Orthopaedic Patient Guidebook

Connecticut Orthopaedic Institute

at MidState Medical Center

MidState Medical Center, 435 Lewis Avenue, Meriden, CT 06451
Welcome to the Connecticut Orthopaedic Institute at MidState Medical Center

On behalf of the Connecticut Orthopaedic Institute at MidState Medical Center, we welcome you and extend our thanks for choosing us to be your orthopaedic surgery provider. We recognize you have a choice when deciding where to receive care and appreciate you giving us the opportunity to exceed your expectations.

Our goals at the Connecticut Orthopaedic Institute are to ensure the highest standards of medicine and to provide a high quality experience for you. We are committed to keeping you informed, and helping you become an active participant in your healthcare. We will do everything possible to make your stay with us outstanding.

In this patient education guidebook you will find important instructions and information to prepare you for your upcoming surgery. The guidebook is intended to answer many of the questions you may have. It outlines the things you need to do before and after surgery. Planning tools, advice on medications, as well as diet and exercise recommendations are included. We encourage you to read the entire guidebook carefully.

Please keep in mind this is only a guidebook – your surgeon may specify certain aspects of your experience throughout this journey.
MidState’s mission and vision

Our mission is to improve the health and healing of the people and the communities we serve.

Our vision is to be nationally respected for excellence in patient care and most trusted for personalized coordinated care.
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Driving Directions to the Connecticut Orthopaedic Institute at MidState Medical Center

From Interstate 95-South
- I-95S To exit 48 (I-91N)
- I-91N to Exit 17, (I-691-W)
- Travel I-691 W to Exit 6 (Lewis Ave.)
- At end of exit ramp, take left to Main Entrance on right

From Interstate 95-North
- I-95N to exit 48 (I-91N)
- 91N to Exit 17, (I-691-West)
- Travel I-691 W to Exit 6 (Lewis Ave.)
- At end of exit ramp, take left to Main Entrance on right

From Interstate 91-South
- I-91S to Exit 18, (I-691-W)
- Travel I-691 W to Exit 6 (Lewis Ave.)
- At end of exit ramp, take left to Main Entrance on right

From Interstate 91-North
- I-91N to Exit 68W, (I-691-W)
- Travel I-691 W to Exit 6 (Lewis Ave.)
- At end of exit ramp, take left to Main Entrance on right

From Interstate 84-East
- I-84E to Exit 27, (I-691-E)
- Travel I-691 E to Exit 5 (Chamberlain Hwy.)
- At end of exit ramp, left onto Chamberlain Hwy. to third traffic light
- Right at traffic light and proceed approx. 1/2 mile to Lewis Ave.
- Right onto Lewis Ave. and then left at first traffic light

From Interstate 84-West
- 84E to Exit 27, (I-691-E)
- Travel I-691 E to Exit 5 (Chamberlain Hwy.)
- At end of exit ramp, left onto Chamberlain Hwy. to third traffic light
- Right at traffic light and proceed approx. 1/2 mile to Lewis Ave.
- Right onto Lewis Ave. and then left at first traffic light

When you arrive onto the MidState Campus proceed to the entrance located near the large flag pole. Valet parking is available at the entrance.
Arriving at the Connecticut Orthopaedic Institute at MidState Medical Center

When you arrive at the hospital, you may use our free valet services or park in the parking lot near the flagpole located outside of the Connecticut Orthopaedic Institute.

Once you have entered the Connecticut Orthopaedic Institute, please check in at the registration desk located immediately to the left of the entrance. A staff member will register you and guide you to the preoperative area.

A staff member will direct your family member to the waiting area. The care team will communicate with them through a text or a pager provided by the hospital. Once the surgery is completed, the surgeon will meet with them.

Once you have entered the preoperative area, you will change into a hospital gown provided for you, the nurse will perform a short physical assessment, the surgical team will be introduced to you and anesthesia will discuss their plan.

Your surgical site will also be identified and marked prior to your surgery.
Lodging

For the convenience of your family and caregivers, two nearby hotels offer discounted rates to COI patients and caregivers.

**Inn at Middletown**
The Inn at Middletown, located less than 10 miles from the Connecticut Orthopaedic Institute, offers comfortable and charming accommodations for overnight guests.

To reserve a room at a discounted rate ($109 a night, with breakfast), visit: innatmiddletown.com and enter the promotional code: ORTHO or call 860.854.6300.

70 Main Street
Middletown, CT 06457

**Courtyard New Haven Wallingford**
The Courtyard New Haven Wallingford, located less than seven miles from Connecticut Orthopaedic Institute, offers guests convenient access to MidState Medical Center and desirable amenities.

To reserve a room at a discounted rate ($120 a night, plus tax), visit Marriott.com and enter online booking code: HFA or call 1.888.236-2427 and ask for the “Connecticut Orthopaedic Institute rate.”

600 Northrop Road
Wallingford, CT 06492

Transportation

We understand that traveling to and from the hospital may be difficult for some patients. We have partnered with a local travel company to set up transportation for patients. If you need transportation, please contact your surgeon’s office for help coordinating transportation to or from our facility.
Valet Parking Services

MidState Medical Center offers all patients convenient access to the hospital with valet service provided by LAZ Parking. Valet parking is free.

**Valet parking business hours**
- 5 am to 8:30 pm, Monday to Friday

**Valet parking during business hours**
- Patient vehicles that pull up to the curb outside the Connecticut Orthopaedic Institute or Medical Office Building will receive a ticket from a parking ambassador.
- All valet vehicles will be parked on the MidState Medical Center campus.
- When it is time to retrieve your car, a staff member will contact a parking attendant.

**How to retrieve your vehicle after business hours**
To pick up your vehicle after 8:30 pm, please follow this procedure:

- Use the Patient Info Line by picking up the black phone on the wall beside the desk at the galleria entrance (Pavilion A). The phone will directly connect to the switchboard. No dialing required.

- Inform the switchboard operator about which vehicle you’re retrieving by using the information on the valet ticket.

- Switchboard will dispatch a Public Safety officer, who will retrieve the keys and escort you to your vehicle.

- Please wait for the Public Safety officer in the seating area adjacent to the Patient Info Line phone.
Connecticut Orthopaedic Institute Amenities

14,500-square-foot space on the second floor of MidState Medical Center, includes:

• 11 operating rooms.
• 21 in-patient beds (all private rooms each with a bathroom).
• A large rehab gym for patient recovery, including physical therapy and occupational health staff.
• Separate kitchen for 6 a.m. breakfast so patients can start their day earlier/rehab faster.
• Galleria upgrade to 2,600 square feet.
• New furniture, beds, window treatments, patient curtains, and motivational artwork to encourage patients during their stay.
• Private consultation rooms.
• Lounges for family to enjoy while patients are having surgery.
• New updated reception area
• Food Trucks outside of Institute entrance to provide diverse unique food options
• Cable TV in all rooms
Preparing Your Body for Surgery

**Tobacco**
Stop smoking at least six weeks before surgery. Smoking is a modifiable risk factor that can increase complications after surgery. Nicotine hinders the healing process and the bone needs to grow on the new implant. Smoking cessation education programs can help combat these complications and facilitate recovery. If you have not stopped smoking, your surgeon may postpone your surgery. For more information on smoking cessation, please contact the nurse navigators.

**Alcohol**
NO alcohol use one week prior to surgery. Also, please inform your healthcare team of your drinking history because serious harm can result from alcohol withdrawal when not properly managed.

**Dental care**
If you need dental work, get it done at least two weeks before surgery. After a joint replacement your surgeon may want you to take antibiotics before any future dental work. Depending on your dental history, your surgeon may require you to obtain pre-operative clearance from your dentist.
Preparing Your Home for After Surgery

It is a good idea to prepare your home for your hospital discharge BEFORE you go to the hospital. The following is a list of suggested items that may be recommended to help you during your surgical recovery.

- Check with your insurance plan to verify which items are covered.
- You may find these items at medical supply companies; also many town senior centers have (DME) loaner programs.
- In the unlikely event that you are going to a facility with a rehabilitation program, the facility will order the equipment for you.

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<th>Durable Medical Equipment (DME)</th>
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<td><strong>Personal Aids</strong></td>
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<td>Rolling walker</td>
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<td>Elastic shoe laces</td>
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<td>Long-handed reacher/grabber</td>
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Making Your Home Safe

Here are some things you can do prior to surgery to better prepare your home when you return from the hospital

- Remove all throw rugs, loose rugs, electrical cords and clutter from your hallways/walking areas as those pose an increased risk for falling while home.

- Though you will be required to perform stairs with your physical therapist prior to returning home, it is recommended to set up a temporary sleeping area on the first floor of your home if your bedroom is upstairs. For the immediate discharge timeframe this may alleviate the necessity to go up and down the stairs multiple times, until you have mastered the stairs with your home physical therapist.

- Consider installing safety bars, especially in the shower/bathroom. There are both permanent and removable items that can be purchased at medical supply stores or drug stores like CVS/Walgreens/Rite Aid.

- Check your cabinets for items that you routinely use and place them at a level where you will not need to bend, reach, or use a step ladder to access.

- Make arrangements for your COACH (a family member or friend) to stay with you for the first few days once you return home from the hospital.

Blood thinners prior to surgery

- If you are on a blood thinner CURRENTLY, you will be directed by your surgeon when you should STOP taking that medication BEFORE surgery.

- Once your surgery is completed you will begin back on blood thinners as directed by your surgeon.

- After your operation, your surgeon may start you on a different blood thinner before returning to your regular medication. This will also be discussed with your surgeon at your pre-op visit or with the orthopaedic team as an inpatient.
Night Before and Day of Surgery Preparations

Bathing Instructions

Before surgery, you play an important role in your own health. Because skin is not sterile, we need to ensure that your skin is free of germs before your surgery. You can reduce the number of germs on your skin by carefully cleansing before surgery. Following the instructions provided by your surgeon will help you to ensure that your skin is clean before surgery to prevent infection.

You will need to shower with a special anti-bacterial soap called chlorhexidine gluconate (CHG). A common brand name for this soap is Hibiclens, but any brand of CHG is acceptable to use.

Your surgeon may use the CHG wipes instead. Whichever product is used by your surgeon, their office will provide you with proper directions for application and when to apply these products.

**CAUTION:** CHG is not to be used by people allergic to chlorhexidine. If you have an allergy to chlorhexidine please speak with your surgeon regarding alternative anti-bacterial soaps.

- **DO NOT** use perfume, deodorant, powders, or creams after using the skin cleanser.
- Remove all gel nail polish.
The Night Before Your Surgery

**DO NOT** eat or drink anything 8 hours prior to surgery.

- No food
- No water or coffee
- No hard candy or gum

**Please note:** Your surgeon may instruct you to drink Powerade or Gatorade the morning of surgery to help maintain electrolyte balance. Ask your surgeon about this prior to surgery. If indicated, you will be instructed by your surgeon.

The Morning of Your Surgery

- You may shower and brush your teeth. Do not swallow water, unless your surgeon tells you otherwise.
- **DO NOT** use perfume, deodorant, powders, creams, makeup or nail polish.
- Wear comfortable clothing that is easily removed.
- Wear comfortable non-skid or rubber soled shoes.
- **DO NOT** bring any home equipment (canes, walkers etc.) to the hospital unless you currently require them to walk

**Important Medication Instructions:**

Your surgeon will instruct you about which at-home medications are **safe** and which are **not safe** take on the morning of your surgery.

If you are instructed to take medications the morning of surgery, please do so with only small sips of water.
Items to Bring to the Hospital

Two forms of Identification
- Picture Identification
- Insurance Cards
- Eyeglasses with case (NO CONTACTS)
- Hearing aids with case
- Cell Phone, tablet, kindle etc.
- Please leave money at home
- Jewelry at home (wedding rings must be removed)

Clothing/Footwear
- Loose fitting clothes (shorts)
- Slip resistant shoes (rubber sole)
- Special shoes (diabetic)
- NO open back shoes

CPAP/BiPAP
- Be sure to know the proper settings on your machine at home. Please write the settings down if you are unable to remember them.
- You will be evaluated by a member of our respiratory therapy team. Bring your home mask or mouth guard.
- The hospital will supply a machine for you.
Meet your staff here at the Connecticut Orthopaedic Institute

Orthopaedic Surgeon:
The doctor who is responsible for evaluating the need for surgery and performing the surgery itself. The surgeon will manage your orthopedic care during your hospitalization and in the office following surgery.

Primary Care Provider:
A doctor who manages a preoperative evaluation and medical clearance for surgery. They do not manage surgical issues during hospitalization, but may be called upon to assist with any medical issues during your hospitalization.

Physician Assistant:
Professionals who practice under the supervision of a physician. When your surgeon is not available for immediate hands-on care, the PA will round daily on patients to assist with medication adjustments, dressing changes, test-result monitoring and communicate daily with the orthopaedists on patient care needs.

Anesthesia team:
The team responsible for safely monitoring anesthesia during surgery and in the recovery room. They will monitor you during your postoperative care for any issues related to anesthesia.

Nurses:
Nurses are essential in the recovery of all patients after surgery. They have expertise in the care of orthopedic patients and your postoperative needs.

Clinical Care Associate:
Under the direction of a licensed nurse, the clinical care associate performs vital sign monitoring, and provides bathing and toileting assistance.

Physical Therapists/Occupational Therapists:
Therapists are trained to help patients safely start to move after surgery. They will provide reinforcement and education based on the surgeon’s directions for walking, sitting, dressing, and movement after surgery.

Care Management, Nurse Social Worker and Nurse Navigators:
Licensed staff who assist in the planning, coordination, and monitoring of medical services for the patient with emphasis on quality of care, continuity of services and cost effectiveness.
Anesthesia

There are several anesthetic techniques that may be chosen for your surgery. You and your anesthesiologist will discuss all necessary factors prior to surgery and agree upon a plan for your anesthetic.

Regional Anesthesia
• This is a technique that will numb a particular area or region of the body.

Examples include:
• Spinal Anesthesia
• Peripheral Nerve Blocks

Spinal: Spinal anesthesia will make you numb from the waist to your toes. It lasts only a few hours and you may have a numbing sensation in your legs in the immediate post-operative period.

Peripheral Nerve Block: A peripheral nerve block may make your extremity numb and generally lasts for 24 to 48 hours.

General Anesthesia
• Anesthesia that affects the whole body. You are completely unaware of your surroundings and will not respond to stimulation.
Recovery – PACU

- The **Post-Anesthesia Care Unit** is also referred to as PACU.
- After your surgery you will be brought to the PACU, where you will be closely monitored as anesthesia wears off.
- The length of stay in the PACU will be determined by many factors including the type of procedure and the anesthetic used. You may be in the PACU between one to two hours, but it will depend on your clinical need.
- We may ask that visiting time be limited.
- Please note that no food or drink is allowed for visitors.

While you are in the PACU, the nurses will monitor your blood pressure, temperature, respirations, heart rate and oxygenation levels, as well as continually assess your pain level.

Once the staff determines that you are stable, you will be transferred to your inpatient room. If your surgery does not require an overnight stay, the PACU staff will prepare you to return home.
Welcome to the Connecticut Orthopaedic Institute Inpatient Unit!

Occasionally, a same-day or outpatient surgery may change to an overnight stay. If your surgeon decides this is appropriate, below is information about the inpatient unit.

**Inpatient Unit:**
Congratulations! You are now ready to continue the journey to recovery. Once you have been transported to the inpatient unit, you will be greeted by staff members that will be providing direct care to you as you remain in the hospital.

- These staff members include your nurse, certified nursing assistant, physical therapist, and occupational therapist. They will help you get settled in your room, perform assessments, and notify your support person when it is safe to visit.

- You will work with your physical therapist the day of your surgery in preparation for your discharge home after surgery.
Mobility

Mobility is Medicine

- Research has shown that early mobilization following surgery can decrease complications. Expect mobilization (getting in and out of bed, going to the bathroom, transferring to a chair) will happen the day of your surgery.

<table>
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<th>Mobility Includes</th>
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<td>Transfers (includes car transfer training)</td>
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Getting Started

- Mobility will begin on the day of surgery.
- You will receive a Physical and/or Occupational Therapy evaluation and a customized therapy program will be developed.
- **DON'T GET** out of bed without the assistance of a healthcare team member for toileting or transfers until you are cleared to safely do so.
Your Hospital Stay

Pain Management: Keeping You Comfortable
You will experience surgical pain following surgery. However, we will work with you to help manage your pain appropriately. If you are in pain or discomfort, please tell us.

Good pain control takes a partnership between you and your caregivers. Managing your pain will help you recover more quickly.

Our Goals:
• Develop a pain relief plan
• Decrease pain to a level that is tolerable
• Determine if pain medication is needed and the appropriate amount

Pain Assessment
• To help us minimize your pain after surgery, you will be asked to rate the intensity and type of your pain through the use of a pain scale of zero to 10 (zero is no pain, 10 is excruciating pain).

• Realistically, a pain score of zero is not attainable after surgery, but a score between a four or five is an attainable and acceptable score for most patients.

• It is best if you obtain medication when your pain level starts to rise. Do not allow your pain to get severe. If you maintain pain control, it takes less medication and less time to manage the pain.

Pain Scale (0 – 10)

0
Pain is present but does not limit activity

1-2
Can do most activities with rest periods

3-4
Unable to do some activities because of pain

5-6
Unable to do most activities because of pain

7-8
Unable to do any activities because of pain

9-10
Lung Exercises – Coughing and Deep Breathing

You will be encouraged to perform simple lung exercises like deep breathing and coughing after your surgery. This prevents lung complications, like pneumonia, from occurring.

What is an incentive spirometer

• An incentive spirometer helps with deep breathing.
• It is best to use it five to 10 times every hour when awake for the first few days after surgery.

Blood Clot Prevention

• Deep venous thrombosis (DVT) is a blood clot in a vein. This could occur in either leg. The biggest danger is that a clot breaks off and travels to the lungs. This is known as a pulmonary embolism (PE) and it can be life-threatening.
• Signs and symptoms of a blood clot might be:
  – DVT (clot in the leg) - calf pain and/or, swelling, warmth, redness, numbness/tingling
  – PE (clot in the lungs) - difficulty breathing, shortness of breath, chest pain, fast heart rate
• Frequent walking is important for blood clot prevention.
• Avoid sitting or lying in one position for long periods of time.
• Additional medical devices and blood thinner medication will be provided to decrease the risk of a blood clot. Be sure to take blood thinner medication as directed by your surgeon.

Sequential Compression Sleeves

These sleeves are placed on your calves after surgery. They inflate and deflate automatically and assist in the prevention of blood clots. They are worn while you are in bed and sitting up in a chair.
Transitioning Home

Medication Instructions

- Take all medication as prescribed by your doctor.
- Some people are discharged home with a prescription for injections to prevent blood clots. It is important that you or a family member learn how to perform these injections prior to leaving the hospital. Home care will not come to your home every day for every dose. You must learn how to perform these injections.
- Remind your physician of any medications you were on before your surgery, that were not prescribed for you after your surgery.
- Remember to check with your physician before you begin taking any over-the-counter medications, herbal remedies, and/or supplements.
- Please get all of your medications filled at the same pharmacy so that your pharmacist can properly identify harmful medication interactions. Ask your pharmacist questions you may have regarding your medications and associated side effects.

Showering/Bathing

Your doctor will tell you when you can shower. When you are able to shower, do not rub the incision.
- **NO** tub baths, hot tubs, spas, or pools.

Your surgeon will provide specific instructions regarding the care for your surgical dressing. That information will be provided and discussed with you and the discharging nurse upon reviewing your paperwork prior to discharge from the unit.
Other Important Information

- Swelling is not uncommon after surgery. Elevation, ice and motion are helpful in decreasing the swelling. You should elevate your ankles above your heart during the day to decrease swelling. If swelling persists, call your doctor.
- You will most likely return to all your normal activities about six to eight weeks after surgery.
- It is essential that you inform your dentist that you have had surgery, as you may need prophylactic antibiotics prior to having your teeth cleaned or other dental procedures.
- If you have any surgical procedures following your surgery, inform the physician that you have an implant.

Don’t Forget!

- It is important that you fully understand your transitional care plan to ensure your continued healing, safety, and comfort. You will receive these instructions in writing before you leave the hospital.
- Before you leave the hospital ask questions about all of your medication, and be sure you know what medications are being prescribed, the proper dosage, how and when to take the medication, and possible side effects.
- Be informed about your health condition (ask the care team if you do not understand any information shared with you) and what you can do to help facilitate your recovery.
- **No driving** while on narcotic pain medication. Your return to driving will be determined by your surgeon.

Your instructions may include your follow-up appointments with your orthopaedic surgeon and/or other specialists or your primary care physician. If you do not have a follow-up appointment with your surgeon, please make one as soon as you return home.
How well are YOU RECOVERING today?

Every Day
• Follow your exercise plan
• Take your medications as prescribed
• Eat healthy meals

RED LIGHT – STOP/EMERGENCY
Go to the ER or call 911 if you have any of the following:
• Difficulty breathing or shortness of breath
• Chest pain
• Localized chest pain with coughing or when taking a deep breath

YELLOW LIGHT – CAUTION
Call your surgeon’s office or home care agency if you have any of the following:
• Fever above 101.5 or persistent low-grade fever
• Uncontrolled shaking or chills
• Increased redness, heat, drainage or swelling in or around the incision
• Increased pain or significant decrease in motion during activity and at rest
• Increased swelling, pain or tenderness of the thigh, calf, ankle or foot
• Abnormal bleeding or any kind, such as increased bleeding from the incision, nosebleed, etc.
• Blood in the urine

GREEN LIGHT – ALL IS GOOD
When your symptoms are under control you experience:
• No difficulty breathing or flu-like symptoms
• No chest pain
• No abnormal bleeding or drainage from incision site
• Slight pain and swelling expected during healing process
Home Care Services

Homecare may not always be necessary. After certain surgeries your doctor may request that you go directly to outpatient therapy. However, if homecare services are required, they will begin the day after you return home. The frequency of your services will be discussed with you prior to leaving the hospital.

Medicare and most private insurers will pay for physical therapy when you initially come home from the hospital.

Rehabilitation at Home

Focus of Rehabilitation:
1. Strength
2. Range of motion (ROM)
3. Functional mobility
4. Achieving your goals of recovery

If homecare is provided, it is over a period of one to two weeks with a transition to outpatient rehabilitation as appropriate. Your orthopaedic surgeon will determine your needs for outpatient rehabilitation services.

What to Expect:
- A phone call from your home care agency to schedule a visit time either the same day as discharge from hospital or the following morning
- An initial visit (RN/PT) to fully assess safety, medical and functional status
- A visit from a nurse if you are on the anticoagulant, Coumadin, to test your blood to accurately dose your daily Coumadin
- Transition to outpatient rehabilitation as appropriate

What You Need:
- Additional support at home to assist with activities
- Your medication, equipment, insurance information and COACH available (in person or by phone) especially on initial visits
- Transportation to get to appointments
- Goal for your recovery
Congratulations!

You are well on your journey to recovery! Thank you for trusting us with your care.

If you have any questions before or after your procedure, please call either of our nursing navigators 203.464.7819 860.384.8614 or your surgeon’s office.
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