New Hip, Lessons Learned

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On April 6, I came crashing to the floor in a point-perfect landing on my left hip, and the next morning I was on Dr. David Halsey's operating table, getting a full hip replacement.

So now it is my turn to write one of those letters to the editor about care received at MVH. We have not been wrong to sing praises of our hospital staff: from the ER nurse who wheeled me in, to the person from the nurses' station who wheeled me out and coached me through easing myself into the car, from the surgeon and his team to the guy who emptied the trash in my room, every single staff person I met was a pleasure to work with. I felt well taken care of, I felt supported, and they made it easy to be cheerful and optimistic.

Having a high-quality hospital with the range of services we have here is an unmitigated blessing. I can't tell you how grateful I was to not find myself on the stretcher in the ambulance on the way to Boston. That alone put me in a good mood from the get-go.

About falls-prevention: this accident happened in a split-second. Believe me, I had other plans for the weeks to come. At a certain point, there is no such thing as falling safely. When both feet at once are tossed into the air at high speed, you quickly learn that gravity wins, every time. If gravity is not your friend, it's your enemy. So falls must (and to a certain extent, can) be prevented. In my case, the slippery-soled boots I'd been meaning to fix might have made all the difference. For someone else, it's the throw rug. And in almost every case, it's being in a hurry. An ounce of deliberation is worth a pound of time saved.

And about pain management: from the start, I told doctors, nurses, physical therapists and anesthesia that I am an addict in recovery and intend to do everything I can to avoid taking opioid pain medications. They respected my wishes, and it turns out that, in my case, Tylenol and the prescribed anti-inflammatory were perfectly sufficient to keep the pain within reasonable limits. I found three elements to be invaluable in enabling me to forego opioids: Realistic expectations about pain (why would you expect to be pain-free after real trauma and significantly invasive surgery?), Patience (which is another way of saying having realistic expectations about your limitations at each and every moment of the process), and last but not least: ice packs. Cooling gives you a direct, controllable way of feeling relief, and that matters.

I am now happily going to outpatient PT, and my high regard for the hospital (including the way the artwork on the walls breaks the monotony of the hallways), has only grown stronger.

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Vineyard Notebook

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