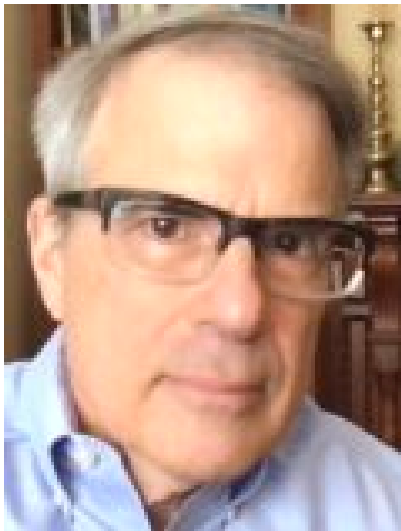


What a Mighty Joy That Would Be

By Kerry Pechter Fri, May 30, 2025

More than a million Americans receive artificial hip, knee or shoulder joints every year. This month, after years of procrastination, I became one of them. Joint surgery is now routine, friends told me. 'For the surgeons,' I said.



On May 12, a Harvard-trained surgeon sliced open my right thigh and replaced my worn-out hip joint with a shiny new titanium-and-ceramic prosthetic. Or so I was told.

I don't remember any of it. I don't remember blacking out. Or riding a gurney down a bright hallway. Or anything else until I woke up in "recovery," where my wife and a new team of nurses were waiting. I'd been unconscious. In suspended animation. A cadaver with a pulse.

More than a million Americans receive artificial hip, knee or shoulder joints every year. Last month I became one of them.

Twelve years ago, X-rays showed that my right femur head and hip socket were "bone-on-bone." Many of my friends had already had joints replaced. One friend has had all six of her major joints replaced.

Joint surgery is now routine, friends told me. "For the surgeons," I thought. I was afraid, frankly, and with enough reason. I knew someone whose wound became infected and required a re-op. It put him in a depression. A college friend died of a blood clot after her second hip surgery. I signed a release holding the surgeon harmless if I died on the operating table. Eventually, though, chronic pain forced me to go, as they say, under the knife.

They fed me and sent me home the same day. At first, I was just a bruised and swollen couch potato. The pad of my \$250 "ice machine" was Velcro-ed snugly around my right thigh to reduce swelling. Within arm's reach was the swag that that came home with me from the surgical center: a black plastic cane, an aluminum walker, a stirrup-on-a-stick for hoisting my right leg onto a bed, a shoe horn with a two-foot handle, and a plastic spirometer to measure the height of my breath. And something that looks like a two-foot long plastic spear-gun for extending one's reach and grasp.

Then there were the pills, cubicled in their green plastic weekly organizer: Oxycodone (5-mg, scored) for moderate to severe pain (>6 on the scale). Gabapentin for some unknown off-patent purpose. Tylenol and Aleve for routine pain. Eliquis to prevent death-dealing, deep-vein blood clots. I would need Nyquil cough syrup to fall sleep and Benadryl cream for the itchy, hardened skin of my lower right leg.

A longer 'healthspan'

It's an adage of the lifetime income business that retirement has three stages. I don't mean cash, bonds and stocks. I'm talking about the Go-Go stage, the Slow-Go stage, and No-Go stages. Specifically, the married, first-world version of those stages.

During the Go-Go stage, you can expect to be playing pickleball or golf, spoiling grandchildren, traveling, etc., and thinking, "This is easy." In the ensuing Slow-Go stage, the honeymoon will be over. You'll nap every day and log hours of screen time. You'll be at home or (because routine yard work is exhausting) in a condo. But you'll still perform your ADLs (activities of daily living) on your own.

The final stage of retirement—this sounds like "A Christmas Carol"—is the No-Go stage. You'll need help using the kitchen and shower. You may have moved to a continuing care center, an assisted living facility, a nursing home, or a hospice. You may still recognize your family.

There's no predicting the length of each stage, or at what age a stage will start or end. In my dreams, the Go-Go period lasts until age 80, followed by a short Slow-Go period and no No-Go period. My first girlfriend's grandfather came back to his white frame house from plowing near Sparta, Ohio, sat down in his rocking chair on the porch, said, "I'm tired," and was gone. A death well died.

Scientists used to imagine extending the human lifespan long past 100 years. Today, gerontologists are likelier to talk about extending the human *healthspan* and "compressing morbidity" into a smaller period.

A few weeks ago, at the annual meeting of the Pension Research Council at the University of Pennsylvania, Olivia Mitchell, director of the council, and Steve Utkus, formerly of Vanguard, presented a [paper](#) called "Extending Healthspans in an Aging World." Today's "geroscientists," the paper shows, find that 70 can be the new 60, 80 the new 70, and etc.—but mostly for those who've been healthy, wealthy and wise all along.

Ahead of the pain

Hip surgery would, I hoped, send me back to Go-Go from Slow-Go. To get there, I would first experience death (temporarily, via anesthesia), then a couple of weeks of No-Go (on the couch, hooked up to the ice machine), followed by Slow-Go (walking with cane, probing through minefields of pain). You learn a little about all the stages before, if all goes well, you buy some more time.

I don't know how long recovery will take, or how much more Go-Go time the surgery will buy me. I was advised to "stay ahead of my pain" by taking the Oxycodon and Gabapentin right away and not skipping a dose. Instead, I shunned the Oxycodon until I couldn't stand the pain any more. Bad idea. Although my doctor didn't prescribe physical therapy ("Just walk," he blithely suggested), I intend to ask for it soon.

Three weeks post-surgery, my swollen, blue-stained right foot is returning to normal size and color. I'm not one of the outliers who supposedly play tennis three weeks after surgery—I don't play tennis—but I'm close to walking without the cane. Eyes on the prize, they say. The prize will be the recovery of more and more of what I've experienced less and less over the past twelve years: physical activity without distracting discomfort or pain.

Oh, what a joy, a mighty joy, that would be.

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