MUNICH — I recently had a hysterectomy here in Munich, where we moved from California four years ago for my husband’s job. Even though his job ended a year ago, we decided to stay while he tries to start a business. Thanks to the German health care system, our insurance remained in force. This, however, is not a story about the benefits of universal health care.

Thanks to modern medicine, my hysterectomy was performed laparoscopically, without an overnight hospital stay. My only concern about this early release was pain management. The fibroids that necessitated the surgery were particularly large and painful, and the procedure would be more complicated.

I brought up the subject of painkillers with my gynecologist weeks before my surgery. She said that I would be given ibuprofen. “Is that it?” I asked. “That’s what I take if I have a headache. The removal of an organ certainly deserves more.”

“That’s all you will need,” she said, with the body confidence that comes from a lifetime of skiing in crisp, Alpine air.
I decided to pursue the topic with the surgeon.

He said the same thing. He was sure that the removal of my uterus would not require narcotics afterward. I didn’t want him to think I was a drug addict, but I wanted a prescription for something that would knock me out for the first few nights, and maybe half the day.

With mounting panic, I decided to speak to the anesthesiologist, my last resort.

This time, I used a different tactic. I told him how appalled I had been when my teenager was given 30 Vicodin pills after she had her wisdom teeth removed in the United States. “I am not looking for that,” I said, “but I am concerned about pain management. I won’t be able to sleep. I know I can have ibuprofen, but can I have two or three pills with codeine for the first few nights? Let me remind you that I am getting an entire organ removed.”

The anesthesiologist explained that during surgery and recovery I would be given strong painkillers, but once I got home the pain would not require narcotics. To paraphrase him, he said: “Pain is a part of life. We cannot eliminate it nor do we want to. The pain will guide you. You will know when to rest more; you will know when you are healing. If I give you Vicodin, you will no longer feel the pain, yes, but you will no longer know what your body is telling you. You might overexert yourself because you are no longer feeling the pain signals. All you need is rest. And please be careful with ibuprofen. It’s not good for your kidneys. Only take it if you must. Your body will heal itself with rest.”

I didn’t mention that I use ibuprofen like candy. Why else do they come in such jumbo sizes at American warehouse stores? Instead, I thought about his poetic explanation of pain as my guide, although his mention of “just resting” was disturbing. What exactly is resting?

I know how to sleep but resting is an in-between space I do not inhabit. It’s like an ambiguous place that can be reached only by walking into a magic closet and emerging on the other side to find a dense forest and a talking lion, a lion who can guide me toward the owl who supplies the forest with pain pills.
“I do have another question,” I said. “Stool softeners — certainly, you prescribe those? That’s pretty standard with anesthesia throughout the modern world, I believe.”

“You won’t need those,” he answered in his calm voice. “Your body will function just fine. Just give it a day or two. Drink a cup of coffee, slowly. And whatever you do, do not get it in a to-go cup. You must sit in one place and enjoy this cup, slowly.”

His gentle suggestion to trust my body almost brought me to tears. It reminded me of the poster in my doctor’s waiting room, the one informing us that herbal tea is the first remedy to try when we have a cold. The first remedy I try is the decongestants I bring with me from the United States. I can’t find those in Germany, nor can I find the children’s cough medicine that makes my child drowsy. I also import that.

Come to think of it, I bring a lot of medicine with me from the United States, all over the counter, all intended to take away discomfort. The German doctors were telling me that being uncomfortable is O.K.

My first night home after surgery, I didn’t sleep well because of the pain from the carbon dioxide pumped into my body for the laparoscopy. Had I had something to knock me out, I would have taken it.

In the morning, my husband propped me up in bed and brought me a pot of tea. I was tired and uncomfortable, and I was bored. An entire day lay ahead of me. I was dreading it.

I took two ibuprofens that first day. In hindsight, I didn’t need them, but I felt like I should take something. What I really needed was patience pills, and a few distractions. The hardest part of my recovery was lingering in bed, or on the sofa, feeling the discomfort and boredom as time ticked by slowly. I didn’t feel like reading or doing much of anything. I watched a few movies and many episodes of “Antiques Roadshow.”

Every day, my body felt a little better. I drank mint tea. I drank fennel tea. I drank homemade chai with ginger, cardamom and pepper. I drank coffee slowly,
enjoying every sip. I lingered in that in-between space.

   After a week, I took the tram to the doctor’s office to have my stitches removed. My doctor, with her usual cup of chamomile tea in hand, remarked on my progress. “I rested,” I told her. Normally, I would have said, “I did nothing,” but I didn’t say that. I had been healing, and that’s something.

   I did say that this story is not about the benefits of universal health care, but for the sake of accuracy, let me add that this hysterectomy was not without cost. After my surgery, I had to pay $25 for the taxi ride home.

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