

Saga of my Implants:

Once upon a time in a previous life before cycling I was advised that due to my constant knee pain when walking and the wear and tear evident from x-rays, I would require knee surgery. That was in 1995. Ten years later, my wife who knows everything and must be obeyed to the letter purchased a bike so that I could take part in, or rather, partner our family doctor at the 'Bike the Bays' event. I recall Tamaki drive that day and how unrealistically steep the countless hills were. The event was sheer exhaustion.

Seven weeks later I took part in my first official cycling event "The Auckland Challenge". I finished the course in 5hrs 53min 17secs 4 Voltarin, 2 Neurofen, dehydration and a desperate desire to suck oxygen. Not bad for 107km. Mind you, I was well prepared for this Challenge having cycled twice from Konini to St. Heliers and back during a two week period managing to complete each attempt with an average of only 9 rest stops. As I was to find out in the future the temperature at the start of any "Auckland Cycle Challenge" is always 4°C or less. This didn't present too much of a problem at that first attempt. There was a ski jacket in the car boot so I wore it for the ride. On top of that I wore my best brand new NIKE sports shoes because sports people always wear sport shoes. Hence! So did I.

Cycling strengthened the muscles (yes I do have muscles) around the knees so eventually walking with minimal or reduced pain became possible. The best exercise for wonky knees is "cycling". I informed my doctor that an operation prior to my reaching the age of 100+ would now not be required because of my new found low impact recreational past time "cycling".

On completing the 2009 Taupo Challenge I decided to take an extended break from cycling and divorced my bike. Towards the close of this extended break period the true extent of the osteoarthritis in the knee joints became evident leaving no choice but to seek further medical advice.

Result: Necessity to undergo bilateral total knee replacements, affectionately known by those who do not have a "speech impediment" as, "Unilateral total knee Arthroplasty"



Three weeks before surgery.

Took part in and completed "Le Race" the 100km event from Christchurch square to Akaroa.

Fabulous event, loved every excruciating turn of the peddles.

Le Race provided the longest hills I'd ever ridden and some were let's suggest 'steepish'. Scenic drive cycled in both directions is a recovery ride by comparison. Geddes pass and the final 8km drop (and I mean drop) into Akaroa are indescribably thrilling and not to be missed by downhill enthusiasts or adrenalin lovers☺ not to mention cyclists that go "Oh Bugger! Need to change my pants after this slope"

On that last very steep 8km downhill section I held my speed at, or just below 76kmh yet was embarrassingly overtaken by numerous cyclists. (damn Cantabrians always have to be main actors)



Two weeks before Surgery:

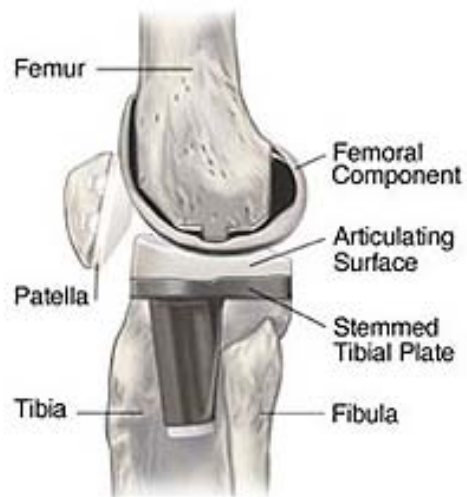
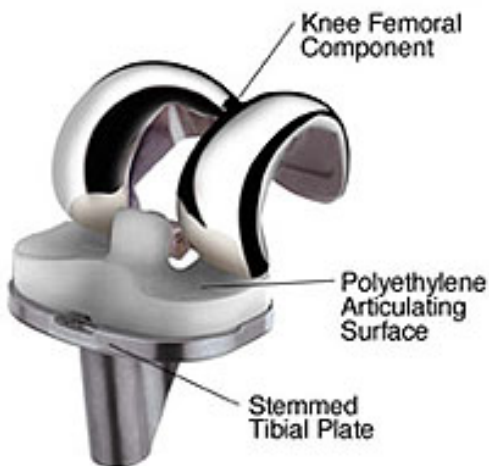
A history of enjoying past times that make life an exciting, thrilling experience had taken its toll.
 Note: worn out cartilage resulting in bone on bone.

The evening before surgery:

Note: excessive bowing of the legs and onset of knee deformity. Left leg had arthroscopic surgery many years ago.

The old knees are photographed but never make it as centre fold illustrations in any international Fashion/Sport publications as fine examples of sun enhanced, almost a cyclist, tanned legs. Sports/fashion journalism has obviously hit rock bottom and lost its way.

The night before surgery: Watched YouTube videos on TKR as everyone about to have TKR surgery does "Ouch". There were great liberties taken with jigs, bone saws, mallets and drills. Recommendation for those about to undergo TKR - "NEVER" watch YouTube TKR videos the night before surgery unless of course you're really, really, totally drunk.



Replacement Components – does not illustrate the additional piece of metal I requested so the when I'm back cycling the use of a strong magnet attached to a long pole fixed onto the handle bars will super speed me up hills.

Day of Surgery: 12th April 2010: Wife would not allow me to cycle to Epsom for my surgery. 'She won' (again) She drove. Bike stayed home alone and lonely.
I recall being wheeled towards the theatre and asking the nurse if I could whistle Darth Vader's theme form Star Wars. I recall she giggled -----When I woke up.--- it was all over.

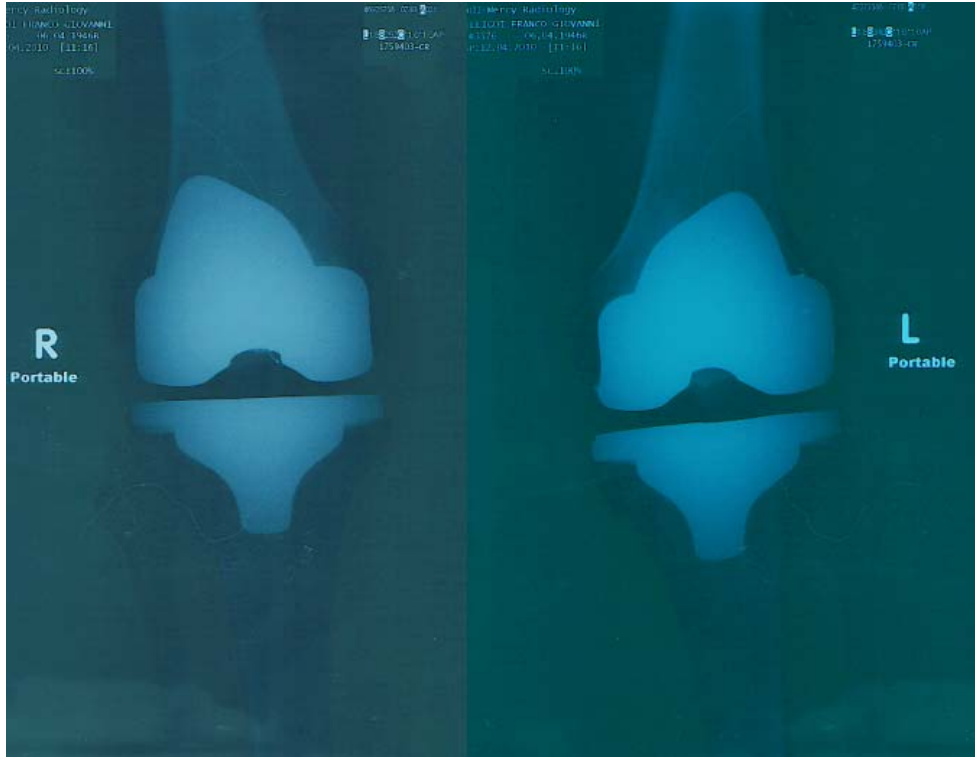


One Day after Surgery:

After a sleepless night of being monitored every two hours for pain, fever, numbness (excuse the pun but the ice test was cool) blood pressure etc. Blood pressure deteriorated over night and by 4am was so low that a blood transfusion was necessary. My request for CERA was turned down as was my 2nd, 3rd & 4th preferences for CERA.

Original dressings removed. Knee area cleaned and prepared for water proof dressing. Drainage tubes inserted in side of leg(s) were quite intimidating but I survived looking at them without passing out.





My (model) “Triathlon” Titanium implants. Move over Robocop



Two Days after Surgery:

Immediately after breakfast physiotherapist visited bringing an enormous walking frame with 4 big wheels. Struggled to walk 12m. It was painful, exhausting and for a moment I felt like passing out. I would go so far as to suggest that pushing Harvey riding a single speed, up the Rabbit would have been less challenging, almost relaxing.

Photo taken after dinner. The huge walker got pushed out of the way. Note the nice new selective area Armani knee warmers.

I was horrified that the medical staff at no stage used, or considered using Mickey Mouse plasters. Everybody knows that using Mickey Mouse plasters is the fastest recovery method known to man. Just ask my mother.

Three Days after Surgery:

Drugs, Pain and Physio. I failed in talking the charge nurse into re-allocating me and a personal caregiver nurse to Meyers Park where the real drugs were available. Oh Bugger, there went reliving the 60's big time.

Four Days after Surgery: Morning of the big “Poo Poos”

I've never been in an environment where passing wind is such an obsession. No kidding, from day one every medical person that came within a ten metre radius asked “have you passed wind today?” - “are you passing wind?” - “you will tell us if you're not passing wind won't you?” - “passing lots of wind?” “Oh dear! No wind today” There you have it. For awhile I thought I was part of a quality control experiment in a baked beans factory. Seems the drugs they give you cause constipation which is just as well because my greatest fear was being caught short and not being able to sprint to the toilet. Laxatives are freely available but being a natural kind of a guy I chose “Kiwi Crush” (crushed kiwi fruit). It was so nice I requested a second helping. ‘Grin’. Not long after breakfast I felt the urge. Boy oh boy did the urge hit or what! The discomfort of throne sitting with extremely painful stiff legs was over-ruled by the sheer pleasure of emptying like a giant cement truck disposing its load. That was my finest 90 minutes in living memory. More Drugs, Pain and Physio. Focus from now on will be concentration on increasing the range of knee movement.

Five Days after Surgery: The great “hallucinations”.

Just after midnight woke up to discover things were not quite right in the room. First there were little worms crawling around the top of the toilet bowl. Second the large framed print of two Victorian ladies on the wall directly in front of the bed started moving and for awhile I felt in danger of being molested by both of them. The picture became 3D several times. Also the freestanding fan in the corner began to move whilst it wasn't even plugged in. The last straw was the tiny ants racing up my bare arms “cringe”. Apparently some people are prone to medicine induced hallucinations. Guess I'm one of them. Nurse chastised me for not calling her during my experience but then again it was my little ‘Hippies in the 60's’ time. Rest of the day; more Drugs, Pain and Physio.



Seven Days after Surgery:

Sunday; new swish dressings but again NO Mickey Mouse plasters. Discharged from hospital after farewelling all the patients in the St Cecilia ward and recommending the nurses watch ‘Shortland Street’ and ‘Green Wing’ to further their medical acumen.

As we drove away it suddenly hit me “No More Morphine” aarrrrggggg!!!!!! The next few days were really going to hurt.



12 Days after surgery:

Hey Look! Bandy legs no more. Compare this photo with the one taken the night before surgery “Magic Eh”

There were good days and there were bad days but the pain remained constant. Tramadol and Panadol helped but the greatest relief came from ice packs. Personally I found that frozen peas were the best. I highly recommend the mint flavoured frozen peas variety as they seemed to work best.

At the 12 day mark I could achieve a left knee bend of 90° and 105° for the right knee. Long way to go yet before cycling.



13 Days after surgery: Walkathon around Western Springs Lake. Another in depth fashion debate took place. Being handicapped I wanted to walk the springs in my pyjamas and slippers. She won; I lost but got to wear my slippers.



22 days after surgery:

First attempt on the trainer but without resistance. Oh Yes! The thrill and excitement of finally sitting on my spare bike and peddling like no tomorrow. Lasted 2 minutes before tiring out but managed to achieve a cadence of 15rpm. (retire Gordon your days are numbered).

Most difficult and painful part was rotating the legs over the top of the peddle stroke from the 10 o'clock mark through to the 2 o'clock position.

To complete one full turn of the pedals the range of motion at the knees needs to extent from 30 degrees to approximately 110 degrees. Before commencing to spin on a stationary trainer it's necessary to have a minimum flexion of 100 degrees so that a complete circle of the cranks can be achieved.

A month on the trainer and then gentle easing into actual road cycling. That's my plan anyway.

Only 180 days to go until K2.

Cycling in General: {or how I will learn to love my knees again after surgery}

Compared to other forms of sport and exercises cycling is a very knee friendly activity that will help to improve both the stability and the mobility of the knee joint.

Cycling is a popular recommendation as a rehabilitation exercise or past time after surgery, knee injury and TKR as well as for people suffering from general knee weakness. Cycling may also be used to manage chronic degenerative conditions such as osteoarthritis.

There are a number of features that make cycling an excellent tool for knee rehabilitation mainly because cycling:

- Uses a range of motions required by most daily living activities
- Stable body position
- Low impact
- Non weight bearing
- Controlled leg movement
- Variable resistance
- Excellent cardiovascular enhancing activity (aerobic)
- Restores muscle strength around the knees
- Helps prevent reoccurrence of the injury
- Increases knee joint movement range
- Decreases or eliminates pain

Whether the use of a stationary bike, bike trainer (as used in Sadie's spin classes), exer-cycle, bike ergometer or what ever is the preferred rehab method the most important issue is to be correctly fitted into the bicycle by a professional.

A correct bike fit is not a cost it's an insurance benefit that must never be over looked.

And so ends the saga of my implants. Apologies for boring the living day lights out of you but I felt it necessary to rant. Besides, during the mandatory coffee stops after future rides how many will be able to quietly sip and say "I've had enhancement surgery and I get to set off security alarms" ha ha ha.

"Avanti con passione sfrenata, la Vita e Bella". [forward with unbridled passione, life is beautiful]
Ride safe and strong. Lust for an upgrade.

Franco.