

BILATERAL KNEE REPLACEMENT



RON SCHLOERB/CAPE COD TIMES

VNA nurse Rosemary Perrin of Yarmouthport had both knees joints replaced at the same time. Prepared and determined, she's a model for others contemplating the procedure.

A nurse shares how she prepared for, underwent and recovered from the procedure.

BY BARBARA RAGAVE

As a visiting nurse, Rosemary Perrin had a constant companion: pain in her knees. In the course of her daily rounds, she had to haul around a heavy equipment bag, get in and out of her car, climb stairs, bend, reach, kneel, and lift – all activities that put additional stress on joints eroded by arthritis.

The knee is a complicated joint, with a lot of moving parts. Three bones – the femur, tibia, and patella (kneecap) – are connected by and to muscles, ligaments, tendons, and cartilage. Knees have to bear most of the weight of our bodies, and do a lot of work as we sit, stand, walk, run, jump, turn, kneel, and crouch. Pain in one or both knees has a major impact on quality of life. Anyone who experiences knee pain should consult a doctor to determine the cause and discuss treatment options. Depending on the underlying cause, and the person's age and general state of health, these may include medication, exercise, weight loss, braces and other support, and various types of surgery.

Among the many possible causes of knee pain, the most common is osteoarthritis, the wear-and-tear condition that comes with age. The cartilage that cushions the area where the femur glides over the tibia wears away, resulting in painful scraping of bone on bone. Being overweight increases the likelihood of developing arthritis in the knees. For some people, arthritic knee pain is greatest when they are standing still. Others find walking most painful. Sometimes, simply getting up from a chair is excruciating. Arthritis in the knees can alter the

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Knee

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gait, affecting balance and increasing the risk of falling. It interferes with physical activity, so people who suffer knee pain may become sedentary, beginning a downward spiral in their overall health and fitness.

There's no question Rosemary had osteoarthritis in both knees, but she didn't let it keep her from working or working out. While holding down a full-time job with the VNA of Cape Cod, she started her day with an hour or so on the exercise machines at Willy's Gym in Orleans. She also took an aquarobics class in the salt-water pool at the Willy's Hyannis branch as often as her schedule allowed. "I tried to do some kind of exercise every day. Aquarobics was kind to my joints, but still gave me a good workout," she explains.

She had been experiencing a lot of knee discomfort for at least five years, and she knew she needed knee replacements. She also knew she couldn't schedule the surgery, not to mention the post-operative recovery and rehabilitation, while working full time. So she had been keeping the pain at bay with anti-inflammatory medication prescribed by an arthritis specialist. But when the VNA offered her early retirement, she took it, even though she was only 61. Her retirement gift to herself: two new knees.

It's unusual to have both knees done at once. Many patients are older than Rosemary was, and are neither as fit nor as motivated. Most commonly, they have surgery on the knee that bothers them most, and sometimes they stop there. Others wait until they've recovered fully from the surgery and undergone the extensive rehabilitation before having the second knee replaced. But Rosemary didn't want to go through it twice. "I knew that the muscles surrounding and supporting my knees were strong because of all the exercise I had been doing. I was psychologically ready and physically fit, but I had to convince the surgeon that I was up to having bilateral replacement."

Even so, before she went under, her surgeon, Scott Oliver, MD, of Plymouth Bay Orthopedic Associates, asked which knee she wanted him to start with, just in case he couldn't do both. "I told him I was adamant about doing it all at once and getting it over with."

Quickhits

Know your knee

Learn more about knee problems, including osteoarthritis, from the National Institute of Arthritis and Musculoskeletal and Skin Diseases. www.niams.nih.gov/Health_Info/Knee_Problems

Watch an animation of mini-incision total knee replacement surgery: www.pbortho.com/pbo_animation.html

Plymouth Bay Orthopedic Associates
95 Tremont St., Duxbury
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Dr. Oliver performs what's called mini-incision total knee arthroplasty (MIS TKA), which allows him to replace damaged bone and cartilage with a metal and plastic assemblage through an opening about half the size used in traditional knee surgery. That makes for less blood loss and pain, and faster recovery. Nonetheless, MIS TKA is hardly a walk in the park.

Rosemary spent three nights at Jordan Hospital, then transferred to the Rehabilitation Hospital of the Cape and Islands in Sandwich for rehab. "At Jordan, they got me up and moving right away," she says, but the intensive work began at RHCI. "I had physical therapy four to five hours a day. On the sixth day, they said I could go home, but I told them I wanted to stay longer. I was getting valuable therapy, good pain management, and though I knew I'd have therapists coming in once I was home, I wanted to get as much as possible out of what RHCI had to offer."

Once she returned to her home in Yarmouthport, the VNA took over. For the first two and a half weeks, a registered nurse came to check on her incisions and test her blood. Rosemary explains she was on blood thinning medication to lessen the risk of clots in the first few weeks after surgery. An occupational therapist came a couple of times to make sure she could manage in her house. The OT showed her how to use the equipment – first a walker, then a cane – how to bathe, dress, and perform other daily activities. The physical therapist came to her home three times a week until she

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was able to go to the RHCI satellite in Yarmouth for outpatient physical therapy. "We mostly worked on bending my knees and gradually increasing my range of motion."

Once she finished physical therapy, she returned to the gym, incorporating what she learned into her routine. Shortly afterward, she started going to a morning group exercise class. "I used to see it through the window while I was on the machines, and it looked like fun," she says. "But I knew I couldn't keep up." Now she's a regular at the 7 a.m. class, doing lunges and deep-knee bends in time with the music.

Her surgery was done on June 18, 2008. By the last week in August, just shy of 10 weeks later, Rosemary

went back to work part-time. "I was still a bit uncomfortable," she recalls, "but the work distracted me." Even though she has officially retired, she still works for the VNA on a per diem basis, continuing a long career that began when she graduated from the three-year nursing program at St. Vincent Hospital in Worcester in 1967. She gravitated toward psychiatric nursing, working with patients with major mental illness and often concurrent medical problems.

After receiving her RN, she worked in an inpatient psychiatric ward in Worcester and, along with a colleague, started a group home for mentally ill patients living in the community. She also worked at Children's Hospital in Boston. But psychiatric nursing was what interested her the most.

After she married Alan Perrin in 1973, the couple moved to Bangor, Maine, and then to northern New Hampshire, near the Canadian border, where Alan was superintendent of schools in the town of Berlin. Rosemary worked on the inpatient unit at a state mental hospital, and later became head nurse in the forensics unit.

The Perrins moved to the Cape in 1988, when Alan was hired by Orleans as its first town administrator. They enrolled their son, Matthew, at

Nauset Middle School, and Rosemary began working for the Chatham-Orleans VNA. In all, she worked full-time for the VNA for 21 years, before and after it merged under the umbrella of Cape Cod Healthcare in 1996.

Alan died of heart attack in December 1989, when Matthew was 12. Rosemary considered moving back to Grafton, where she grew up and still has family, but she ultimately decided to stay on the Cape. Between her work and many close friends, her ties to the Cape are strong.

She frequently travels off-Cape, however, whether to visit Matthew and his family, including her two-year-old granddaughter, Caroline, in Bedford, or farther afield. She spent six weeks traveling in Thailand, and more recently, took a 21-day whitewater rafting trip on the Colorado River.

Rosemary's experience with knee replacement surgery may be different from that of other people because of the knowledge she brings from her years as a nurse, as well as her determination. But perhaps her model as both an informed consumer and motivated patient will help others. She knew what she was in for, prepared for it in advance, worked hard at rehabilitation, and is delighted with her new knees.

About the author

Barbara Ravage moved to Cape Cod from her native New York City in 2000, after the youngest of her children went off to college. She considers heavy doses of ocean air and Cape light the best cure for empty-nest syndrome. A graduate of Barnard College, she is the author of nine books, including a biography of Rachel Carson for middle-school students and "Burn Unit: Saving Lives After the Flames," which explores the history and science of burn treatment. She balances her writing life with yoga, karate, and pottery. After years of making do with two summer weeks on the Cape, her favorite part about living here is that she's already home.

"I was psychologically ready and physically fit, but I had to convince the surgeon that I was up to having bilateral replacement.

ROSEMARY PERRIN, VNA NURSE

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