

Beyond the Fringefan [#555]

BEYOND THE FRINGEFAN was expecting by this time to be back at the N.Y. Cadre (1088 East 40th Street, Brooklyn, New York 11210 (☎(718) NY-CADRE; 📧↔️📧 nycadre [at] acedsl [dot] com; 🌐http://www [dot] nycadre [dot]

org)), but that does not seem to have come to pass. He'll tell the story in between sessions of PT at the rehab, and call it **Beyond the Fringefan #555**, for readers of **APA-NYU** Volume 23, #2 (e-APA-NYU #231) and others who have a bone to pick, published February 2025 as a combined production of Quick Brown Fox Press and Syscrash Consulting, both subsidiaries of **HIGAMAJIG**. Cartoon above from *Bizarro* by Dan Piraro, 12 February 2025. All uncredited material copyright ©2025 by Marc S. Glasser. Member fwa.

DO ALL THE HIPPIES SEEM TO GET THE JUMP ON YOU?: I spent much of late January and early February preparing, emotionally, bureaucratically, and logistically, for my hip replacement and its aftermath. (Fortunately, the renovation work in the Wreck Room got completed more or less on time and only somewhat over budget, and Donna was pleased with the results.)

My PCP had cleared me for surgery, but my cardiologist's office demanded I return just a week before the operation for a final clearance (despite his having told me a month earlier that, having completed a stress test, I was cleared with him). I saw my dentist for a checkup, and I shlepped to Astor Place Haircutters to get a trim (from the one guy I currently trust not to cut it too short), since I wasn't sure how soon I'd be up for making either trek again. I tried logging on to Aldi's and Shop Rite's home-order web sites, though I didn't actually complete an order with either one. I confirmed that the agency providing aides for Donna would send one for me as soon as the hospital released me. With Ethan's assistance, I set up the easy-chair-that-unfolds-into-a-bed in the living room and added a layer of "eggcrate" foam to its rather thin mattress, so that that aide would have a place to sleep during the first few days when I needed him/her 24/7. [The last couple of things turned out to be wasted effort; read on.]

Friday the 7th, the hospital called and told me I should be prepared to show up at 9 am Monday (mercifully not 6 am as they'd previously told me it might be!), and also offered to send an Uber car for

me. That meant all I had to do Monday morning was get up and dressed and out the door by 8:30 or so. I showered Sunday night, slept in freshly laundered sheets, and, upon awakening, scrubbed down my left leg and hip with some anti-microbial wipes the hospital had provided, before dressing in freshly laundered clothes and heading out the door with my phone and charger, headphones, and some crossword puzzles. (No hearing aids; the surgical coordinator had said it was far too easy for them to get lost.) The Uber was early and I found myself at the hospital half an hour ahead of schedule. After the usual medical-bureaucratic hurry-up-and-wait, I was taken into the operating room with an IV in my vein at 11:45 am. As the anesthesiologist began connecting his tubes to the IV, I began to sing “I Wanna Be Sedated.” No one laughed or even acknowledged the reference. I was disappointed.

The next thing I knew, I was in the recovery room, and the clock on the wall read 3:45. I immediately checked for any tubes going into my nose and mouth or coming out my genitals, and was relieved to find no such tubes at all. What I did have was a large foam cushion strapped between my legs, two feet long, four inches thick, and tapering from eighteen inches wide at the ankles to half that at the thighs. This was to make sure I didn’t inadvertently cross my legs, apparently a Very Bad Thing after this surgery. However, it effectively immobilized me; I couldn’t move anything below my shoulders (though I could wiggle my toes). I also had a fairly thick dressing at the incision site, a couple of inches wide and maybe eight inches long, covering (I was told) a layer of staples on top of a layer or two of stitches. The doctor said everything had gone fine, and I’d be moved to a regular room as soon as one was available.



“So, am I gonna need stitches?”

(Close to Home by John McPherson, 3 April 2024)

It only took two hours for the hospital to find me a bed in a regular room, *mirabile dictu*. Ethan and Ashley met me there and helped me get settled in. The hospital managed to scare me up a dinner, which I inhaled since I hadn’t eaten in 18 hours. I called Donna to confirm I hadn’t died on the operating table, posted an online update, tried to watch a couple of game shows on TV (terrible reception), found myself zoning out, and decided that an early crash made sense.

Typically, I awoke after an hour and a half with a full bladder. As I was not permitted to leave the bed to go to the bathroom, or even to sit on the edge of the bed, I was re-introduced to the wonders of the urinal bottle, something I hadn’t used in at least two decades. [REDACTED: Detailed chronology of my trials and tribulations getting used to using the thing.] It got easier over the next day or so, fortunately, since my habit of waking up with a full bladder every 90 to 180 minutes reasserted itself.

I don’t think I got any real sleep Monday night, or even Tuesday night; not only was I immobile in a position I don’t usually sleep in, but my roommate Robert F., who was scheduled for abdominal surgery of some sort on Tuesday, was up all Monday night moaning in pain, watching TV, and making trips to the bathroom. (And after his surgery, there were complications that had nurses running around in the room all Tuesday night cleaning up blood and performing abdominal irrigation.) There were also the usual beeps and other signals and alarms ubiquitous in any hospital room these days.

Tuesday morning I was visited both by the surgeon himself and his PA, both of whom said I was healing nicely and could leave the bed (with help) to go to the bathroom. They also said that this would likely be the most painful day, and I might be mostly pain-free in a couple of weeks.

Shortly after, the charge nurse asked about going into rehab. *Now* they ask me? I pointed out that the surgeon had told me I wouldn't have the option, and so we'd made other plans. But three or four other hospital officials raised the issue again over the rest of the day. I started to wonder...

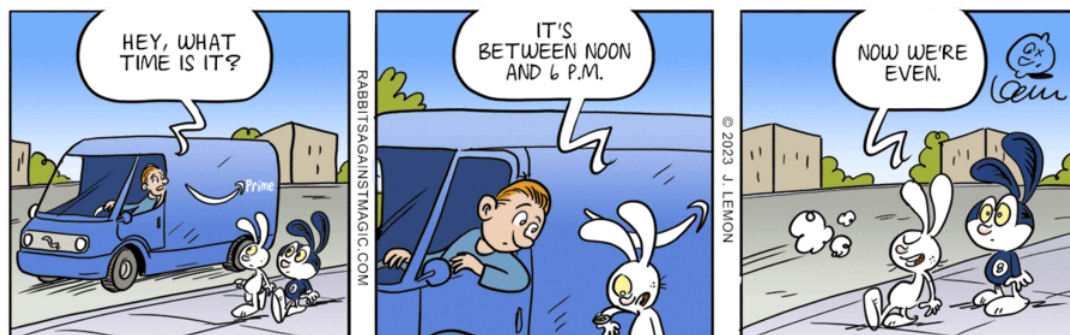
Then I got my first PT, ten minutes' worth, from a therapist who helped me to stand up using a walker (theirs), and walked with me from bed to room door and back. Painful. 4 or 5 on a scale of 1 to 10. I noted that there was no toilet riser and no higher chair, items that one would expect to be *de rigueur* in a hospital where they do hip replacements regularly. I asked him if they existed anywhere in the hospital at all; he said he'd try to find them, but didn't seem very hopeful. I asked other nurses and aides, with similar results.

Wednesday we did another ten-minute session of PT. It was hardly any less painful than on Tuesday, and I began to doubt that I was really ready to head home, even with a 24/7 aide. The hospital had not found a tall chair or a toilet riser, but we now had a commode frame, which gave us at least the extra height. I was able to defecate for the first time in three days, but needed help from a nurse and the PT guy to clean me up afterward. That's something I'll be happy when I no longer need help with.

The hospital's bureaucrats came by and told me they were ready to discharge me, and was I sure I wasn't going to rehab? I spoke with Donna and Ethan, and we decided that I should go in for rehab after all, at least until I could walk without pain. I called the aide agency and canceled the 24/7 aide for me, and arranged instead for Donna to add a second four-hour shift lasting into the evening, so that someone could feed her and put her to bed. (In fact, Ashanti volunteered to take on the evening shifts six nights a week.)

I was then informed that Medicare rules forced the hospital to keep me a third night before sending me to rehab. Go figure.

[I think it was around this juncture that I received a call from the Cadre: Ashanti the aide had tried to do a load of laundry and found the four-month-old washing machine unresponsive. We'd paid P.C. Richard a pretty penny for an extended service contract, so I called them immediately and was told they'd be happy to have someone come over Tuesday, six days later. I explained that it had to be between 2 and 10 pm, since no one would be able to answer the door except during those hours. The operator told me they'd call on Monday night with a time frame, and I could adjust it then. This led to a series of interactions which caused much more aggravation over the next two weeks, and was far too reminiscent, for my tastes, of what I'd gone through with Sears just a year ago. There were visits from service techs at precisely the times we'd told them *not* to show up, messages sent by computers at times when the



(*Rabbits Against Magic* by Jonathan Lemon, 23 October 2023)

actual offices were closed so that we had no way of responding, and of course no one taking responsibility for correcting any of the screwups. Endy ended up finding a pickup-and-drop-off laundry in the neighborhood after a few days and sending in two giant loads that cost us \$250 over the next two

weeks. As I type this, five days before collation, we still don't have a working washing machine. Nice relaxing way to recuperate.]

Thursday morning I finally realized why the food had been so tasteless. They had me on a salt-free diet. (They don't call it that; the piece of paper that came with the meals just said "heart healthy.") I don't use an excessive amount of salt in my food, and my blood pressure has never been high. I asked the lunch menu lady when she came by, and she claimed that everyone who comes into this hospital gets the salt-free diet. If you figure out what's going on and explicitly ask, they'll *maybe* give you a packet of salt on the side. Fortunately, I was leaving that day. (Don't even ask about the coffee. No amount of milk and sugar could make it drinkable. But I learned that about institutional coffee decades ago.)

Unfortunately, they were so eager to get rid of me that they couldn't be bothered to give me even another meager 10-minute PT session. After the usual ton of forms to sign, a couple of ambulance drivers came by and shlepped me about a mile and a half over to Ditmas Park Rehab, where Donna had spent a few months in the past and been favorably impressed. I changed my phone's ringtone to the Beatles' "Getting Better."

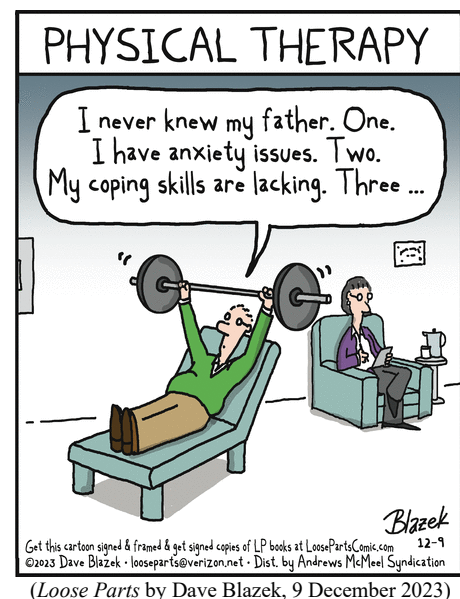
I dealt with the admission bureaucracy at Ditmas over the next few hours (including one who communicated via Zoom using a screen mounted on a robot that trundled into the room and sought the best view of me), and learned to my disappointment that no one from PT would even evaluate me until Friday, at which point it would be the weekend and no full-scale PT could be expected until Monday morning.

The room was quieter, though my new roommate, Raymond (who'd been there for months recovering from some sort of intestinal cancer surgery) did tend to watch a lot of TV westerns and game shows; he also listened to music on his phone, but at a reasonable volume and mostly from the '60s through '90s and mostly palatable to me. (I don't know what app he was using, but what I heard the first evening was about 50% Elton John, shifting over to some Cat Stevens, and the next day was dominated by R&B and soul. I like a man with eclectic tastes.)

The PT evaluation disclosed that I was having more trouble doing leg lifts with the replaced hip than I'd been two days earlier. I hoped that it was just a matter of the extended inactivity, but I worried. The PT ladies assigned me to do leg lifts when I could, leg presses otherwise, and butt squeezes (!), 40 reps at a time, preferably three or four times a day, until I could get started in the PT gym.

So I remained mostly immobile through Thursday night and Friday. In response to my requests for higher-altitude seating, they brought a commode into the bathroom on Friday, and a wheelchair to the room on Saturday. That was liberating; at last I was not stuck in the bed all day. Hell, I was even more mobile than on a walker, though zipping around the hall in a wheelchair wasn't contributing much to my physical rehab.

Ethan dropped in with some supplies on Saturday and a few more needs on Sunday, and we did a little exploring, not that there was much to see. I also got a quick exam from the attending physician in charge of rehab when he stopped in on Sunday morning (!); he said the leg was showing appropriate strength



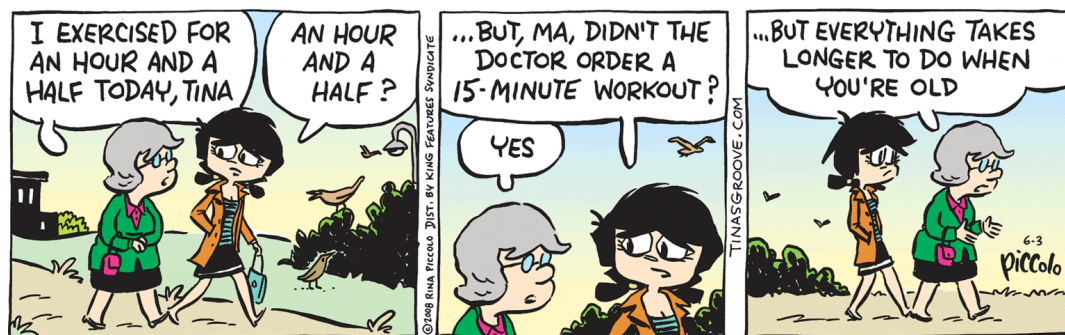
and response, and thought the trouble I was having with leg lifts would go away once I was getting more activity in. This came true over the next few days.

[I'm omitting most of the panicked phone calls from Donna, who really was not adjusting well to the lack of 24/7 coverage. If and when I get the other hip done, I think we can manage it only if she moves into assisted living of some sort for the whole time I'm not home.]

Monday, 17 February, I finally got to get some PT—actually PT and OT (occupational therapy; don't ask me the difference between the two), a bit more than half an hour of each. This also meant I finally put on some clothes rather than just a hospital gown. I did an assortment of leg lifts, bends, and stretches while wearing leg weights, walked a couple of dozen feet with a walker, and also did some arm strength training on a weight machine (trivial amounts of weight throughout, but baby steps). I told PT Edward and OT Una that I really wanted some training on stairs, since we have those six steps to get in the front door of the Cadre. They promised to work on that.

Tuesday I managed to squeeze in some PT and OT in between a series of calls to various unhelpful PC Richards people, a bunch of calls to the aide agency to deal with Ashanti's having called in sick for the evening shift, and some research on what nearby laundromats were willing to do pick-up and delivery on short notice. We were able to arrange another aide, Adelphine, for that night (she and Donna did not seem to play well together, so we won't be getting her back); fortunately, Ashanti was back for the full eight hours the next day.

Over the next few days I got to do more PT and OT. I tried some stairs in the PT gym; they turned out to be surprisingly easy to deal with, as long as I remembered to double-step (put both feet on each step) and follow the principle of "good goes to Heaven, bad goes to Hell" (lead with the good foot when going up, but lead with the bad foot when going down). I walked increasing distances with the walker (150 feet) and also with a rollator, which I found much less choppy to use—I got to about 300 feet with that, the length of a short city block. They also tested my "standing tolerance" by seeing if I could stay on my feet for four minutes at a time, twice, while turning a set of bicycle cranks with my hands. But they still wouldn't let me walk, with walker or rollator, without a therapist a couple of feet behind me with the wheelchair.



(Tina's Groove by Rina Piccolo, circa 2008)

So as of twelve days post-surgery, I'm not in great pain overall; the muscles around the new joint ache, especially after I do the PT exercises, but it's no worse than before the surgery, and I haven't felt the need for anything stronger than acetaminophen since I got to rehab.

I'm fairly sure I'll be here in the rehab for another week; for one thing, they'll arrange an ambulance to get me to and from my follow-up appointment with the surgeon on 26 February—one less bit of logistics for me to deal with. But I expect I'll be agitating to get sent home by the time this gets sent out.

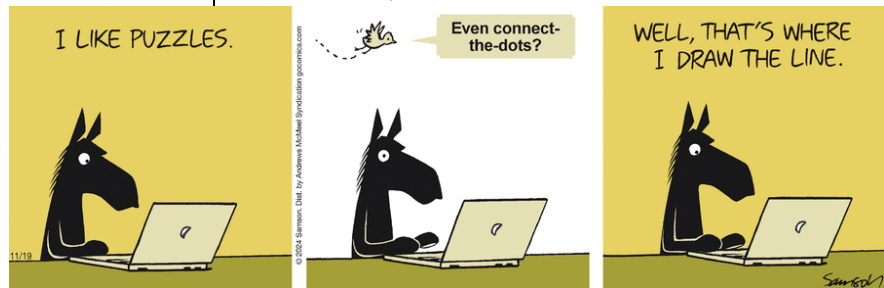
Fringe Reception: Comments on APA-NYU, Volume 23, #1 (e-APA-NYU #230)

JAMISON, TAKE e-LETTER (Mark L. Blackman):

As I type this at the rehab, I understand you're over at Mount Sinai Brooklyn, two miles from here, and likely to be coming here for rehab yourself. This raises the possibility of another NYUSFS meeting in a place where no one is expected to be well. [Follow-up: it happened, on Thursday night, 20 February.] */ (¢APA-NEWS) The problem with memorializing members of the Elves', Gnomes', and Little Men's Science Fiction, Chowder, and Marching Society is that if I put in the group's full name, there's no room for anything else. */ (¢self) "I'm surprised that Thump hasn't nominated Mike Lindell, Alex Jones &/or the escaped lab monkeys." Ssh! Don't give him any more ideas! */ (¢me) "Did your bike-riding strengthen your hip & delay need for surgery or bring it on earlier?" Probably neither, though it may have kept my leg muscles in better tone so that I could regain function faster after the surgery. The PT stretches I've been doing every night before bed for many years may have helped in that direction too. */ The cane may indeed "mark [one] as the weak antelope in the herd," but walking laboriously and at half the speed of everyone else (not to mention sporting a headful of steel-gray hair) probably does too. It did get cumbersome at times, especially when getting in and out of the car, but in the last month before surgery, I was more and more glad to have it.

CAN'T THINK OF A TITLE vs. I COULD ALWAYS RE-USE A TITLE FROM THE PRINT APA-NYU (Chas Belov): Hey, they can't all be gems. (I should talk; I haven't changed my zine title in 50 years. I do try to use a different headline font each month except January, but the people who read this in text-only format never get to appreciate that.) */ Congratulations on having the persistence to complete the creation of

a full-size crossword and the guts to submit it to the *New York Times*. If you got only a generic rejection, maybe it means you need to demonstrate your commitment by submitting a second or third before you get detailed editor's notes. After all, it's the biggest game in town and probably receives hundreds if not thousands of submissions. I'd definitely submit it to the *L.A. Times*; what have you got to lose? And if you get into an argument with a puzzle editor about the worth of your submission, you could write a zine about it, titled *Crosswords vs. Cross Words*. */ Is



(Dark Side of the Horse by Samson, 19 November 2024)

there an archive of past Sunday crosswords you can use for research? In 2,600 Sundays over the past half-century, it seems more than possible to me that they've done a cats-and-dogs theme before. Maybe more than once. */ (¢me) Wow, I'd forgotten *The MAD Show*. My parents took me and my sister to see it during its original Off-Broadway run. I remember Linda Lavin singing "The Boy From..." I did not know, till I looked it up just now, that the late Stephen Sondheim was one of the songwriters. */ (¢Blackman) "But how did the singers get around the you-must-be-quiet-in-the-library rule?" It may depend on who you know. A decade or so ago, I went with Deb and Sue to the library near them to hear a performance by an all-librarian jazz band called Lost in the Stacks. (Sue tells me they're no longer together. You can find a video or two of them on YouTube.) */ (¢me) "Looks like your special symbols all became tofu in the PDF version of your colophon." In the December collation? They seem to display OK when I open the file here. Can you send me a screen grab?

So I'm looking forward to a springtime of increased mobility, and maybe even (if that's not asking too much) getting around without mobility aids come summer. We Shall See. Enjoy the nicer weather and don't forget to Spring Forward.

>Portions of the preceding tried to make me go to rehab, but I said "Yes, yes, yes!"<