and for that I must exercise se diligently. He also gives me enough medication for a month and a letter in case my hip should set off any airport security alarms (which apparently is unlikely as there really isn't that much metal in my prosthesis). Other than this Dr Bose and his assistants wish me well and leave. I will see him once more before returning to the states and will send him a new set of X-rays after 8 weeks.

Eventually Mohan arrives with the final bill. In addition we have extra charges for international phone calls, three meals a day for our seven-day stay for Pat (mine were included) and the nebulizer for me, after my atropine adventure. In all we had amassed a grand total of \$77 in extras!

Having settled up (they take all major credit cards),we saddle up for the journey to Fisherman's Cove. I actually feel a little misty eyed, which seems ridiculous on leaving hospital, but these people have truly touched us. We say our good-byes and then it's off into the rodeo of insanity that is Chennai traffic.

After about forty hectic minutes, during which our driver manfully escapes certain death every few hundred yards as a matter of course, we arrive at Fisherman's Cove. If first impressions are anything to go by we have arrived in paradise. We are greeted with a shell necklace and some sort of lime-flavored cooler,which is to die for. Our host, Patrick. M, shows us around and then to our cottage, which is perfectly situated midway between the main hotel buildings and the crisp white sandy beach on the ocean (the Bay of Bengal). I'm feeling pretty bushed by the time we get to the room. The car journey plus the two hundred yard walk to the cottage are my new endurance records and the hip is feeling a little tender. The cottage is beautifully appointed with a hammock and swing out front, an outdoor shower, cable TV, an enormous king size bed and very effective a/c.



The author relaxing on the swing outside our cottage at Fisherman's Cove

It's around 4pm so we decide to catch a few minutes by the pool. We treat ourselves to a Corona which is refreshing until I realize that it costs \$5 a bottle. Kingfisher, which is good Indian beer, is only around \$2 for a 20 ounce bottle so we'll stick with that in future. After the beer we decide to catnap until dinner at 7.

Turns out dinner's at 7.30, so we kill half an hour having a beer in the bar.

Dinner turns out to buffet with a theme of Indian Street food. We are relatively experienced Indian eaters and cope with hot spice pretty well, but some of these dishes were downright fiery. The flavors however, are better than we've ever tasted and with the solicitous advice of the restaurant manager and some cooling plain natural yogurt, we enjoy this culinary cornucopia. After dinner we turn in early. We have gotten used to the hospital timetable and to be honest my leg is pretty swollen with all the activity.

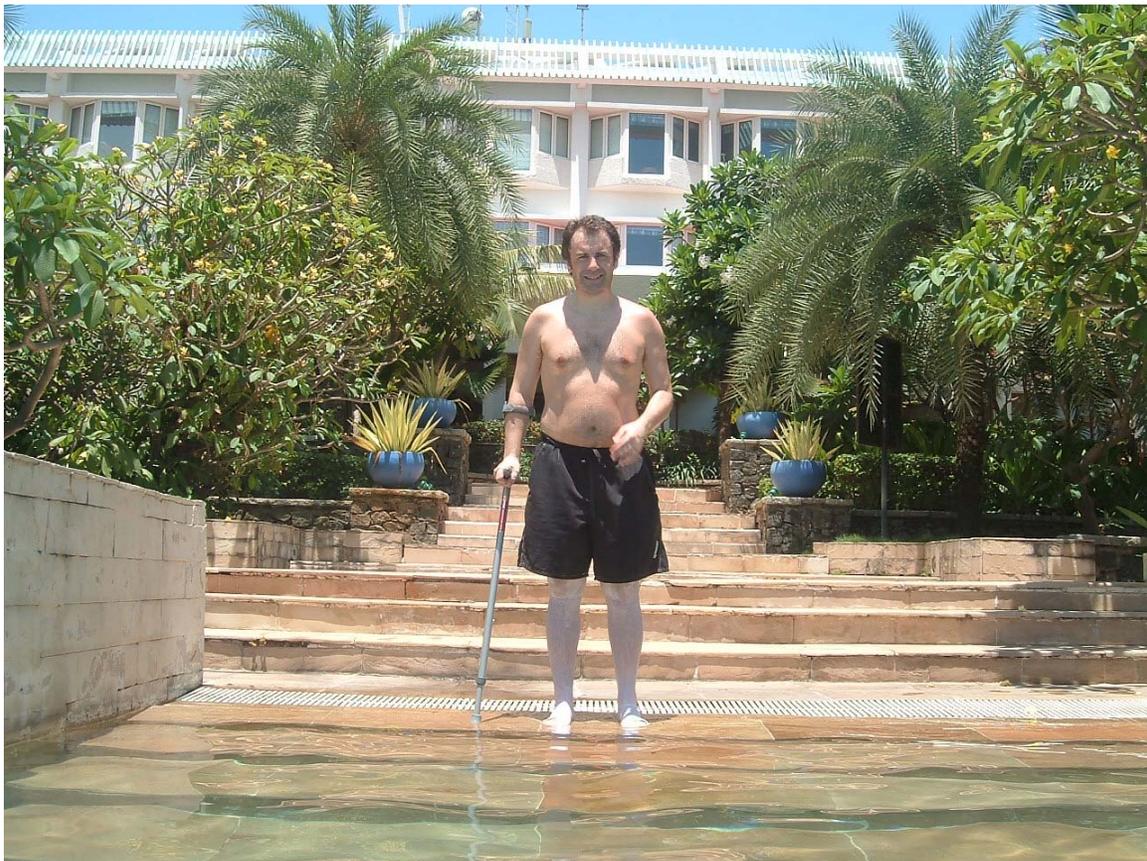
I sleep with the leg elevated to try and reduce the swelling.

Day eleven.

Thursday April 13th.

I had a bad night. It seems pretty obvious with hindsight but two big beers for a patient just out of hospital is not the ideal prescription if one is trying to maintain adequate hydration. I got up seven times during the night to pee and consumed about a liter and half of water. Fortunately I seem not to be any the worse for wear and Pat says I didn't disturb her much.

We go to breakfast, which is another buffet and are met by the restaurant manager Jaidev, who once again guides us through the available selections. We go American and have pancakes. Then it's off to the pool.



On the steps of the pool at Fisherman's Cove with one crutch and attractive anti-embolism, white, Surgical stockings.

We spend an idyllic day between basking by the pool and strolling along the nearly deserted beach, past the brightly painted fishing boats which have tourist friendly names like: 'Friends for Germany and Sun of India.'

I walked a good three quarters of a mile through the edge of the surf, and felt stronger than ever by the end.



On one of my walks at Fisherman's Cove

Providing I walk using the crutches I have no hint of the limp that has been a part of my life for ten years. Until one regains one's posture, one isn't aware of the emotional/psychological effect that the lack of it has made. Even today I feel walking with crutches, I feel a resurgence of self esteem and general well being from being able to stride out with my fully upright posture (all 5 foot, 7 and quarter inches of it.) Wholeness is such a powerful and satisfying feeling it seems. Unfortunately it is all too easy to lose it and then allow small impairments drag us down, insidiously, over time. I am sure we should all go for 'wholeness' check ups from time to time and find out what parts of our complete selves we have misplaced and then set about rebuilding ourselves again. Of *that* would never get FDA approval and if it did you could only get it 'out of network'.

Day twelve.

Friday April 14th

Fairly good night's sleep. I was actually able to doze on my right side (with a pillow between my legs) for a while. Pat and I have been discussing last night's meal. She ordered a Thai Green curry, which she has ordered and enjoyed in the US fairly often. After ordering the restaurant manager came by to say good evening and asked what we had ordered. On hearing his face dropped into visible dismay as he explained that Thai curry is even hotter than the fiery local Indian dishes and he asks Pat if there is something she might prefer. He then leaps off toward the kitchen. A few minutes later he arrives at the table with both a calmed down Thai Green curry and Pat's second choice - on the house!

I relate this incident because it typifies our treatment here.

I'm pretty stiff this morning. I probably walked close on a mile yesterday - a lot of it on the beach. Still there are definite signs of improvement, such as my appetite and certain strength movements that were impossible only a day or so ago.



Pat in the pool at Fisherman's Cove.

Day thirteen.

Saturday April 15th.

Another rough night after I foolishly had a beer last night. I was up and down taking a pee every 40 minutes to an hour and no matter how much water I drank, I found myself parched a few minutes later. I felt like I was back to the night after the surgery, except with mobility. Things are moving well on that score. Last night I was able sleep (inter pee) on my stomach for a while. Luxury! I can also stand straight up from a sitting position, kneel on all fours and yesterday I even jogged a few yards which felt great. I still need the crutch for support though because my muscle tissue is still too weak to support a full stride on my left leg. I only need the merest hint of help from the crutch though, and everything works well.

Pat changed my waterproof dressing yesterday, as the old one had come loose. There is a tiny amount of pus in the area that was uncovered but hopefully it won't be a problem. I am seeing Dr Bose for the last time today, so I'm sure he'll make sure I have anything I need. I won't mention the beer!

Around 5pm we get in the car to go to Apollo Specialty. Traffic is getting pretty hectic and so it takes us around an hour, but whereas the trip out to Fisherman's Cove had left me in some discomfort, I hardly notice my hip on this longer journey. Mohan is there right at the front door to meet us and guides us seamlessly through the crowded waiting areas of the admissions department. One of Dr Bose's physician assistants is there to greet us and treats us like old friends.

After a couple of minutes we are shown in to Dr Bose who in turn welcomes us with his charming, ever- so -slightly shy smile. 'How are you doing Richard?' he asks. In answer I can't resist showing him my latest achievements, which he seems very pleased with. Then I hop up onto the examination table and he removes the dressing Pat put on the day before. I mention our concern about some possible pus, but Dr Bose tells me that the yellowish material is in fact dried out dead skin and that the wound has healed perfectly. He says that as soon as I return to the US I can take the dressing off. The 'Steri-strip' clasps that were used to originally hold the scar together, he says will fall off in their own good time and should not be touched. We also briefly discuss what it is that characterizes his particular technique, which he is clearly and justifiably enthusiastic about. He explains that because of the minimal invasion of the incision and the relatively low disturbance of the tissues around the hip capsule itself, he and his team haven't had a single post-op neck of femur fracture. This apparently of particular concern with patients suffering from Avascular Necrosis (a disease where the blood supply to the head of the femur has been lost.), but Dr Bose says he also feels that it's of benefit to regular arthritis sufferers like myself. He also mentions that the smaller disturbance helps to decrease the amount of bruising. In my own case I only noticed bruising several days after surgery, well down my leg around the top of the calf. Dr Bose says that I had more than most because I had maintained more muscle tissue than most patients, who have usually decreased their physical activity with resulting atrophy, by the time they get to surgery. My bruising apparently has traveled from my hip area down my leg over the days since my procedure.

After Dr Bose assures me that I will indeed be able to sit cross-legged on the floor again within the next few months (a dream I can hardly believe), we pose for couple of farewell pictures. Then I turn to Dr Bose and thank him for changing my life. He mumbles 'Not at all,' or some similar self-effacing, slightly abashed remark and then we shake hands and leave his office.



Our last goodbye with Dr Vijay Bose.

Mohan takes us up to the fifth floor, back to 'my' room where we visit with the Mexican patient, Andres and his wife Adriana. We are delighted to find them in good form on his third post-operative day. Apparently things went very well and he is clearly much happier. Of course he still has his right hip to do and is a little apprehensive about that. We do our best to reassure him in the course of which I do my little 'dog and pony show' to demonstrate my progress. We spend a happy half hour joking and comparing notes. It's remarkable the warmth of the bond we feel with these people through our shared experience. Before we leave he thanks me and tells me that I have made a big difference to his confidence and his readiness to deal with everything. In reply I tell him that he will be doing the same thing for someone else shortly, just as Charles did for us and Larry did for Charles. All of us in this program feel the pleasure of the opportunity to 'Pay it forward' as the saying from the movie starring Kevin Spacey terms it. After more good-byes and a wonderful gesture from Adriana who tells Pat - 'you always have a home in Me'hico' we pop next door to see Russell from Colorado. He is on his second day post op and is doing well. I go through most of the same demonstration as I just gave Andres including my admission of guilt as regards my beer drinking faux-pas. Mohan asks me if I had told Dr Bose about the beer. I reply that when one has to see the headmaster one doesn't volunteer one's transgressions. Mohan explains that the effect I discovered was as a result of the post op medication that we're all on. Russell thanks me for the 'head's up' on the beer (as had Andres a few minutes earlier). I tell him he'll be back on his bike in the Rockies before he knows it. He likewise responds that he's sure I will shortly be back to my passion of teaching children the finer points of the game of Squash in no time. Then after yet more good-byes the ever-attentive Mohan takes us back to our driver. Mohan takes his leave of us but not before we give him our heartfelt thanks. He steps awkwardly from one foot to the other as I tell him that: ' I know this is

your job - but we want you to know how very good at it you are.'
Then it's back to the resort for dinner and one last day tomorrow.

Day fourteen.

Sunday April 16th

Best night's sleep so far. Relatively pee-free and long periods sleeping on my stomach (my preferred position). I still have tightness in the hip in this position, but it's hardly noticeable now. My walking is better and I am finding all kinds of new skills daily. I can almost lift my leg to put my own underpants on, instead of the ingenious strategy I've used for the past few years. Socks and shoelace tying is still a ways off yet, but they'll come - I have faith!

After a pleasant final day by the pool, including my daily promenade along the beach, we take a tourist trip to the ancient Hindu temples at Mamallapuram. These monolithic structures were carved from the bedrock around AD 700. We run the gauntlet of the beggars and street hawkers and enjoy a quick tour of the major sites. The industry associated with these monuments is fascinating. Souvenir stores take the form of granite masons plying their skilled trade in innumerable shacks along the streets. Add to this the street food vendors, cows, goats and dogs roaming free, hoards of bikes, motor bikes, minivans, enormous open windowed buses with people draped from every orifice, taxis weaving in and out, every vehicle interminably honking horns of multitudinous pitches and finally people, seemingly careless of their own safety, some beautifully dressed in saris and Sunday best, others naked except for a single cloth wrapped around their loins (but talking pell-mell on a cell phone), walking in every precarious spot



The Helter-Skelter of Chennai traffic. It takes fifteen years to learn how to drive here. Part of the driving test is frequent and generous use of the horn .

imaginable on the road.

It is India in all its kaleidoscope of hectic varied life. A video picture of New York where someone has turned both the volume and the brightness up to maximum and you can't turn it down.

The Hip performs adequately through both the walking and driving parts of the visit.

We return to Fisherman's cove to pack, eat and settle our bill. Having grabbed a brief nap, we leave our lovely cottage by the sea and head for the airport. We are sad to leave. Fisherman's Cove is the best hotel/resort we've ever stayed at.

At the Airport one of the very efficient Delta meet and greet staff spots my crutches. He immediately calls for wheelchair assistance (which I should have pre-booked but never got around to). Feeling very guilty, I sit comfortably as we are whisked past the waiting lines, through security and to our gate. You can't beat a wheelchair for cutting in line. No one complains and, after the proper searches of course, the staff just wave you through. I still feel like a fraud though, as I'm wheeled through with an octogenarian lady and an elderly gentleman who looks like he may never stand again.

Finally we board (first of course via wheelchair) and a kindly flight attendant helps us with our bags and my crutches. He also promises to try and find me three seats together so I can lift my leg up. This he does in short order. I then set about getting a couple of hours sleep, which actually goes pretty well. Then I start my hourly exercises, which Dr Bose was very emphatic about the importance of. It isn't always easy as we have some long periods of turbulence, but I manage pretty well!

Homeward Bound

Monday April 17th

Pat and I both got a good three or four hours sleep. I feel surprisingly well rested by the time we arrive at Charles De Gaulles in Paris. It is only when one has a physical challenge that one begins to see the world through the eyes of those for whom physical challenges are a permanent state of affairs. For instance at Charles De Gaulles there are no visible provisions for wheelchair passengers. Disembarkation is via a very steep mobile stairway. I manage with my crutches and the watchful eyes of Pat and a friendly Lebanese fellow passenger. We then have to walk to a bus, that has a pretty steep step up, which drives us a few hundred yards around the terminal building. Once in the very clean and modern terminal building we have a quick coffee and walk a few yards to our New York gate. In the few minutes we have to spare, I do little walking practice and am delighted to find it very easy. I may have improved again and find myself swinging along. I still can't manage without the crutch because the muscle atrophy that has resulted in my loss of strength is still not sufficiently redressed to take my entire weight without a little help. Still, I have improved and the rest will come in due course.

Again when boarding was announced there were no provisions for people that might need a little more time, as we were all corralled into a crowded holding pen before being released en masse to walk the one hundred yards or so to yet another steep mobile stairway. I haul my way up to the top and make my way to my seat without any offer of assistance.

I am sounding pretty self serving here, but one positive aspect of my self absorption is that it is giving me a much clearer perspective of the provisions made for physically challenged people - or lack thereof.

In the course of one of my hourly exercise sessions I run into the Lebanese guy who showed me such courtesy in safeguarding me as I crutched my way down the stairway in Paris. His name is George Axel. Turns out he has also been to India for surgery. We compare notes and the similarities between his story, mine and so many others we have met are disturbingly uncanny. He had a severe compression of his optic nerve which was variously diagnosed previously as bi-polar disease, an inoperable tumor and something to forget about. George suffered for years from headaches which seriously affected his moods. After spending years being prescribed on drug after another he heard about a surgeon in India (surprise, surprise) who was performing cutting edge surgery on people with his type of problem.

He didn't hesitate and booked. He's on his way home, feeling completely rejuvenated and very, very angry.

We congratulate each other, pass on good luck wishes and return to our seats. I know my perspective is heavily skewed as I am on a flight returning from India, but isn't it a little suspicious that a random guy I talk to is also returning from India after having a life changing surgery that he couldn't get in the exorbitantly priced medical system of the world's richest nation. Does anyone else think there's something fishy here?

Maybe People Magazine can do some good here.

Insofar as our trip is concerned I'm feeling good. Another four hours and we'll complete the round trip. I am feeling very optimistic and can't wait to start my rehab in earnest.

We're starting our final approach to JFK. In the two weeks that we've been away I have been exposed to a veritable cornucopia of experiences. It has been a metamorphosis in many ways.

The transition, I feel, is not only physical. It will be interesting to discover whether and how much the beast has changed when we return to the mundane existence of our familiar world.



The Final Result.

My hip as it is now, with the Smith and Nephew Cobalt/Chromium implant.