

**Medical Update Blog – Susie Wilson Crabtree
Knee Replacement Surgeries with Med To Go
January 2009 thru September 2009**

#1 Jan 6 2009

This is from Sam. I have just returned from CIMA Hospital where Susie is. Her left knee was replaced this morning. She was in the recovery room by about 10:30, awake and feeling pretty good, except for some pain - she said 6 on a scale from 1 to 10 with 10 being the worst pain she's ever had. The doctor said the operation went fine. She was moved to a regular hospital room a little after noon.

The surgical team could have been an American football team, there was at least 11 of them! The treatment by this doctor and his team is wonderful. Dr. Inigo even gave Susie a cell phone programmed with his number, the anesthesiologist, the head nurse of the team, the physical therapist, and I can't remember who all else so that she can call any of them at any time if she has a question or needs something that the hospital staff won't supply without doctor's orders. The anti embolism pressure pump and elastic pressure stockings were put on almost before the gurney that brought her out of the operating room stopped. There is a CPM machine available and both she and I were individually given directions on its use and operation by the doctor that is her physical therapist. All players on the team are fluent in English, and the hospital nurses that service her are mostly fluent also. The care that I observed was superb.

Within a few minutes of her arrival in the recovery room she was able to lift each leg, not very far. But hey, that's much better than last time when she was dead from the waist down for two days. Things are going well, much better than either of us expected. She'll probably get out the next post-op update herself.

Thank each and every one of you for your well wishes and prayers.

#2 Jan 9 2009

Susie is dictating this to Sam.

I was discharged from the hospital on Thursday about noon. There was a mix-up with transportation arranged by the hospital. The van was not accessible and even with 5 people helping I could not get in our car. So the van and the car and me in a wheelchair blocked the traffic circle in front of the hospital for about 30 minutes until an ambulance arrived. Then the caravan to City Express hotel was led by the ambulance, followed by the van containing some of my equipment and some hospital staff trailed by Sam with the rest of my junk. I was brought in

through the lobby of the hotel on the ambulance's gurney and deposited in my room a little after one. I felt like a real VIP.

The style of CPM machine that I was discharged with does not work for me. We are looking into another type of machine. The pneumatic pump to prevent edema has been very effective. It's even reduced the edema in the right leg because it is being used on both feet simultaneously. I was discharged with pain meds (tramadol, paracetamol) and a brand new anticoagulant oral medication (Pradaxar) which replaces the injections in my stomach that I did after the other knee replacement. This new oral anticoagulant does not require the frequent blood test monitoring like coumadin does.

I am very impressed with the care I received at CIMA hospital. Unlike La Paz, there were female nurses and assistants in the operating room, which made me feel more comfortable as a female patient. At every nursing staff change I was introduced to the new nurse(s). I was given a bed bath the morning after my surgery without Sam having to even inquire, let alone raise hell like he had to do in La Paz. The food was excellent nutritional quality, low fat, low added sugar and not a huge amount. I was given a shower, with my own bath chair, the morning of my discharge. Dr. Inigo, my surgeon, called me frequently on the cell phone he provided (and I still have with me here in the hotel). I was well attended by Dr. Rebeil, my anesthesiologist (who also monitors my ongoing pain meds). I was visited in the hospital, and continue to be visited here at City Express hotel, by Dr. Velasquez, (the assisting surgeon), Dr. Linda Walker (neuro-physical therapist), and Ismael (the male nurse) and others of the team whose names I can't remember. In fact, I met all these, except for Dr. Walker, in Dr. Inigo's office the day before the surgery. Some of the meds were supplied at the hospital as I was being discharged. Those that weren't, were delivered by messenger to me at City Express. The CPM machine that came with me from the hospital was picked up and another style machine should be delivered today.

In La Paz I was catheterized before surgery to void my bladder. When the catheter became uncomfortable on the third day after the surgery I had to throw a hissy-fit for two hours before an emergency room doctor received authorization my surgeon to remove it. I felt that I had no control and I felt that the hospital staff preferred me to be catheterized so that they didn't have to help me use the bedpan or toilet. I explained my feelings about this to Dr. Inigo before the surgery and he did not cath me. The first two times I needed to pee post surgery I needed to be catheterized in order to go. This was done in private by a female nurse at my request, thus I was able to maintain some degree of control and dignity. The third time I needed to pee I was able to do so without a catheter.

Since I have got to City Express after the surgery, I have been able to use the regular toilet. We have a very large bathroom and there are bars around the toilet and the shower stall. Sometimes I use my portable bedside commode when the pain of walking is too severe. I am taking tramadol timed-release every twelve hours and paracetamol every four. I am allowed to take darvoset as well, if I need a special boost, ie. at night for sleeping. Last night I forgot to have Sam wake me for the paracetamol and regretted it this morning. It won't happen again. Lying in bed for an hour until the pain meds kick in is the pits. I expect some pain during

exercise, physical therapy and walking, but I tolerate it because I know it will ease when I am at rest. I should not wait until I am hurting so bad before I take the pills. I know that taking pain meds in a timely manner before I feel the need for them is an important part of my recovery.

As of today's physical therapy visit, even without the CPM machine, I have more flexion and more strength in my left leg than I did in my right 10 days post surgery. Dr. Walker (isn't that a great name for a physical therapist who is teaching me how to walk again) is very gentle, but insistent, unlike La Paz, where the PT never manually flexed my knee. Dr. Walker helps me to do this every day. And today she brought a marvelous piece of exercise equipment for me to use – a pink skateboard. I sit on the side of the bed and put my left foot on the skateboard then roll it back and forth to extend and flex my knee. This is an amazingly simple concept and in my opinion very innovative of Dr. Walker. I have been instructed to do 5 minutes on the skateboard, 5 minutes walking with the walker, and 10 reps of abdominal crunches butt squeezes and quad contractions every three hours.

I need to sign off for now because in 30 minutes, Sam has informed me, I need to do that stuff.

Thank you for all of your well wishes for my recovery.

Sam has read all your emails to me and, even though I am unable to answer them all personally, I do appreciate your support.

#3 Jan 13 2009

Susie dictating to Sam again.

I am making good progress. Today is exactly one week after my surgery. Dr. Guerrero-Walker told me today that I have achieved 60° of left knee flexion with my super-duper \$12 manual CPM machine (aka a skateboard from the local Wal-Mart). She was so excited that Sam found these at Wal-Mart that she went and bought TEN for her other patients in the future. Evidently these boards are in short supply after Christmas at the Wal-Mart near her home and office. I walked outside today to the front of the hotel and back through the lobby, a round trip of about a hundred yards. It took me about 12 minutes. Most pro football teams take longer than that to gain a hundred yards! Part of the reason I'm so slow, aside from the obvious surgery, is that Dr. Walker is forcing me to learn to walk correctly. That means holding in my stomach muscles, tighten my butt, stand up straight, look straight ahead (not down), lift and flex my legs, move my feet straight instead of swinging them sideways around and place my foot heel then toe. Obviously, I have to stop walking like a lumberjack. (She also gets on Sam for the same things, except he doesn't swing his left leg sideways around only his right.)

Dr. Inigo visited me in the hotel room today. He pronounced my wound in good condition and infection free. From now on it will be sufficient to wash it daily with soap and water (rather

than Beta dyne and sterile water) and pat dry. No more Bactroban and gauze and tape. He also arranged for us to receive a discount for our hotel room.

For those of you who wonder how we are managing meals this is a typical day. Sam and I walk down to the breakfast room here at the hotel where they have instant oatmeal, microwave waffles and pancakes, various dry cereals, yogurt, granola, fresh fruit, fresh juices, milk, tea and breakfast pastries (coffee too, but we've not developed that taste). Of course we don't eat all of that every day. We usually grab extra fruit to bring back to the room for later. We keep microwave popcorn for snacks (we're allowed to use the breakfast room microwave anytime). We don't have a personal refrigerator, but the hotel has an ice machine and it is effectively unlimited. For our main meal of the day, Sam goes to Carl's Junior or one of the grocery stores for roasted chicken or other prepared foods. Sometimes he gets canned soup or rice-and-meat in a pouch which we microwave. The one can of Chef Boyardee macaroni and cheese was enough to last a lifetime. One day, for a real treat, Sam brought back an Applebee's Oriental Chicken Salad, which was delicious. Because of the pain meds, some days I have very little appetite, but Sam makes me eat. Just so you know how much my appetite has decreased I have not opened even one of the Trader Joe's chocolate bars that I brought with me.

Interesting note. I started oral antibiotics one day before the surgery and continued these for three days after the surgery. They gave me two bags of antibiotics in the hospital. Other than the Bactroban antibiotic ointment I used until today I have had no further antibiotics. In La Paz I took oral antibiotics for 90 days post surgery. The medical community here in Hermosillo at CIMA Hospital seems to have a more modern attitude about the risks of long term antibiotics.

We are staying at least three more days here in Hermosillo. Based upon my progress in physical therapy on a day-by-day basis we will decide when to return to San Carlos. Dr. Inigo wants to take out the staples around 27 January. We can come back for that if necessary. I assume we may need housing other than the boat for a little while in San Carlos until I can get on the boat and maneuver around. If my good progress to date (compared to my experience in La Paz) is any indication I will be back on the boat much sooner this time.

#4 Jan 15 2009

This will be very short and sweet because Susie is sitting at the computer typing it herself.

Today was a big one. I was able to get in the car and ride to Palomino's Restaurant, which my PT recommended as having the best beef in Hermosillo. She was right. Sam and I split a steak and baked potato. The steak almost melted in my mouth, it was so tender. I sat on a pillow in the restaurant chair, and propped up my left leg on another chair (one chair for me, another for my leg, that thing again) and was able to be comfortable for an hour.

Last night the PT Dr Geurrero-Walker gave me an injection of anti-inflammatory medication. I have been taking pain pills, but no anti-inflammatory. What a difference it made in the way I

felt today. I was able to walk more, sit up more, exercise more and sleep better, with much less pain. She gave me another injection this evening after our PT session, so I will be even better tomorrow. She plans to give me a third injection tomorrow night.

Thank you all for your emails, greetings, well-wishes and prayers for a speedy recovery. I think I am doing much better than I was 9 days after surgery in La Paz. The hands-on physical therapy starting in the hospital has made a biggest difference. I get better and stronger each day.

#5 Jan 16 2009

Another quickie from Susie.

Interesting note. My right knee circumference - nearly 6 month after surgery in La Paz - is still 2 inches larger than the left knee circumference - only 10 days after surgery in Hermosillo. Don't know what to make of that.

Although I have been discharged by Dr Inigo from Hermosillo until time to return to staple removal around January 27, we are staying here a few more days for continued physical therapy with Dr Geurrero-Walker. I am off blood thinners as of yesterday. The anti-thrombosis pump was taken from the room today, don't need it any more. We may return to San Carlos on Jan 21 (after Sam gets his renewed passport back from the US Consulate here on Jan 20). I should be able to take the 90 minute drive by then.

Things continue to progress. I can now shower and dress without assistance from Sam. But I still need him to put on my shoes and socks for walking.

#6 Jan 19 2009

I am doing much better, a little more each day. Yesterday I sat too long at a restaurant for dinner and had a lot of pain in a specific spot on my knee when I got up, and that pain continued each time I got up from a sitting position until Monday afternoon. But I am taking more steps forward than backward, so to speak. Had another PT session this morning at Dr Guerrero's office.

After we pick up Sam's renewed passport at the US Consulate here in Hermosillo tomorrow morning, we will drive back to San Carlos. Depends on how things go when we arrive whether we rent something for a little while or we move back onto the boat. I will continue the daily exercise program set up by my PT, exercises 3 times per day. Each session is about 30 minutes.

Plan to return to Hermosillo on or about Jan 27 to have the staples removed by Dr Inigo and see the PT once again. Will let you know how things go when we get back to San Carlos.

#7 Jan 24 2009

We returned to San Carlos on Jan 27. Sam packed the car with soft things and lots of pillows in the back seat and I was able to comfortably recline sideways and keep my legs elevated, even put the gel ice packs on them for the duration of the ride about 90 minutes.

We checked into Adlai Departmentos which is an old-style motel with 9 rooms surrounding a courtyard with a small swimming pool. The thing that makes them a "departemento" is a 500-watt microwave and small refrig. We can fix food in our room. There are two beds and a table with chairs. It's all on one level, easy for Susie to get around, and sufficient space in the bathroom for her shower chair.

I continue to do my daily exercise routine 2 or 3 times per day. It takes 45 minutes to go through everything. I get a little more mobile and independent every day. It seems in many respects, except for the staples, that my left and right legs are about the same status.

Sam needed to see his Kaiser physicians in Northern California, and Southwest Airlines has some good travel deals. We decided to drive up to Arizona. We can register the car we purchased down here and get a clear title, so that when it comes times to sell it we will have all our ducks in a row. I will stay with my parents for a few weeks in Maricopa. Next Tuesday, Jan 27, we will drive to Hermosillo and see the doctor for staple removal at 11:30 AM. Then hang around Hermosillo for several hours until I can see the PT at 6:00 PM. Then we will probably stay somewhere for the night, because we do not particularly like driving in Mexico in the dark, and head towards Arizona on Wed, Jan 28. We may do some limited sight-seeing on the way, after all, we are still visiting in Mexico, but that depends on how I am doing comfort-wise.

The next big event with this left knee replacement will be getting back on to the boat. I expect that will happen easily when we return to San Carlos from Arizona in February. Because while I am in Maricopa I intend to take full advantage of the health facilities where my parents live: indoor pool, outdoor pool, water aerobics classes, exercise room. It was not possible to do any rehab in the water with my right knee because it took such a long time for the incision wound to completely close. I do not expect there will be any issues with that on the left leg.

So unless something drastically changes medically, this will most likely be the last update about this knee replacement. Things are going so well I don't see the need to keep saying the same thing - I am getting better!

Thank you all for your support and letters of encouragement.

#8 Feb 24 2009

We are in Maricopa, AZ and Catch The Wind is in San Carlos, Sonora, MX. I am still getting physical therapy (aggressive) for her RIGHT knee (the one done in La Paz in July 2008) so we will be here a few more weeks. If we leave before the right knee gets fixed, it won't get better. And the left knee (the one done in Hermosillo in Jan 2009) is doing very well, better every day.

So what is going on with the RIGHT knee? For whatever reason - but we suspect that the lack of PROPER and PROMPT physical therapy is the key - the right knee is still very swollen and lacking good extension and flexion and the knee cap is "frozen". This condition became even more apparent after the left knee surgery, with excellent physical therapy response in Hermosillo at CIMA hospital. We consulted a physical therapist here in Arizona and received good news and bad news.

The good news: it possibly can be corrected with aggressive physical therapy.

The bad news: it will hurt like the dickens and take about three more weeks.

I see a physical therapist here in Maricopa 3 times a week. I do an aggressive home exercise program 3 times a week. I exercise 1 hour in the pool 7 days a week. The PT does what Sam and I cannot do - pulls, pushes, tractions, massages, etc. The muscles and tendons on the back of the right knee are extremely tight. The knee cap did not move, but is moving some now after 5 PT visits. I cannot achieve full extension until the knee cap is flexible. I cannot walk properly, and risk the left leg possibly getting in a similar condition, until I achieve full extension in the right. Since I need to walk - that was the whole reason for having 2 total knee replacement surgeries in the first place - we need to stay here in AZ.

In the meantime, I and sometimes Sam, play(s) cards here at the senior center - Canasta, Hand and Foot, and Bridge - several days a week. We look forward to the day when the PT says I can continue with a home exercise program and return to Catch The Wind and cruising in Mexico.

#9 June 1 2009

This right knee - that's something I am tired of dealing with. Short version - an orthopedic knee replacement surgeon we met in Cabo San Lucas (when Sam has his amoebic dysentery relapse) was interested in my cane and the reason for it. He did not charge me for his opinion. He came to the boat before I left for Phoenix and reviewed my x-rays. In his opinion, the right knee prosthesis is loose. There are two possible reasons for that. (1) It was not properly installed. In that case, arthroscopic surgery MIGHT buy me a little pain-free time, but replacement is inevitable in a few years. It cannot be re-cemented. So that means at least an arthroscopic surgery and in a few years a full knee replacement again. (2) I have an infection in the prosthesis that does not yet show up in blood tests. I need fluid withdrawn from the right knee and a culture done. If there is infection, I will need to have the infected prosthesis removed and a temporary knee put in with an antibiotic interface. This must be done right away, before

the infection becomes systemic and possibly spreads to the left knee which would be an even bigger disaster. When the infection is all cleared up the temporary is removed and the permanent prosthesis is then done. So that means at least two more surgeries.

I am still in a lot of pain with the right knee. Pain meds help but make me stupid and I am running short of them. I could not get them in Mexico anyway. I am sick of being an invalid and tired of hearing myself complain about it. So as soon as I get up to California I will get the infection test and go from there. I will return to the doctor who did the left knee in Hermosillo, because I have no medical insurance here in the US. I may make a trip to La Paz and confront Dr Gonzales-Osuna and ask for a refund. That will help financially but won't get back all the lost recovery time and the future time for recovery. I just want it to be over and I am looking at probably another year no matter what happens. Makes me cry sometimes. This July makes two years of pain - one pre surgery and one post surgery. Now I am looking at another year of pain and spending more money because I have no insurance. I just want to dance again.

#10 Aug 8 2009

Sam and I came to Hermosillo, Mexico, to see Dr Rafael Inigo, the surgeon who successfully replaced my left knee back in January 2009. You are probably aware that the right knee, replaced in La Paz in July 2008, is not in good condition. It has deteriorated, is much larger than the left, constantly swollen, and very painful. I had a C-reactive test done in San Diego on July 26, by an orthopedic surgeon, and a fluid draw: results were positive for an internal infection.

So I consulted with Dr Inigo about the right knee. He had a nuclear gamma scan made of the right knee, and also my entire body. The right knee is definitely infected. There are no other "hot spots" which is good because it means the right knee infection has not spread to the left.

I have decided to pursue Dr Inigo's recommended course which is not mainstream medical convention. I am following his advice primarily because he did such a wonderful job with the left knee, he is highly respected and trained in knee replacements and revisions, and I trust his judgment. So I will be taking a 30-day course of oral antibiotics, and lots of supplemental enzymes and amino acids to support my auto-immune system (among these are WOBenzyme, Arginine and Fulvic/Humic acids).

Standard medical convention says immediately remove the right knee prosthesis, implant a temporary clay prosthesis with antibiotic interface, and when all infection is gone do another surgery to implant permanent revision prosthesis. This means two more surgeries: two more times to expose myself to the possibility of another infection.

My chances of getting rid of the infection, in Dr Inigo's opinion, are about the same with the conventional treatment (two surgeries) and his option (treatment of infection and one surgery).

In 30 days I will travel to Hermosillo to be tested again for infection. If it remains, we may

decide to go with the two-surgery conventional method. If it remains but has diminished, we may pursue another 30 days of the same treatment. If it is gone, we will do the single surgery.

Aside from the infection, which was probably contracted at the time of the original surgery in July 2008, the right knee prosthesis is misaligned. In other words, it was not properly installed anyway. Because of the misalignment and its worsening relative to the infection, the prosthesis is loose. This means I have pain upon weight bearing, and even more pain with lateral movement of the right leg which causes the prosthesis to "rock" in the bone of my lower leg.

Until the right knee issues are resolved, I am choosing not to live on the boat. It is just too painful to climb up and down the steps, move between the salon and the V-berth and the head, twist myself around in the V-berth to get into bed, and take the long walk down a dock to even get on the boat. I have switched from the cane back to the walker, to be less weight-bearing on the right leg until it is better.

So we will be making some decisions about the boat (which is presently in Chula Vista Marina) and about where we will live on land while I am in treatment and at some point in recovery from surgery. For at least the next two weeks Sam and I will be staying at my mother's home in Maricopa, Arizona (near Phoenix) while she visits family and friends in California.

If I do not personally respond to all emails with well-wishes and expressions of concern, please forgive me. It is painful to sit very long at the computer, but Sam will read me your emails.

#11 Aug 27 2009

GOOD NEWS. We drove down to Hermosillo yesterday (Wednesday) for another nuclear gamma scan on my right knee this morning (Thursday). And we have good news. Today's scan indicates that after 3 weeks I have about 80% reduction in the right knee infection. That means Dr Inigo's course of treatment is working and I will continue the regimen, with the addition of one more antibiotic and one more supplement.

So we will drive back to Maricopa AZ tomorrow to spend the next 2 weeks as I have the previous 3 weeks: taking my medications and supplements, resting, doing range of motion exercises for both knees, limiting weight-bearing on the right knee, and playing cards over at the Province Community Center. In addition, this time I will be using the venous pump while I am at rest - lying down or sitting down.

After my left knee surgery in January with Dr Inigo, I used the venous pump post-surgery. I had very little swelling of the left knee. So we will try to reduce some of the edema in the right knee - which has been there since the surgery was first done July 2008 - before the upcoming revision surgery. I will also use the pump post-surgery.

The reason for limiting weight bearing on the right knee is to avoid any further damage to the bone. The prosthesis is loose and "rocking" in the bone. With weight bearing there is more rocking (hence the pain I have been suffering for nearly a year now). The rocking can cause the bone to deteriorate. The more bone we can protect and save, the less prosthetic hardware (such as wedges) will be needed in the revision surgery.

Just a comment about the cost of medications in the USA. The antibiotic I am taking is only available as a brand-name drug made by Pfizer - it is called Factive. In Mexico, this costs approximately \$8 per pill (at the current rate of exchange which is about 13 to one). In the USA, this costs \$27 per pill (at Wal-Mart which is the least expensive pharmacy). Exactly the same stuff. By the same drug company.

If you are interested in the supplements I am currently taking, primarily to boost my auto immune system, read further. If not, stop reading here and skip to #10.

DR INIGO'S REGIME FOR ME

The "gold standard" for dealing with an infected prosthesis is one surgery to remove the existing prosthesis and implant a temporary clay prosthesis with antibiotic interface, then do a second surgery when the infection is gone to do the final revision replacement. Dr Inigo is trying to limit me to one surgery - the final revision. In order to achieve that, he is treating the infection with oral antibiotics and supplements to boost my immune system.

The first 3 weeks this is what I was taking:

ANTIBIOTIC

Factive - gemifloxacin 320 mg 1 tablet 1 X day (total 1 per day)

SUPPLEMENTS

WOBenzyme 6 tablets 3 X day one hour before a meal (total 18 per day)

L-Arginine 1000 mg 3 tablets 1 X day in the morning one hour before breakfast (total 3 per day)

Enzacta HFi Plus (Fulvic and Humic Acids) 250 mg 1 tab 3 X day one hour before a meal (total 3 per day)

Omega 3 (fish oil) 1000 mg 2 capsules 3 X day (total 6 per day)

Enzacta XPX Powder polysaccharide peptides 1 dose 3 X day 15 minutes before a meal (total 3 per day)

Probiotic (the product I selected was Jarro-Dophilus EPS 5 billion organisms per capsule) 1 capsule 3 X day (total 3 per day)

VITAMINS

Megawoman by GNC with iron 1 tablet 2 X day (total 2 per day)

For the next 2 weeks Dr Inigo directed me to continue these and add "for the final sprint" 2 more pills:

ANTIBIOTIC

Omnicef R cefdinir 300 mg 1 capsule 1 X day (total 1 per day)

SUPPLEMENTS

Fabroven 1 capsule 3 X day (total 3 per day) one hour before a meal

You can see this now means I am taking 53 pills per day, in addition to what I normally take (one calcium and one lovastatin and 6 metamucil fiber capsules daily). Maybe you can understand why after I take all these pills and powders 3 times a day, I have little appetite for food - I am full before I sit down to the table! One of the unfortunate side effects of the WOBenzyme, especially the one sold in the USA without the gas-reducer, is excess bloating and gas. If I eat broccoli, the gas cramps are terrible. Greens like lettuce and spinach don't cause as many problems, so I avoid gas-producing vegetables right now. And we got more WOBenzyme on this trip, the Mexican version with the gas-reducer additive, not only because it causes less problems, but also because it costs only 2/3's as much.

The purpose of the supplements is to boost my auto immune system. The enzymes, oils, acids and peptides make the cells in my body more receptive to nutrients and antibiotics. If you are interested further, you can plug the name of these supplements into your search engine (like Google) and check out some websites. It is very interesting to read about what these supplements are supposed to do for your body. Some of these things we no longer have or produce as we get older (like the enzymes in WOB). Some we don't get from our diet any longer because the nutrients that used to be in the soil and hence in our vegetables and fruits have been destroyed by the use of fertilizers in modern agriculture (such as humic and fulvic acids).

That is the end of auto immune system basics 101. Thanks for attending this "webinar."

#12 Aug 30 2009

A funny little story about crossing the border on our last trip back to Arizona from Hermosillo.

When we crossed the border into the USA at Nogales on Friday, I was happy because there was no long line of cars waiting. We pulled up to wait for one car only in front of us. Then it was our turn. We had our passports ready and thought, "Wow, we'll be a quick check through this time and then back on the road to get lunch."

The first question asked is usually, "Where have you been in Mexico?" so I pre-empted this by presenting our passports and saying, "Hi, we're on our way back to Maricopa from Hermosillo where I was receiving treatment for my right knee." But this time was a different question: "What type of work do you do?" We answered that we were retired. Then: "Do you have any medications with you?" Yes, we purchased them in Mexico and I have a Mexican physician's prescription for them. "Did you receive any radiation treatment in Mexico?" Well, no. Oops.

We were pulled over for inspection. Our passports were placed under the windshield wipers with an orange card. We were asked to stop the engine and hand over our keys, which the agent placed on the hood. Then we were asked to place our cell phone on the dashboard in view of the agent. So we did all this. Then we overheard one agent say to another something about a "gamma alert." That is evidently what the orange card was about. All of a sudden a light goes on in my brain and I realize that the day before I had an injection of radioactive materials before my gamma scan.

I was radioactively hot! I told the agent about the gamma scan and he said, "Yeah, that will do it. You set off our radioactive scanners." We then discovered that the large yellow metal structures on both sides of each check-in lane are scanning for radioactivity and even the smallest amount can trigger the silent alarm which appears on the screen of the agent that only he can see. It was picking up what little I had, even with the doors shut and the windows rolled up. Sam had wondered what these yellow things were the last time we crossed the border. Now we know.

It is good to know that the scanners are there and that they pick up even the slightest amount of radioactivity. When we explained exactly what type of testing I had done the day before - I even showed him the injection site on my left arm - we all had a good laugh. The agent then proceed with his duty, which was to walk around the entire perimeter of the car with a hand-held detector. When I stuck my left arm out the window, the agent said that I was "really hot."

I suppose the reason I did not trigger the radioactive alarm the first time I had a gamma scan was because it had dissipated from my system before we made the return trip to Arizona. The first time, we stayed 48 hours in Mexico before driving back. This time it had been only 26 hours since the gamma scan so I was still radioactive!

I am feeling better today than I have for a while. Limiting the weight bearing on the right knee of course helps reduce the pain. I am only taking Advil at the present time. I'm completely off the Darvocet and Vicodin. This is good. In addition, the stress of not knowing if the treatment was working made me feel down most of the time. Now that I know the treatment is working and I just need more time, I feel more upbeat and optimistic.

Thanks for all the encouragements and well wishes.

#13 Sept 6 2009

Well, things are moving along.

Tuesday, Sept 8, we return to Hermosillo.

Wednesday, Sept 9, I have another gamma scan. If it turns out that I am clear of infection in the right knee - as we are hoping based on the good results last time - I am ready for surgery. I already had my pre-op done last week.

Thursday, Sept 10, I have the revision surgery. I will be in the hospital 2 or 3 days, then discharge to City Express Hotel where there is a handicap room we have reserved for my recovery. Then for the next 7 days after discharge, I will receive physical therapy and doctor visits in my hotel room. We will stay at City Express as many days as needed after the "hotel visits" are over, until I am ready to make the drive back to Maricopa, Arizona.

I hope to be back in Maricopa for a little more recovery time at my mom's house by the last week of September. After the staples are removed (21 days from surgery if things go like they did last time) and I am able to get around OK, we will drive to Chula Vista, California, where Catch The Wind awaits our return.

Sam or I will send out updates post-surgery.

#14 Sept 12 2009

Susie had the gamma scan on Wednesday. The infection is gone. The surgery was Thursday. Except for some paperwork foul-up with the hospital that delayed the start of the operation for two hours, the surgery went fine. This surgery was expected to be a little more difficult than the previous knee replacement surgery because it was "revision surgery" (removal of the old prosthesis installed in July 2008 in La Paz and installing a new prosthesis). Dr. Inigo was surprised at how easily it went, both the upper and the lower prostheses were loose. He gave Susie the removed prosthesis for a souvenir. Hospital San Jose isn't CIMA Hospital, but it is new and appeared to be equal to most new hospitals that I've seen in the US. The equipment was new and the latest technology. The personnel appeared to be well trained and were definitely very attentive. The facility was absolutely clean and the cleaning staff was at least as active as I understand they are at Disneyland (supposedly the people at Disneyland pick up dropped trash before it hits the ground - I've not been to Disneyland). An ambulance took Susie from the hospital to the City Express hotel (where we've stayed each time we've been in Hermosillo) yesterday (Friday) evening.

Whereas the previous time in CIMA Hospital had gone like a well oiled machine, everything done exactly at the time scheduled and meshing perfectly, this time it was more like my experiences in US hospitals - usually people showed up 2-3 hours late, except when they were a half hour early. For instance, yesterday morning Susie was told that she'd be probably discharged that afternoon. "Afternoon" turned out to be about 9 PM. Of course, in Mexico "afternoon" is any time between noon and dinner - and in Mexico dinner IS about 9 PM.

Her recovery from surgery was slower this time because the surgery was more involved. Last night she was able to use the walker to get into the bathroom to use the toilet instead of needing a bedpan. Today, Saturday, Susie took a shower. As after the previous left knee replacement, the doctor and members of his team have come to the hotel. Physical therapy begins this evening. The doctor is going a little bit slower this time because Susie's hemoglobin count is somewhat low and he would rather Susie didn't have a transfusion. We expect to stay here for about a week while the medical and physical therapy people do their work on Susie. Then we'll probably go back to Maricopa.

#15 Sept 13 2009

Susie is writing this her "ownself" tonight. Two big things today.

This morning I walked down the hall from our room at City Express to the lobby for breakfast. Sam walked behind me carrying a plastic chair in case I needed to rest. My hemoglobin is down to 8 - normal is 12 to 15. So I can easily tire or get dizzy especially if I move too fast from sitting to standing, lying to sitting, etc. I felt like one of those rich people with a servant following me to do my bidding. Sam is really sweet and takes very good care of me. But this morning I was able to walk all the way without stopping for a rest, then back after breakfast and resting for an hour in the lobby chair. Felt good to get out of the bed. After the last surgery, I did not make this walk until 5 days after the surgery. Today was 3 days post-surgery. Also, the physical therapist told me tonight that I was doing extremely well with my flexion and general movement. Considering that my right leg has been drawn up (bent) for over a year, and that my muscles are also drawn up, I think I am doing just great.

Some more marvelous news. When I phoned the doctor today to ask if I should purchase any more antibiotics - originally he instructed me to stay on the course of antibiotics (Factive and Omnicef) I have been taking for the past month for at least 5 days post surgery. He took a tissue sample when he did the surgery on Thursday and submitted it for a culture, to confirm the results of the gamma scan. He found out today that the culture came back negative - no more infection. So no more antibiotics. The culture proved out what the gamma scan indicated - no infection. The plan to have only one surgery was successful. With Dr Inigo's direction, I went against medical convention and amazingly beat the odds.

Now back into bed and out of this chair. Time to get my foot back in "la bomba" which is the venous impulse pump reducing the edema.

Thanks for all the well wishes and encouragements during my recovery. Personal replies are not possible because my computer time is limited, but I have read all of them. Thanks to all.

#16 Sept 15 2009

Doctor Inigo has released me "on my own recognizance" to go back "home" wherever that is right now. So tomorrow we leave for Arizona. We plan to make this a 2-day travel. Hermosillo to Nogales on Wednesday, about 4 hours. Nogales to Maricopa, about 4 hours, on Thursday.

Although my hemoglobin is still low, I am having no dizziness when changing position (lying to sitting, sitting to standing) and feel very well. I am walking well too.

Tonight we celebrated our departure by having a huge steak at Palomino's just down the street from our hotel. I am not ashamed to say that I consumed 3/4 pound (probably) of exquisitely delicious rare beef, a healthy serving of creamed spinach, and a flour tortilla. I craved it, and I guess my body wanted it. High protein and good iron in tonight's meal. Palomino's prepares the best steak I have ever had in my entire life.

Will write more after we get back to Maricopa, Arizona.

#17 Sept 27 2009 – FINAL BLOG

I am doing very well. Total knee revision surgery usually takes longer for recovery than traditional primary knee replacement, but I am beating those statistics - again.

First of all, I am able to drive the car again. I would not want to drive for a very long distance, but here around Maricopa and Phoenix it's OK. And that is important because - Sam has returned to San Diego.

Sam flew to San Diego on 09/25 to get the boat ready for the trip north to San Francisco. He has signed up 2 crew members - Susie does not want him to make the trip alone. They will leave San Diego approximately October 3 and probably day-sail in Southern California between ports, then do a couple of overnights after the stop in Santa Barbara.

I am staying in Arizona. An ocean voyage is not on my list right now, even though I am recovering quickly. It is important that I keep up the physical therapy, 3 times per week here in Arizona. I am still taking most of the vitamins, supplements and nutraceuticals I was taking before the surgery, only less of them. I have finished my course of oral anti-coagulants as of 2 days ago, so hopefully now with the extra boosts of nutraceuticals I can get my hemoglobin levels back up more quickly. I eat beans and lentils and spinach as often as possible.

Today marks 17 days post surgery. I have been using the cane only (instead of the walker) for about a week now. I am walking better than I have since before the very first surgery. There is still a little pain, primarily muscular from exercising and walking, but it is easily handled with Advil. I have made an appointment to have the staples removed on Oct 1. After that I will be getting in the swimming pool and working out even more.

Because Sam is gone already, and my mother is taking a trip to Pennsylvania to see her sister and the changing of the fall colors, I will be staying in mom's house on my own. That tells you how well I am doing, too.

I will keep busy with physical therapy, home exercise programs, fixing my own meals, checking emails, and playing cards at the Province Community Center.

About mid-October, Sam should have the boat tied up in our berth (at least until February 2010) at Richmond Yacht Club. Then he will fly back to Arizona and we will drive the car back "home" and begin our landlubber life.

Thanks for all your encouragements. This will most likely be the last medical update, as I have nothing but good progress to report. We will continue to update the regular website monthly, and that is coming up pretty soon.
