

Thank You, Creedence

By Sarah Birnbach

I had mistakenly believed I could dominate a mid-size piece of Samsonite luggage. Twenty years before, I'd clung to the handle of my suitcase as it circled an airport conveyor belt, the bag stubbornly unwilling to budge, and me tenaciously refusing to let go. My bullheadedness resulted in a partial tear to the rotator cuff in my right shoulder, which lingered for 19 years with only minimal inconvenience to my life. Then—maybe it was when I was bench pressing 50 pounds in the gym before the pandemic? — that partial tear became a full tear.

Months of physical therapy included walking my fingers up a wall like a spider, stretching elastic bands as if they were silly putty, and being manipulated by my physical therapist who, when I said, “That hurts,” replied “I know.”

Whenever the shoulder flared up, I relied on conservative therapies including cortisone shots (which I later learned can lead to cartilage damage and an increased risk of osteoporosis), dry needling, PRP (platelet-rich plasma), and assorted pain medications. But the time had come to take revenge on the relentless shoulder pain.

“As I see it,” said my doctor, “you have two options now: Lipogems with a recovery time of weeks, or shoulder surgery with a recovery time of six to nine months.”

I couldn't commit to six or more months of being unable to lift my 2-year-old grandson or make chocolate chip waffles with his 4-year-old brother. “Let's do the Lipogems.” My decision was instantaneous. He began explaining the procedure; the first part involved liposuction.

“Great!” I was excited.

Never having thought of myself as someone who would have liposuction, the option didn't sound so bad, especially if I could regain some of the youthful figure of my 25-year-old self.

“Please take the fat from my belly. I haven't been able to flatten that area despite years of endless crunches and exhausting ab exercise every week.”

“There's too much blood in belly fat,” he explained. “We have to take it from the buttocks.”

“That's not bad. I could use less padding in that area, too.”

Before I could say anything more, the doctor quickly added, “There won't be a cosmetic difference when we're finished.”

“Oh darn . . . I guess a shoulder that can move pain-free in every direction beats a flat butt. What are the downsides?” I asked.

“You might have some swelling or inflammation at both the harvest and injection sites. But that should go away in a few days. You might also have some bruising on the buttocks. And you shouldn't do anything strenuous, including exercise, for at least four weeks afterward.”

Hmmm....harvesting . . . like a cabbage field? “And the pluses?”

“It's a minimally invasive procedure. Your fat will help cushion and support your shoulder and help it function better. The success and the recovery period vary from person to person. But estimates are that about 60% of people have really good results.”

As is my nature, I continued questioning, in my relentless pursuit of facts.

“What's the procedure, doctor?”

“After we harvest the fat and clean it, we'll inject it into six places in the shoulder—your supraspinatus, infraspinatus, biceps tendon, subscapularis, anterior labrum, and posterior labrum.”

Those words sounded like a song Julie Andrews would sing. “And the recovery period?”

“You'll be sore for a couple of weeks. In week one, you'll keep your arm in a sling. In week two, you can start doing some gentle shoulder exercises that I'll give you. In week three, you'll start physical therapy for six weeks.”

Since knowledge is my antidote for worry, I devoted the next weeks to extensive research. Lipogems is the short-cut word for a cutting-edge technology that uses the natural healing capabilities of the body. The technical name for this procedure is Autologous Micro fragmented Adipose Injections. Lipogems is the name of the device that processes the fat graft.

The procedure involves “harvesting” the autologous adipose tissue, more commonly known as “fat,” concentrating it inside a chamber with many small steel balls, and shaking it in a device like a cocktail shaker so the steel balls macerate the fat while saline cleans it. The fat is micro-fragmented and purified to leave the healing cells. Adipose tissue has 100-500 times more restorative cells than other tissue and helps promote healing. The use of fat to accelerate the healing of soldiers' battle wounds goes back as far as World War I. I also learned that as we age, our fat, unlike other tissue, such as bone marrow - which can lose healing capacity with age-maintains its reparative properties. God bless my aged fat. Now when I see my image in a bathing suit, I can remind myself, “That's just my adipose tissue with its great healing qualities.”

On the morning of the afternoon procedure, my apprehension heightened uncharacteristically with each passing hour. Deep, slow breathing and meditation failed me. I couldn't understand my reaction, which I considered irrational, given that I understood the procedure and what to expect during and after. When I arrived at the office, I was escorted to a sterilized room and given paper-like pajamas to wear. I was allowed to keep on only my favorite socks—the ones printed with piles of books, an open blank journal with a pair of eyeglasses on top, and a cup of tea.

“Are you a librarian?” the assistant asked.

“No, I just love to read. And journal. And I love socks.”

The two doctors and two nurses who would be with me for the two-hour procedure entered dressed in the typical blue scrubs, with paper booties over their shoes, wearing the face masks and shields are now considered essential parts of COVID-19 protective wear.

The doctor, after seeing my hands tremble, told the nurse to bring in two tanks of nitrous oxide, called “laughing gas.” The steel grey cylinders reminded me of the oxygen tanks I used to wear when scuba diving.

"Do I need this, doctor?"

“It will help you stay calm, like taking a mild sedative. You may feel a bit lightheaded, but it has no negative side effects, so I suggest you use it. It will also mean you’ll feel less pain.”

“Well then, let me have it.”

I've since learned that laughing gas does not relieve pain; it only disassociates you from the pain. I would still feel the stinging of needles, but I wouldn't be bothered or anxious about it.

I wondered if I could get it in pill form, without a prescription.

I trusted my doctor implicitly. He had shared the sonogram views of my shoulder multiple times, elucidating every muscle and tendon on the screen. His easy-to-understand explanations and genial bedside manner made him easy to trust. I appreciated his reliance on non-surgical management of orthopedic problems, of which I'd had enough to single-handedly ensure his early retirement. He was a team physician for professional sports teams. If he could patch up football and hockey players, I figured he could take care of me.

“Are you ready?” asked my doctor.

“As ready as I'll ever be.”

I lay face down on the treatment table with a face rest like those used by massage therapists. Once I put my face in the hole, I could see only the floor and the booty-covered shoes of the

nurse standing on my left. She passed the tube connected to the tank to me, and I quickly got the hang of it-inhale deeply, trumpet sound on the exhale. After a few deep breaths and I was feeling strangely contented. Relaxed, just as promised.

The doctors injected lidocaine into each butt cheek, numbing them so I wouldn't feel the harvesting. Then we all waited for the medicine to kick in. "Would you like to listen to music during the procedure?" the assisting doctor asked.

"Absolutely. Thank you."

While waiting for the numbing to take effect, someone brought in Echo, the first cousin to my friend, Alexa. By now I was sucking air, listening to the trumpet sound with each exhale, and not caring much about the goings-on in the room.

"What would you like to hear?" one of the nurses asked.

"Cee Cee Aaahr please," the words came out garbled and shrill.

"What?" asked the other nurse, several decades younger than me.

So, I signed the letters C-C-R. Fortunately, she knew sign language but didn't know the band, Creedence Clearwater Revival. "Creeeedeeence Cleer waahteer reeeeviiiiivaaal," I squealed, hardly recognizing the high-pitched voice as my own. I started laughing, not because of the gas, but because I sounded like Julia Roberts in the bathtub scene in *Pretty Woman*, squeaking along with Prince, very much off tune.

"Who's that?" the two nurses asked in unison.

"Haven't you ever heard 'Proud Mary?'" I asked.

"What?"

I thought everyone knew "Proud Mary." I was undoubtedly showing my age, because I had loved the band since they first appeared on the Ed Sullivan show in March 1969. And their words, "I never lost one minute of sleepin' worryin' 'bout the way things might have been," became part of my life view.

"We're going to start now," said my doctor. He was positioned along my right cheek, the female assisting doctor hovered over my left cheek.

Someone told Echo to play CCR and the music began with "Traveling Band." Since I listen to CCR on my daily three-mile walks, I know the words to most CCR songs. I began singing along, tapping my feet in time with the music, watching the nurse's shadows as they swayed along. Then came one of the few Creedence songs I don't like. When I asked Echo to go to

the next song, the device couldn't understand me, so my doctor chimed in with a most authoritarian voice, "Echo, next song."

I was vaguely aware that the doctors were simultaneously sucking fat from both cheeks of my buttocks in time to the music. The vials of fat and blood were given to the nurse standing on my left side and she began shaking them to remove the blood, keeping time with the beat, and reminding me of the sound of my father mixing whiskey sours.

"Shake, shake, shake. shake, shake, shake. Shake your booty," I sang. "You'll have to shake your booty. Mine is occupied at the moment."

I was dimly aware that the doctors and nurses were laughing.

Next, the collected fat was processed in the Lipogems device using a sterile saline solution to remove contaminants. What kinds of contaminants could I possibly have in my butt fat? My fat was washed, rinsed, and resized into smaller clusters while keeping its natural beneficial properties. The doctor then used a so-called small needle (size being relative) to inject the tissue into the six treatment sites.

While the nurse was processing my fat, Echo began playing "Lodi," another of my favorite Creedence Clearwater Revival songs. I began singing along with John Fogerty, and soon saw the humor in the words "Stuck in ole' Lodi again."

It seemed kind of ironic to be singing about being stuck when I was having multiple needles inserted into six different parts of my shoulder. Was it my imagination, or was my doctor sticking me in the shoulder each time Creedence sang the words, "stuck in"?

"You must live a healthy lifestyle. You have beautiful fat," my doctor said with all sincerity. "I'll bet you say that to all your patients," I kidded. A collective, emphatic "Oh no!" went up simultaneously from everyone in the room.

"I only say that when it's true," he responded. "We had another patient today whose fat was so thin we had to take many more vials of it to get what we needed."

"We've seen some very yucky fat," the nurse confirmed.

"Well, if I have such good fat, take more. You can use it for patients with yucky fat. I'm happy to be a butt fat donor."

Then came Proud Mary. "This is it. This is "Proud Mary," I shouted. I sang at the top of my lungs, though the voice sounded nothing like my own. I giggled when my doctor joined in the chorus. And I laughed out loud when I lifted my head just enough to see the two nurses sashaying to the music.

"I think that's enough gas for you," the doctor said.

"Gee . . . and I was just getting started," I complained, as the nurse took the tube from my hand and rested it on top of the tanks. At this point, I was able to turn my head and watch the procedure via ultrasound on the huge TV monitor. Watching the needle going into the tissue and seeing my fat filling the blank spaces was as mesmerizing as an awe-inspiring sunset. I couldn't avert my eyes from the screen. In a serious moment I asked the doctor, "Once the harvesting is done, why don't you just have patients sit up? Wouldn't that be easier?"

"I used to do it that way until a 230-pound police officer fainted while I had the needle in his shoulder. I was trying to hold him up and still hold onto the needle to complete the injection.

Since then, all my patients lie face down. I chuckled as I visualized the scene, unaware that he was on the sixth and final injection. "OK. All finished. You've done really great."

Not quite. What's up, I was dizzy and light-headed. One of the nurses exited quickly and returned with apple juice boxes, each with a straw the size of a toothpick. It was a while before my head cleared enough to listen to the doctor review the next steps.

"Stay home for at least the next 48 hours. Rest. Take acetaminophen as needed. No ibuprofen. Start wall walks, internal and external rotations, and pendulum gestures beginning the second week. On week three, you start physical therapy, and you can return to the gym for lower body exercises only. I'll see you back in six weeks."

I'd already gotten all this in writing. Good thing, since the fog had made a home in my brain.

As the nurses left the room, I overheard one say, "This was the liveliest Lipogem patient we've ever had."

And, I thought to myself, I couldn't have asked for a better team. Together we had made an otherwise onerous medical procedure into a good-for-the-soul experience.

"Why don't you sit here for a few minutes? Drink the juice and we'll help you stand up whenever you're ready."

"Okay. That will give me time for another Creedence Clearwater Revival song." Sitting in the empty room, I chuckled as "Bad Moon Rising" began to play. In that moment, I realized that the music had imbued me with resilience; it had turned my focus from needles to lyrics; it had distracted me from pain and shaken off my anxiety; it had brought a light-heartedness to the antiseptic space.

"Thank you, Creedence!"

Sarah Birnbach spent 35 years as a human resource management consultant helping organizations to achieve peak performance and was a sought-after speaker at conferences across multiple industries. As an LCSW, she conducted therapy for families and adolescents in a juvenile and domestic relations court, and became a certified journal facilitator in 2010. As a writer and author, Birnbach is a six-time award winner in the Soul-Making Keats Literary Competition, a two-time award winner from *Bethesda* magazine, and her stories have appeared in numerous literary magazines and journals. Her soon-to-be-published memoir, *A Daughter's Final Gift*, follows her journey through the year after her father's death. She lives outside Washington, D.C. with her husband and enjoys being Grandma to her 7 grandchildren. sarahbirnbach.com