

SURGERY PACKET

DR. WALTER R. LOWE, M.D.

CHAIRMAN – DEPARTMENT OF ORTHOPAEDIC SURGERY
University of Texas Medical School at Houston
A Part of The University of Texas Health Science Center – Houston
HEAD OF ORTHOPEDIC SURGERY
Memorial Hermann – Texas Medical Center & Lyndon B. Johnson General Hospital

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DR. WALTER R. LOWE, M.D.



Dr. Walter R. Lowe, M.D. specializes in Sports Medicine with an emphasis on diagnosing and treating a wide range of knee, shoulder, and elbow injuries and disorders in athletes.

Dr. Lowe is the new Chairman of the Department of Orthopaedics at the University of Texas Medical School at Houston effective August 15, 2009. Dr. Lowe will serve as the Head of Orthopaedic Surgery at both Memorial Hermann – Texas Medical Center and the Lyndon B. Johnson General Hospital. He will also continue to serve as the Medical Director of the Memorial Hermann Sports Medicine Institute.

Dr. Lowe is certified by the American Board of Orthopaedic Surgery and holds a subspecialty certification in Sports Medicine. His professional memberships include the American Academy of Orthopaedic Surgeons, American Orthopaedic Society for Sports Medicine (Fellow), American College of Sports Medicine (Fellow), NFL Team Physicians Society, the Association of Professional Team Physicians, and the ACL Study Group.

Dr. Lowe currently serves as the Head Team Physician for the Houston Texans, the University of Houston Cougars, and the Houston Rockets as well as the team physician for North Shore and Strake Jesuit High Schools and other local area high schools.

Dr. Lowe is an Associate Professor in the Department of Orthopedic Surgery for the Baylor College of Medicine in Houston, Texas. He has served as the Chief of the Sports Medicine Section for the department until August 14, 2009. He is also the Director of the Sports Medicine Fellowship program. Dr. Lowe is a Professor for the Department of Orthopedic Surgery for the University of Texas Medical School in Houston, Texas. Dr. Lowe is on active staff with Memorial Hermann Hospital, St. Luke's Episcopal Hospital, the Kirby Surgical Center, and The Methodist Hospital.

Dr. Lowe earned his B.A. from Colorado State University in Fort Collins, Colorado. He received his medical degree from the University of Texas Medical School in Houston, Texas. He completed his internship at John Peter Smith Hospital and then his residency at Tarrant County Affiliated Hospitals in Fort Worth, Texas. Dr. Lowe then completed a fellowship at the renowned Kerlan-Jobe Orthopaedic Clinic in Los Angeles, California, studying under the famous sports medicine baseball surgeon Dr. Frank Jobe.

TEXAS MEDICAL CENTER CLINIC LOCATION

MEMORIAL HERMANN SPORTS MEDICINE INSTITUTE
Memorial Hermann Medical Plaza
6400 Fannin, Suite 1620
Houston, TX 77030

TEL: (713) 500-6540 *New Number*
FAX: (713) 500-0690 *New Number*

Mellisa Rannals, Office Manager
Denise Allen, Medical Staff Coordinator

Physicians Assistant: Christian Peluse, PA-C
Licensed Athletic Trainer: David Viaclovsky, LAT

SUGAR LAND CLINIC LOCATION

BAYLOR SPORTS MEDICINE
15200 SW Freeway
Suite 175
Sugar Land, TX 77478

TEL: (281) 494-0550 Press Option 9 then Option 4
FAX: (281) 494-0145

Cynthia Wallace, LVN

DR. WALTER R. LOWE, M.D.

STAFF PROFILE

CHRISTIAN D. PELUSE, PA-C **Physician Assistant – Certified**

Christian Peluse graduated from the State University of New York at Buffalo where he earned a Bachelor of Science degree in Occupational Therapy in 1999. He practiced as an Occupational Therapist with an emphasis on upper extremity rehabilitation before he returned to school for his Physician Assistant training. Christian graduated from the St. Vincent's Catholic Medical Centers of New York Physician Assistant program in 2002. He has worked in orthopedic surgery since his graduation both in Sports Medicine and Orthopaedic Trauma subspecialties. He has practiced autonomously throughout most of his career and has played an instrumental role in training other physician assistants. Christian evaluates all new patients, assists Dr. Lowe in surgery, and does most Supartz injections.

E-mail: Christian.Peluse@uth.tmc.edu

DAVID VIACLOVSKY, LAT **Licensed Athletic Trainer**

David graduated from the University of Houston where he earned a Bachelor of Science in Kinesiology and is a Licensed Athletic Trainer in the State of Texas. He is the liaison with the local area high schools and their athletic staff as well as referring physical therapy facilities. David sees all patients for their initial post-operative visit, performs dressing dressings, and removes sutures. He is very familiar with Dr. Lowe's rehabilitation protocols and follows the physical therapy progress of all patients.

Telephone: (713) 500-6542 or 6540 (Press option 1)

E-mail: David.Viaclovsky@uth.tmc.edu

DAWN LOWE, RN, CNOR, RNFA

Dawn is a Registered Nurse First Assistant and is qualified as Dr. Lowe's Surgical Assistant. Dawn coordinates all operating room activities. Dawn approves all medication refills and assists with any patient medical questions.

E-mail: Dawn.Lowe@uth.tmc.edu

MELISSA RANNALS, OFFICE MANAGER

Mellisa assists Dr. Lowe in coordinating his surgery schedule for all Medical Center patients as well as acquiring insurance authorization for the procedure, making post-operative appointments, and helps arrange post-operative physical therapy. Mellisa manages Dr. Lowe's personal and professional calendar.

Telephone: (713) 500-6540 (Press option 1)

E-mail: Mellisa.Rannals@uth.tmc.edu

DENISE ALLEN, MEDICAL STAFF COORDINATOR

Denise assists Dr. Lowe in many clinical aspects. Denise primarily answers the phones and makes appointments for Dr. Lowe in the Medical Center location. This consists of screening new patients and managing Dr. Lowe's clinical schedule. Denise schedules MRIs and any other diagnostic or labs tests. She orders Supartz injections and sets clinical appointments for the injections. Denise also is responsible for completing all patient forms for Medical Center patients.

Telephone: (713) 500-6540 (Press option 1)

E-mail: Denise.Allen@uth.tmc.edu

CYNTHIA WALLACE, LVN

Cynthia assists Dr. Lowe in coordinating his surgery schedule for all Sugar Land patients as well as acquiring insurance authorization for the procedure, making post-operative appointments, and helps arrange post-operative physical therapy. Cynthia authorizes prescription refills and calls in any new prescriptions for all Sugar Land patients. She is located in the Sugar Land office and assists Dr. Lowe in many clinical aspects including scheduling MRIs and any other diagnostic or labs tests.

Telephone: (281) 494-0550 press option 9, then option 4.

E-mail: Cynthia.Wallace@uth.tmc.edu

DR. WALTER R. LOWE, M.D.

GENERAL PRE-OPERATIVE INSTRUCTIONS

1. **SEVEN** days prior to surgery please stop taking any aspirin or anti-inflammatory products such as Advil, Ibuprofen, Motrin, Aleve, etc., or any other herbal supplements containing Vitamin E. This does not include Celebrex.
2. **DO NOT** eat or drink anything after midnight the night before your surgery. This includes water, coffee, tea, gum, candy, breath mints, cough drops, etc. If you are currently taking medication for high blood pressure, you may take this early on the morning of your surgery with a very small sip of water.
3. Please inform the office if you are taking any diet pills or herbal supplements regardless if it is a prescription or over-the-counter product. You must stop taking any diet pills at least 14 days prior to your surgery. If you choose not to stop taking these products, your surgery may be postponed or cancelled secondary to risk of possible cardiac problems that may arise during surgery.
4. **KNEE SURGERY PATIENTS**
Please wear shorts, sweats, or other loose fitting clothing. You will have a bulky post-op dressing and possibly a post-operative brace. Your clothing must allow for these conditions.
If you have crutches please bring them with you the day of your surgery or they will be provided for you.
5. **SHOULDER AND ELBOW SURGERY PATIENTS**
Please wear a loose fitting button up shirt to assure your comfort and ease following the surgery.
You will have a bulky post-op dressing as well as either a sling or an immobilizer after surgery.
6. If the patient is a minor (under the age of 18), he or she must be accompanied by a parent or legal guardian. The guardian must show proof on the day of surgery with legal documents confirming he or she is a legal guardian of the patient.
7. You cannot drive yourself home from the hospital or outpatient surgical center. Please make arrangements to have a parent or guardian or someone over the age of 18 take you home after surgery.
8. Please be aware that you cannot have any dental work done for at least six weeks following surgery. Having dental work done increases the risk of infection after surgery.
9. Please alert the office if you are diabetic, taking any regular medications for high blood pressure or any other cardiac condition, or are taking any type of medication that is a blood thinner, i.e., Coumadin, Plavix, etc. Special conditions exist for these medications and medical conditions that may require prior approval from your ordering physician or an internal medicine physician.
10. If you are taking Lovenox either pre-operatively and/or post-operatively, it is imperative that you do **NOT** take any anti-inflammatory medications such as Ibuprofen, Advil, Motric IB, etc. Once you are done with your prescription of Lovenox, you may begin taking anti-inflammatory medications.
11. When taking your pain medication either pre-operatively and/or post-operatively, it is imperative that you do **NOT** take any other form of over-the-counter pain relievers, anti-inflammatory medications, or sleeping aid medications.

DR. WALTER R. LOWE, M.D.

GENERAL POST-OPERATIVE INSTRUCTIONS

POST-OPERATIVE OFFICE APPOINTMENTS

Your post-op appointments will be scheduled prior to surgery. If for any reason they have not been scheduled, please contact our office. Cynthia will make post-op appointments for all Sugar Land patients and Mellisa will make post-op appointments for all Medical Center patients.

Surgical post-op visits are scheduled on clinic days either on Mondays in the Sugar Land office or Tuesdays in the Texas Medical Center office located in the Memorial Hermann Professional Building. Typically your first post-op appointment should be on the first available clinic day following surgery. It is important to make each of your post-op visits, especially your first visit where you will have your initial dressing changed.

The first one to three post-operative visits will normally be with one of Dr. Lowe's assistants. At that time, your incisions will be checked and initial post-op dressing will be changed, your pain level, range of motion, swelling will be assessed, and any questions concerning your procedure will be answered. Our office is in constant communication with Dr. Lowe for any cases that may require any special attention or need.

MEDICATION (PAIN MEDICATION)

Typically, one of three pain medications will be prescribed after surgery: Norco (Hydrocodone), Darvocet, or Tylenol #3. You are to take 1 or 2 pills every 4 to 6 hours as needed for pain.

It is recommended that you take the pain medication with food as they may cause nausea if you take on an empty stomach. It is not uncommon to develop constipation when taking prescription pain medication. You may take an over the counter stool softener or laxative if needed.

When taking your pain medication either pre-operatively and/or post-operatively, it is imperative that you do NOT take any other form of over-the-counter pain relievers, anti-inflammatory medications, or sleeping aid medications.

Do NOT drive or operate heavy equipment when taking your prescription pain medication.

Resume all other normally prescribed medications unless otherwise instructed.

MEDICATION (LOVENOX)

Lovenox is an anticoagulant (blood clot preventative medication) given to patients who will be having knee surgery and have any of the following medical conditions:

- History of deep vein thrombosis (DVT or blood clots)
- Had a previous leg surgery within the past 6 months
- Females taking birth control or hormones
- Anyone considered to be obese in weight
- Over the age of 61

Lovenox is typically given in a series of one or two subcutaneous injections per day for three consecutive days following surgery or one subcutaneous injection for 10 to 14 consecutive days following surgery depending upon your specific medical condition.

When taking Lovenox either pre-operatively and/or post-operatively, it is imperative that you do NOT take any anti-inflammatory medications such as Ibuprofen, Advil, Motrin IB, etc. Once you are done with your prescription of Lovenox, you may begin taking anti-inflammatory medications.

CRYOTHERAPY (COLD THERAPY)

Cryotherapy or Cold therapy is used to control pain and swelling.

The use of ice or other cryotherapy device such as the Game Ready or Cryo-Cuff should be constantly for the first 24 hours. Place the cryotherapy device on top of the post-op surgical dressings. Do NOT remove your post-op bandages. To help reduce the likelihood of your initial post-op dressing getting wet, you can place a barrier of saran wrap or a piece of plastic, i.e. plastic zip-loc bag, between the device and your dressing.

If a cryotherapy device such as the Game Ready or Cryo-Cuff is not applicable, a very easy and inexpensive way to ice is to use frozen peas. Go to the grocery store and buy several bags of frozen peas. Take them out of the bag they come in and place in a gallon sized zip-lock freezer bag making them about an inch thick. Try to get as much air out of the bag as possible and make a good seal. When you are done, return them to your freezer and lay flat. Now you have a light, inexpensive ice bag that can be reused numerous times. Frozen pea ice packs are also helpful to use on the lower leg to reduce swelling and can be done while in your CPM unit.

After the first day, use cryotherapy for 15 to 20 minutes every 2 to 3 hours.

Always use cryotherapy after physical therapy and home exercises to help with swelling and pain.

DR. WALTER R. LOWE, M.D.

GENERAL POST-OPERATIVE INSTRUCTIONS (CONTINUED)

PHYSICAL THERAPY

Physical therapy is a *key* component of recovery.

For knee patients with ligament reconstructions, physical therapy usually starts the day following surgery. If your surgery is on a Friday, you should begin on the next business day. For knee patients with arthroscopies, physical therapy usually starts within 1 to 5 days after surgery.

Shoulder and elbow patients generally do not begin physical therapy until after their first post-op visit.

Moving around after surgery will help diminish the risk of blood clots for knee patients. Try to be as independent as possible without compromising your safety. The key to prevent blood clots is to avoid excessive bed rest.

REPORTING EMERGENCIES AFTER SURGERY

REPORTING EMERGENCIES DURING NORMAL BUSINESS HOURS

If you have an emergency during normal business hours, please contact the appropriate office. If you are a Sugar Land patient, contact Cynthia at (281) 494-0550, press option 9 then option 4. If you are a Medical Center patient, please contact either Mellisa or Denise at our main office number at (713) 500-6540, press option 1. Our main office number is forwarded during the hours of 12pm and 2pm. If you are calling during these hours with an emergency, please let the answering service know it is an emergency and they will connect you to our office.

REPORTING EMERGENCIES AFTER NORMAL BUSINESS HOURS & WEEKENDS

If you have an emergency after normal business hours or on the weekend, please contact Dr. Lowe's office at our main office number at (713) 500-6540. Your call will be connected to our answering service and your call will promptly be returned by the designated orthopedic fellow on-call. Both Sugar Land patients and Medical Center patients should call our main number to contact us after normal business hours.

CONTACT OUR OFFICE IF YOU NOTICE OR EXPERIENCE ANY OF THE FOLLOWING:

- Uncontrolled nausea or vomiting
- Adverse or abnormal reaction to medication such as severe itching, redness or spotting of the skin
- Inability to urinate
- Fever greater than 101.5 (A low grade fevers 1 to 2 days after surgery is normal.)
- Cough or cold symptoms after surgery
- Severe or uncontrollable pain not relieved by pain medication
- Redness or continued drainage around incisions (A small amount is normal.) This drainage should not be yellow or green in color.
- Calf pain and/or pain deep in your calf when you bring your foot up towards your knee
- Severe swelling

If you experience any chest pain or difficulty breathing, call 9-1-1 or proceed to the closest emergency room then contact Dr. Lowe's office.

DR. WALTER R. LOWE, M.D.

GENERAL POST-OPERATIVE INSTRUCTIONS FOR KNEE SURGERY PATIENTS

Please refer to the specific Post-Operative Instructions supplemental packet for a more detailed explanation concerning the specific procedure you will be having.

The following information is general for all knee surgeries and may differ from your exact procedure.

- **WOUND CARE & HYGIENE**

- **General Knee Scopes (Requiring Only Small Portal Incisions)**

- Knee arthroscopies generally only require very small portal incisions to be made. Dr. Lowe usually allows you to remove the bulky dressing 48 hours after your surgery.

- If you choose to remove your outer surgical dressing, please follow these guidelines. Remove the outer elastic bandage along with the white gauze pads and white surgical padding. Bleeding usually occurs following surgery so these dressings may be soiled with blood. Only remove the elastic bandage and any white gauze pads or white surgical padding. Do NOT remove either the steri-strips that are directly on the skin or the yellow medicated gauze immediately on top of the steri-strips if at all possible. You are allowed to place water-proof bandages over the portal incisions to shower. Be sure to cover the entire area with water-proof bandages including the steri-strips and yellow gauze. Once you place water-proof bandages over your portals, leave these on until your first post-op appointment since removing these will remove the steri-strips and yellow gauze.

- **Ligament Reconstructions (Requiring Larger Incisions)**

- If you are having any type of ligament reconstruction or any procedure that requires a larger incision, Dr. Lowe does NOT allow you to remove your dressings after surgery. This includes you the patient, your caregivers, or the physical therapist. An exposed wound in physical therapy is UNACCEPTABLE. Removing your surgical dressings will expose you to potentially serious infections.

- Dressings will be changed on your first post-op visit and a new dressing applied. If your dressing gets EXCESSIVELY wet prior to your first post-op visit, meaning “soaked through,” please contact the office for instructions.

- If you feel that the dressing may be too tight, you may loosen the elastic bandage only. Do NOT remove any of the sterile padding or gauze as this may expose you to an infection.

- **CPM (CONTINUOUS PASSIVE MOTION) UNIT – (IF APPLICABLE)**

- Your knee is a joint. All joints are designed to move. Your CPM unit is to be used to passively move your knee through a specified range of motion. This passive motion stimulates the healing process of your knee as well as helps to limit excessive scar tissue adhesions that may hinder your recovery.

- If a CPM machine is ordered after surgery, Dr. Lowe will give specific instructions to your caregiver.

- **POST-OPERATIVE BRACE – (IF APPLICABLE)**

- A post-operative DonJoy IROM brace may be necessary depending upon the specific procedure you will be having. This post-op brace will typically be locked in full extension and is to be worn at all times unless you are using the CPM machine, doing your exercises or using cryotherapy.

- This post-op brace is necessary in order to protect your knee while your muscles are inhibited for even the simplest of tasks such as going to the restroom.

- If a post-operative brace is ordered after surgery, Dr. Lowe will give specific instructions to your caregiver.

- **CRUTCHES (IF APPLICABLE) & WEIGHT-BEARING STATUS**

- Following most knee surgeries full-weight bearing on the involved leg is allowed unless otherwise instructed by Dr. Lowe after surgery. Your weight-bearing status depends upon specific procedures done during surgery that may require modifications to your status that will allow for more appropriate healing after surgery.

- Dr. Lowe will instruct your caregivers of the specific weight bearing status after surgery depending upon the specific procedure that will be performed.

- Crutches will be necessary to assist with balance and stability. Crutches are assistive devices so it is important to walk with as normal of gait pattern as possible within the limitations specified by Dr. Lowe.

DR. WALTER R. LOWE, M.D.

GENERAL POST-OPERATIVE INSTRUCTIONS FOR SHOULDER SURGERY PATIENTS

Please refer to the specific Post-Operative Instructions supplemental packet for a more detailed explanation concerning the specific procedure you will be having.

The following information is general for all shoulder surgeries and may differ from your exact procedure.

- **WOUND CARE & HYGIENE**

- **General Shoulder Scopes (Requiring Only Small Portal Incisions)**

- Shoulder arthroscopies generally only require very small portal incisions to be made. Dr. Lowe usually allows you to remove the bulky dressing 48 hours after your surgery.

- If you choose to remove your outer surgical dressing, please follow these guidelines. Remove the outer spongy compression tape along with the white gauze pads and white surgical padding. Bleeding usually occurs following surgery so these dressings may be soiled with blood. Only remove the elastic bandage and any white gauze pads or white surgical padding. Do NOT remove either the steri-strips that are directly on the skin or the yellow medicated gauze immediately on top of the steri-strips if at all possible. You are allowed to place water-proof bandages over the portal incisions to shower. Be sure to cover the entire area with water-proof bandages including the steri-strips and yellow gauze. Once you place water-proof bandages over your portals, leave these on until your first post-op appointment since removing these will remove the steri-strips and yellow gauze.

- **Open Procedures (Requiring Larger Incisions)**

- If you are having any type of procedure that requires a larger incision, Dr. Lowe does NOT allow you to remove your dressings after surgery. This includes you the patient, your caregivers, or the physical therapist. An exposed wound in physical therapy is UNACCEPTABLE. Removing your surgical dressings will expose you to potentially serious infections.

- Dressings will be changed on your first post-op visit and a new dressing applied. If your dressing gets EXCESSIVELY wet prior to your first post-op visit, meaning “soaked through,” please contact the office for instructions.

- **POST-OPERATIVE SLING OR IMMOBILIZER – (IF APPLICABLE)**

- A post-operative DonJoy Ultra-Sling with or without attached padded pillow may be necessary depending upon the specific procedure you will be having. This sling allows for limited to no movement of the shoulder in order to protect from unwanted motions following surgery.

- If a post-operative sling or immobilizer is ordered after surgery, Dr. Lowe will give specific instructions to your caregiver.

DR. WALTER R. LOWE, M.D.

GENERAL POST-OPERATIVE INSTRUCTIONS FOR ELBOW SURGERY PATIENTS

Please refer to the specific Post-Operative Instructions supplemental packet for a more detailed explanation concerning the specific procedure you will be having.

The following information is general for all elbow surgeries and may differ from your exact procedure.

- **WOUND CARE & HYGIENE**

- **General Elbow Scopes (Requiring Only Small Portal Incisions)**

- Elbow arthroscopies generally only require very small portal incisions to be made. Dr. Lowe usually allows you to remove the bulky dressing 48 hours after your surgery.

- If you choose to remove your outer surgical dressing, please follow these guidelines. Remove the outer elastic bandages along with the white gauze pads and white surgical padding. Bleeding usually occurs following surgery so these dressings may be soiled with blood. Only remove the elastic bandage and any white gauze pads or white surgical padding. Do NOT remove either the steri-strips that are directly on the skin or the yellow medicated gauze immediately on top of the steri-strips if at all possible. You are allowed to place water-proof bandages over the portal incisions to shower. Be sure to cover the entire area with water-proof bandages including the steri-strips and yellow gauze. Once you place water-proof bandages over your portals, leave these on until your first post-op appointment since removing these will remove the steri-strips and yellow gauze.

- **Open Procedures (Requiring Larger Incisions)**

- If you are having any type of procedure that requires a larger incision such as an Ulnar Collateral Ligament Reconstruction (Tommy John surgery), Dr. Lowe does NOT allow you to remove your dressings after surgery. This includes you the patient, your caregivers, or the physical therapist. An exposed wound in physical therapy is UNACCEPTABLE. Removing your surgical dressings will expose you to potentially serious infections.

- Dressings will be changed on your first post-op visit and a new dressing applied. If your dressing gets EXCESSIVELY wet prior to your first post-op visit, meaning “soaked through,” please contact the office for instructions.

- **POST-OPERATIVE SPLINT – (IF APPLICABLE)**

- A post-operative splint may be necessary depending upon the specific procedure you will be having. This splint allows for limited to no movement of the elbow in order to protect from unwanted motions following surgery.

- If a post-operative splint is ordered after surgery, Dr. Lowe will give specific instructions to your caregiver.

- **POST-OPERATIVE SLING – (IF APPLICABLE)**

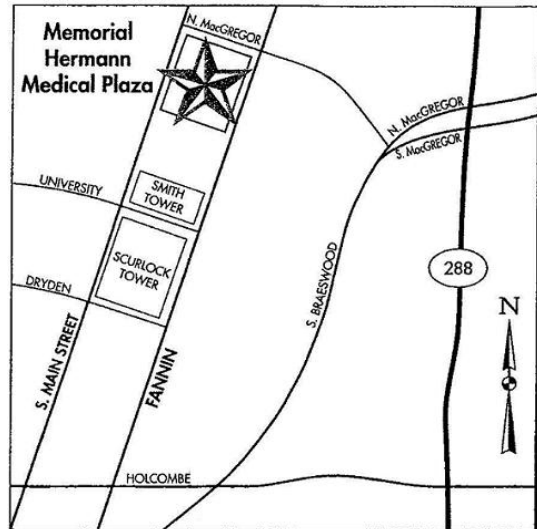
- A post-operative DonJoy Ultra-Sling with or without attached padded pillow may be necessary depending upon the specific procedure you will be having. This sling allows for limited to no movement of the elbow in order to protect from unwanted motions following surgery.

- If a post-operative sling or immobilizer is ordered after surgery, Dr. Lowe will give specific instructions to your caregiver.

DR. WALTER R. LOWE, M.D.

HOSPITALS

1. **MEMORIAL HERMANN SURGICAL CENTER**
 Memorial Hermann Medical Plaza
 6400 Fannin, 15th Floor
 Houston, TX 77030
 PRE-REGISTRATION: (713) 790-7700



2. **KIRBY SURGICAL CENTER**
 9300 Kirby Drive, Suite 100
 Houston, TX 77054
 PRE-REGISTRATION: (832) 201-5157



DR. WALTER R. LOWE, M.D.

HOSPITALS (CONTINUED)

3. **ST. LUKE'S MEDICAL TOWERS**

6624 Fannin, 9th Floor
Houston, TX 77030

PRE-REGISTRATION: (832) 355-0000

- Call this number first to pre-register for your outpatient surgery.

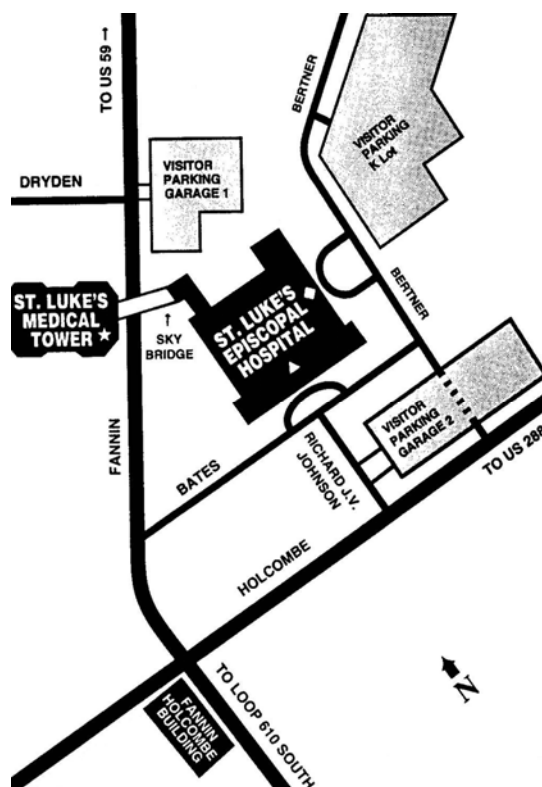
PRE-ADMISSION NURSE LINE: (832) 355-8909

- When you call the pre-registration number listed above, you may be connected to a Registered Nurse that may ask you questions concerning your medical history.

BILLING: (832) 355-8177

- Call this number if you have any questions regarding billing.

If you are scheduled to have your outpatient surgery done at St. Luke's Medical Tower, you **MUST** call the Pre-Registration telephone number listed above to pre-register before the day of your surgery.



4. **THE METHODIST HOSPITAL**

6550 Fannin
Smith Tower, 3rd Floor
Houston, TX 77030

PRE-REGISTRATION: (713) 394-6805

DR. WALTER R. LOWE, M.D.

INFORMATION REGARDING ALLOGRAFTS

The following information has been taken from “Choosing and Allograft from MTF” brochure from MTF: Musculoskeletal Transplant Foundation – *The Allograft Leader*SM.

The patient facing ligament reconstruction for their injury may choose to have surgery using bone and/or soft tissue transplant called an allograft. An allograft is bone or soft tissue that is transplanted from one person to another.

Transplanted bone, tendons, cartilage and skin are used extensively in orthopaedics, neurosurgery, as well as plastic, general and dental surgeries. In this country, an estimated 900,000 allografts are transplanted each year.

Dr. Lowe uses the Musculoskeletal Transplant Foundation (MTF) as his exclusive provider for allograft tissue for ligament reconstructions, meniscal transplants, and osteochondral transplants.

WHO IS MTF?

The Musculoskeletal Transplant Foundation is the largest provider of bone and soft tissue grafts in the United States. Founded by surgeons and medical teaching institutions, MTF is a national, non-profit organization dedicated to meeting the needs of surgeons and patients for allografts that meet the highest standards of quality and safety.

WHERE DO MTF ALLOGRAFTS COME FROM?

Donors are people who have died in accidents or from sudden illness such as heart attack or stroke. Often the gift of bone and soft tissues from a single donor can help multiple recipients. Every donor is screened extensively before donation. All donated tissue is rigorously tested using the most technologically advanced methods to ensure safety and sterility before release for distribution. All tissues that do not pass these rigorous tests are rejected.

THE SAFETY OF MTF ALLOGRAFTS

Since the inception of MTF in 1987, with over 2.5 million grafts distributed, MTF maintains an unrivaled safety record. MTF has never had a confirmed case of viral transmission for infection from any allograft.

MTF MISSION STATEMENT

MTF is a non-profit service organization dedicated to providing quality tissue through a commitment to excellence in education, research, recovery and care for recipients, donors and their families.

For more information regarding MTF – Musculoskeletal Transplant Foundation, please go to:

WWW.MTF.ORG