

BILATERAL TOTAL HIP REPLACEMENT

“Show Me Your Karate Spirit”

By Michael Busha

Starting in 2014 or so, the pain in my upper thighs when sitting at work became so bad, I started using a wooden riser under the desk to lift my legs enough to reduce the angle and pressure (still not sure if there is a connection to my current situation, but probably so. No real pain related to karate that I remember – just thought that I needed more stretching which I attributed to getting older.

Then, it started. I was at a clinic in St Louis which was to honor the life of Sensei Randall Hassell who had just passed away. Each of the head instructors took turns leading the group in one-hour sessions. They were all excellent teachers and the training was hard. Half-way through the second session we were working with partners on a relatively basic 3-5 step sparring drill. My partner and I had just finished the first set, then started the second. I stepped forward with a jab-reverse punch and then a sweep with my right leg - down I went. My left leg just caved in and I landed on the floor. Rolling over, I finished with a mawashi-geri (not part of the drill-just to save face!). But for the rest of the day, I could feel that something was not right.

I had been feeling a sharp twinge of pain periodically before that for the last year, usually while kicking. But a little pain now and then in the karate world is not that strange. Then, in 2016, while sparring in the regular class at the Pekin dojo with Sensei Jim Hartman, I feigned a reverse punch and then followed it with a reverse mawashi-geri. My left leg collapsed and down to the floor I went again. This time the pain was so bad I had to skip over to the side of the dojo and try to massage it away. That kick had been my go-to technique for years and was about the only technique that would actually get through the defenses of Hartman Sensei. Several times after that, in the dojo and at the annual Spring and Fall clinics, the same thing happened, usually the support leg on one or the other sides. Then, in early summer of 2016, on a business trip to Idaho, I was walking across

the street from my hotel to a restaurant. Exactly in the middle of the road, my right hip locked up and I could not move at all. A very kind older man stopped his car, put on his safety blinkers, got out and helped me to the other side. He offered to take me back to the hotel but by that time I could again move satisfactorily and continued on my way.

Sleeping became progressively more difficult, the pain in my thighs, radiating to my knees and sometimes to my ankles, keeping me awake night after night. This continued for months, with my intake of Ibuprofen and Tylenol increasing to two-three tablets every night, along with several glasses of wine, just to take the edge off the pain.

In November of 2016, I saw a local orthopedic surgeon. He took X-Rays and then we discussed my hips. He said that there was a small protrusion, a bump, on the ball section of the femur. He said he could refer me to a surgeon about an hour away who could scrape the bone and smooth it out. I went home and did my own research. According to numerous websites (Yes-I know-shouldn't get medical advice from a website!), such as the University of Michigan, Cleveland Clinic, Mayo Clinic, this "bump" is fairly common and to the extent a person is active, it either becomes a problem or not. I tried steroid injections twice, once when another Doctor said she was sure it was bursitis. The shots were not painful, much like a pneumonia shot, except in the groin, as I lay spread eagle on the table. I had high hopes but, other than a slight decrease in spasm pain, it didn't do much to help. Then I had another series of steroid injections at an orthopedic clinic which seemed to help a little for a few days but then the pain returned. The rule for those injections is only once every three months, so clearly that was not my solution.

At the end of 2016, I had to make a decision regarding my Godan test, it was time. But the pain was by now in command of my life. Like any other karate practitioner, however, I decided to ignore it (and, of course, the potential for further damage) and ramped up training for the test. Maybe not the smartest move, but I wrote my thesis and trained every day for the next four months to get ready for the big day, continuing my regimen of pain killers and wine to just make it through each day and night.

After passing my April 2017 Godan Exam

- Low round house kicks – painful but tolerable
- Kibadachi – painful but tolerable with higher stance
- Pushing hips forward during lunge punch – painful so had to stop using power
- Side snap kick – painful so had to stop using power in the supporting leg. Snap-back OK
- Front kick – not bad so kept doing with a little less power in the supporting leg. Snap back OK
- Side kick – not bad so kept doing although with less power
- Reverse round house during sparring with Hartman sensei – left hip collapsed with popping noise. Stopped using it.
- Roundhouse kicks (higher) left hip gave way or collapsed so stopped
- Squat kicks (my lifetime practice) became intolerable so stopped

I decided to get a second opinion so drove the six hours to the Mayo Clinic in Rochester, Minnesota in August, 2017. I was told to send them all the previous X-Rays and history with surgeons. They would take their own X-Rays, etc, as well. The appointment at Mayo Clinic took one day and consisted of two sessions, one for X-Rays and MRIs, the second one for the consultation. In summary, the Doctor explained that scrapping was not the answer since most of the labrum was not doing its job of providing cushion, and scrapping the 'bump' would not change that situation. The answer, in his opinion (and of the other two on his team) was bilateral THR (total hip replacement for both

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“QUOTE”

hips because of severe bilateral hip DJD [degenerative joint disease] with complete loss of the joint space cartilage anteriorly on both hips. He showed me the X-Rays and pointed out what was obvious, that there was indeed no cushion left. We discussed the advantages and dis-advantages of doing both at the same time, the Doctor saying that both at the same time was an option. I totally agreed based on the time it took out of my life to get both operations done separately over almost two-three years, as opposed to at the same time which would take just a year for mostly full recovery. The requirements for him to do both at the same time were simple: 1) appropriate age (too young increases the chance of having to repair or perform it again), 2) good health (this is obvious-good health means better and quicker recovery), 3) good attitude (by this, he meant positive and confident). He judged all these to be satisfactory. I did not want to wait and made an appointment for December 15th of 2017.

One more episode that reinforced my decision (as if I needed one more), is when I took my wife to Chicago for our 25th wedding anniversary in November. By that time, every step I took was painful and labored. We walked the streets of Chicago, shopping, took an architectural cruise on the river, and ate at some great restaurants. I took the requisite Tylenol and Ibuprofen but was in severe pain and limping noticeably the entire weekend.

Last three-four months leading up to surgery

- Extreme pain with most movements
- Driving a car became difficult and painful (especially entering and exiting)
- Walking with a slight limp (or ignoring it and tolerating the pain)
- Sitting in the airplane became almost intolerable (my job requires travel)
- Walking up and down stairs became an exercise in pain tolerance
- Putting on socks and shoes. Tying shoes became intolerable and was met with growling and swearing
- Putting on pants became difficult
- Climbing into the bathtub required careful manipulation of the legs
- Getting up from a seated position required a few seconds of “shaking it out” before moving to avoid hip collapse
- Sleeping was extremely difficult and only possible in short bursts.
- Infrequent karate practice or exercise. Last practice was at Breakfast Club (Saturday morning two-hour class). Ignored the pain for this one last training.

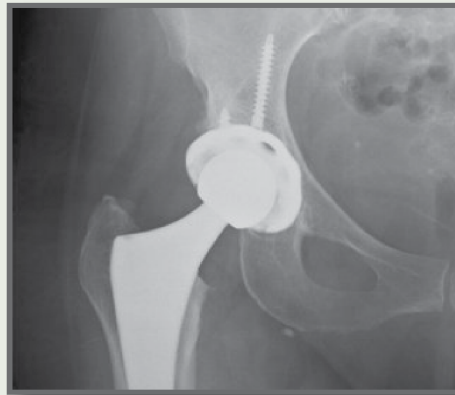
The visit on December 14th, the day before the operation, required four different sessions. The first session was the pre-op evaluation center at 8:15 am. The second, at 9:40 am, was to the venipuncture specimen collection for blood tests and numerous questions. The third, at 1pm, was a consultation with the chief surgeon again. At this appointment, he asked if I was sure I wanted to do both hips at the same time. And was I dedicated enough to follow all physical therapy for recovery. I told him I was ready. He said “then let’s go”. But remember “this is a deep dive and you must work hard afterwards for the best recovery.” Interestingly, one of the team members asked about my alcohol consumption. I told her that I drank about 3 glasses of wine a day for the last year. I asked if I should not drink this evening before the operation. She said “go ahead and have about the same amount. It is not good to change your habit suddenly before the surgery”. But- she said “please work on reducing that after the pain goes away,



The night before my bilateral total hip replacement surgery (Doctor’s orders!)

which it will". The last appointment, at 2pm, was at the orthopedic department again for an excellent pre-operative orthopedic class where all of my practical questions were answered.

The next day we all met again for the orthopedic team pre-op consultation, which included the anesthesiologist. The most common types of anesthesia are general anesthesia (you are put to sleep) or spinal, epidural, or regional nerve block anesthesia (you are awake but your body is numb from the waist down). From discussions with her, I decided on the spinal epidural to reduce the long-term effects. I did not want to complicate my recovery with unnecessary dizziness, confusion, nausea, and sore throat. The surgeon asked me again if I still wanted to do both hips – "the deep dive". I said yes. The meeting was over and I was ushered into a private room where I undressed, put on the hospital gown, and then was wheeled into the prep room where numerous tubes were stuck into me by multiple professionals, and notes on each thigh were written in large print, all of them cloaked in sterile gowns and masks. I had taken a sedative so through the haze it all looked much like a scene from *The Twilight Zone*.



(Left) No Cartilage (Right) New Hip

I was transferred to the operating room table and saw about twelve people, all performing their duties. The surgeon then joined us and said "all these people are working for you". They turned me over on my right side. The anesthesiologist asked me if I was ready to go. I gave her a thumbs up, and out I went. I remember, not waking, but being aware of a saw being used, and feeling (hearing?) a hammer noise. I was also aware of being turned over on my left side, so I knew that they were halfway finished. The next thing I knew, I was being wheeled back to the recovery room where I saw my smiling wife who had bought me some flowers in a small vase with a little card that said "Fantastic Job Darling". Then I went back to sleep.

A physical therapist woke me a couple hours later, helped me turn to the side while keeping my knees separated, and had me sit up on the edge of the bed after lowering my legs. He was right there to help me but I was scared. Grabbing the overhead bar for support (one of the promises I made to the surgical team was to build strong arms), he told me hoist myself up and to slowly slide off the bed and stand. I did as he said and the pain shot through my entire body as I put weight on my legs. "Something is wrong", I immediately thought. I wanted to sit back on the bed but he just said "keep going, it's normal". The pain was really unbearable, but with my lovely wife watching I just said a few choice words under my breath and stood up straight. He had me move my knees a little forward and back, just shifting, basically. The pain lingered but became more



Just Before Being Wheeled to the Pre-Op



Just after returning to the recovery room from surgery

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About six hours after bilateral total hip replacement



It's ugly, I know

tolerable, although I still grimaced and made a face to my wife who mouthed “gambatte (do your best-stick to it)”, later telling me she had tears in her eyes. The therapist had me walk to the door of the room and back a couple times. Then he sat me in a chair beside the bed, returning to help me back to bed a half hour later.

A few hours after that, another therapist got me out of bed and walked me down the long corridor. It felt good though I was still in pain. Mostly the pain seemed to be from my stitches or the muscle, but I wasn't sure. Later the surgeon confirmed it was from the muscle which had to be separated and cut away slightly. It was not comfortable walking since there were still multiple bags attached, the spinal anesthesia, the catheter, and an IV drip.

We had booked a hotel room which was easy to get to from the Gonda building at Mayo via the Skywalk. Our reasoning was simple – it was December 15th and already deep into winter in Minnesota. We were afraid of weather conditions both for immediate physical therapy at home and for being tied down for our nearly seven-hour drive home. I had promised the Chief Surgeon (and more importantly-my wife) that I would attack the PT aggressively.

Summary - Arrived home on December 19th – no issues. Stopped every hour to get out and, with my walker, force myself to do about ten minutes of exercise. Great weather so no problems. Relaxed and took our time. Followed drug regimen exactly (Tylenol/Oxycodone/Tramadol). Followed all PT training suggestions.

December 21 - became extremely anxious, frustrated and depressed – could not sleep at night. Felt closed in, closeted with dramatic hot/cold fluctuations. Followed up with local PCP for INR Draw.

December 22 – Terrible episode with caregiver (wife) triggered by anxiety, confusion, frustration and depression. Stopped taking Oxycodone to relieve these symptoms. Continued Tramadol and Tylenol. Started taking increased amount (3.5) tablets of Warfarin.

December 23 – found two large bruises (upper calf, back of both thighs and a slight bruise running alongside the right thigh incision – monitored for blood clotting.

December 25th – still depressed and frustrated and have dramatic hot/cold fluctuations - stopped taking Tramadol to relieve these symptoms. Continued Tylenol.

December 26th – PCP INR Draw. Still depressed and frustrated and have dramatic hot/cold fluctuations.

December 27th – Little more positive attitude. Started simple tasks around the house. Wife noticed difference. Spent entire morning outside in the car, getting in and out and walking around in various stores with the walker. Tired and painful but an important step. Started walking inside the house without the walker. Sitting longer in a chair at home. Still depressed and frustrated and have dramatic hot/cold fluctuations.

December 28th- Same-Spent entire morning outside in the car, getting in and out and walking around in various stores with the walker. More walking inside the house without the walker. Also, able to sit down in chairs that do not have arms. A little more energy. More positive attitude. Today, bruises are fading away.

December 29th – Started my walking regimen with a short trip from our house down the block and back. Some pain but ignored. Walked several times a day, quickly graduating to two miles. No matter if it was snowing, windy, rainy or dark. This is what my surgeon

called “show me your karate spirit”. I walked several times a day, every day. No matter what. It was mental toughness born of years of karate training and it paid off big time!

Regular questions to Surgical Team via Mayo Clinic online (this is verbatim conversation with the surgeon) 12/31/17:

- Off narcotics since December 25th. I can get in and out of the car on my own. Is it OK to drive now? Per Gary 12/29/17 at 5 pm. Wait one more week.
- I have no appetite at all. Bowel movements are good, although mostly liquid. Is this normal? Can I do anything about it? Per Gary 12/29/17 at 5 pm. Natural. Will get better. Call if bloating occurs.
- Still cannot sleep at night even though not taking any naps (feel too confined with hot/cold fluctuations and cannot settle down). Is this normal? Can I do anything about it? Per Gary 12/29/17 at 5 pm. Part of residual effect from narcotics and anesthesia. Will get better.
- Do I really need to wear the TED stockings all night and all day? This is part of the night-time sleeplessness issue, I think. Actually, I cannot stand them, too tight and confining. Per Gary 12/29/17 at 5 pm. Wear them one more week at night. Then continue daily wear.
- Can I accelerate PT exercises? Let pain be my guide? Per Gary 12/29/17 at 5 pm.
- No elliptical until March visit. Mostly walking. Need X-ray first.
- Is it OK to not to use the walker as long as I feel safe and balanced? Per Gary 12/29/17 at 5 pm. OK.
- OK to remove the Aquacel dressing? Per Gary 12/29/17 at 5 pm. Remove. Mesh beneath it. Leave it until it falls off.
- Also-? Per Gary 12/29/17 at 5 pm. Buy the sock helper. 6 wks to 3 months. To prevent dislocation.
- Also-Tylenol? Per Gary 12/29/17 at 5 pm. Quit when you don't need it. Based on pain.
- Also-? Per Gary 12/29/17 at 5 pm. 3 moths is high risk period.

New questions to surgical team via Mayo Clinic online: (this is verbatim conversation with the surgeon) 12/31/17

- Have some appetite now. Bowels habits seem to be good.
- Sat down too fast and strained my right thigh. Now pretty painful (about a 3-4 on a 1-10 scale) from the stitches area down along the front and back of the right thigh to just above the knee. Is this serious or do I just have to be careful? Is this normal with others who recover from this surgery? Per Gary 1/2/18-Should recover but monitor. And remember to slow down

New questions to Surgical Team via Mayo Clinic online: more verbatim conversation) 1/2/18

- Right heel pain. Per Gary 1/2/18-place pillow to keep pressure off.
- Turn on side OK? - Per Gary 1/2/18- Yes, but place pillow between legs.
- OK to drink wine. Per Gary 1/2/18-Yes but wait until Warfaren is done (January 14th)

It was approximately six months before I returned to the dojo, after the ok by my surgeon. He gave me strict orders: no running, no jumping, and no impact. Also-be careful with habitual hip twisting and push-off when stepping forward, reverse punching. “Slow down”. I told my training partners “no sweeping” but go ahead and attack fast. Easy enough in my home dojo but more difficult when traveling since the other karateka didn't know my situation. Now, almost two years after the double total hip replacement I can do most of what I could before surgery but some techniques I will probably not attempt again.

