Welcome to Buckeye Joint Camp. We are glad that you chose the Ohio State University Wexner Medical Center for your surgery. We designed our Joint Camp information to help you have the best possible result from your total joint surgery. We have a great team of committed healthcare workers who will guide you through your total joint experience.

Most of the information given is generally true for all total joint patients but we have designated when the information is for a specific surgery (total knee replacement, posterior approach total hip replacement, or anterior approach total hip replacement).

**Topics of Joint Camp**

- Getting a New Joint
- Things To Do Before Coming to the Hospital
- What To Bring To The Hospital
- What to Expect During Your Hospital Stay
- Leaving the Hospital (Discharge Planning)
- Things To Do After You Go Home

**Why Replace a Joint?**

A total joint replacement is an operation to replace the worn or damaged parts of your joint. Healthy joints have layers of smooth cartilage that cover the ends of the bones and act as a cushion, allowing the joint to move easily through its range of motion. When a joint loses this smooth surface and has irregular surfaces or has bone to bone contact, this can cause pain and stiffness. The surfaces of the diseased joints are removed and replaced with a mechanical, artificial joint call a prosthesis. This surgery can relieve the pain and stiffness in your joint.

**Total Knee Replacement**

Your knee is a hinged joint where the end of the thigh bone (femur) meets the beginning of the large bone in your lower leg (tibia). The muscles and ligaments around the knee joint support your weight, provide stability and help the joint move smoothly. To create a new knee joint, the ends of the bones forming the joint are surgically removed. They are replaced with pieces that look like the original bone. The parts of the prosthesis are made of metal and very strong plastic. The pieces may be cemented in place with special bone cement, or the metal may have a porous surface that bone will grow into to create a tight fit.
Total Hip Replacement

Your hip is a ball and socket joint where the thigh bone (femur) meets the hip bone (pelvis). The ball rotates in the socket to help the hip move your leg forward and back, side to side, and rotate. In a normal hip this action is smooth. When there is degeneration because of an injury, arthritis, or as a side effect from medicines, the surfaces can become rough like sandpaper. Instead of the joint gliding when you move your leg, the bones grind and you have pain and/or stiffness. Your new hip will have parts made from metal and plastic. The cup replaces the worn hip socket of your pelvis. The ball replaces the worn end of your thigh bone (femur). The ball is attached to the stem that fits inside the hollow part of your femur. The cup and stem are sometimes cemented in place with special bone cement or the metals may have a porous surface so that the bone will grow into it and create a tight fit. The direction that the surgeon takes to get into your hip joint is called the approach and can be a posterior or anterior approach.

After surgery, you will protect your new joint by avoiding certain movements:

Posterior Approach Hip Replacement
- Avoid bending over or bringing your hip up more than 90 degrees.
- Avoid turning your feet inward (into the Pigeon-toed position).
- Avoid crossing your legs in standing, sitting, or lying positions.

Anterior Approach Hip Replacement
- Do not turn your new hip out, towards the side of your body, called external rotation.
- Do not extend your new hip joint beyond a neutral position. This means you should not bend your new hip back more than you do in normal walking.

Knee Replacement
- You may need a splint to help protect when you first get out of bed and until your therapist indicates otherwise.
Things To Do Before Coming To The Hospital

After your surgery you will need some help in moving around safely and with activities like food preparation. It's much easier for you to have this help planned and ready before you come to the hospital. Some tips to make your transition smoother include:

**Plan For Help**

- Line up someone to help you. Have helpers set up for at least a week at home. They should be prepared to help you with a ride home from the hospital, with getting in and out of the car, with meals, getting into and out of bed, with laundry and light housekeeping, and getting to outpatient appointments. If you are currently planning to go home, but do not have anyone to stay with you, consider staying with someone else for a week or two after surgery. If this is not possible, you may need to think about going to a rehab facility if that is an option for you.
- If your surgeon spoke to you about going to a rehab facility after surgery, (which might be a good option if you live alone), contact your insurance company to see which facilities are in network for your plan and go visit some of them. Have a list of at least three possible choices to give the Social Worker when they come to talk to you after surgery.
- Arrange to have someone collect your mail and take care of pets or loved-ones, if necessary.
- Plan for your equipment.

<table>
<thead>
<tr>
<th>Equipment for Home after a Total Joint Replacement</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Posterior Approach Hip Replacement</strong></td>
<td><strong>Anterior Approach Hip Replacement or Knee Replacement</strong></td>
</tr>
<tr>
<td>*Walker/Crutches</td>
<td>*Walker/Crutches</td>
</tr>
<tr>
<td>*Elevated Toilet Seat</td>
<td>Elevated Toilet Seat for tall individuals</td>
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<tr>
<td>Reacher</td>
<td>Reacher</td>
</tr>
<tr>
<td>Sock Aid</td>
<td>Sock Donner</td>
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<tr>
<td>Long Handled Shoe Horn</td>
<td>Long Handled Shoe Horn</td>
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<tr>
<td>Long Handled Sponge</td>
<td>Long Handled Sponge</td>
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</tbody>
</table>

Item with an asterisk (*) are necessary. *Italicized items may be useful but are not necessary.*

Notes: ____________________________________________
__________________________________________________________________________
Get Your House Ready

- Have your bedroom on the first floor if possible.
- Consider a bedside commode if the bathroom is far away from the bedroom.
- Make pathways in your home. Arrange furniture in a way that allows you to easily maneuver around the house with your walker or crutches.
- Remove throw rugs or loose items on the floor like any long cords (computer, phone, lamps, etc.).
- Get a night light to light a path to the bathroom.
- Arrange to have a “Home Base” where you will primarily spend your time when you are out of bed. Put your phone, favorite electronic devices, snacks, water bottles, TV remotes, etc. within easy reach. Pick a sturdy, high backed chair that you will use as your primary seating. Avoid chairs with wheels and chairs that have low seats. It is most important for the POSTERIOR total hips to sit in a higher chair, but it makes it easier for everyone to get up and down if it is from a taller surface.
- Keep in mind that you will be using a walker or crutches for a few weeks, so it will be difficult for you to carry anything. A backpack or fanny pack works well for carrying small items like your phone, snacks, and drinks.
- If you have steps to enter your house, consider having at least one railing installed if it’s not there already.
- If you have pets at home, be very cautious when walking as they get underfoot easily and can create tripping hazards. When you first come home, it’s often best to put your pet in a room separate from your main area until you get settled in a chair.

Practice Your Bed Exercises

After your surgery you will do some exercises every hour you are awake.

Ankle Pumps

Move your foot up and down as if pushing down or letting up on a gas pedal in a car.

Quad Sets

Tighten your thigh muscles and push your knee down to the bed. Hold for 5 seconds and release.

Gluteal Sets

Squeeze your buttocks together. Hold for 5 seconds and release.

Notes:
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### What To Bring With You To The Hospital

<table>
<thead>
<tr>
<th>Bring:</th>
<th>Do Not Bring:</th>
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</thead>
<tbody>
<tr>
<td>A list of your medications and dosages, including herbal supplements</td>
<td>Jewelry or valuables</td>
</tr>
<tr>
<td>and over the counter medications</td>
<td>Large amounts of money</td>
</tr>
<tr>
<td>A list of your allergies to foods and medications</td>
<td>Expensive electronics</td>
</tr>
<tr>
<td>A list of your personal contact numbers</td>
<td>Any home medications (unless specifically instructed)</td>
</tr>
<tr>
<td>Your CPAP machine (and settings) if you have Sleep Apnea</td>
<td>Footwear that is not appropriate for physical therapy, including footwear</td>
</tr>
<tr>
<td>A copy of your Advanced Directives</td>
<td>that is too tight fitting; is too loose fitting, such as flip flops; has</td>
</tr>
<tr>
<td>Personal hygiene products</td>
<td>high heels; or is difficult to put on, such as boots.</td>
</tr>
<tr>
<td>Walker or crutches if you already have them or are planning to borrow</td>
<td></td>
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<tr>
<td>them</td>
<td></td>
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<tr>
<td>Cases for glasses, contacts, dentures, hearing aids, etc.</td>
<td></td>
</tr>
<tr>
<td>Loose fitting, comfortable clothing for the trip home</td>
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<tr>
<td>A pillow (to raise your car seat if you are having a posterior approach</td>
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<tr>
<td>hip replacement or to lean against if riding in the backseat of the</td>
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<tr>
<td>car)</td>
<td></td>
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<tr>
<td>*If you plan to go to a facility after your hospital stay, everything</td>
<td></td>
</tr>
<tr>
<td>you bring should fit in one bag</td>
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</tbody>
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### What to Expect During Your Hospital Stay

- **Day of Surgery**
  - Early in the morning, you’ll come in and check in for your surgery after you park.
  - You will be escorted to a room on the pre-op unit where you will be prepared for surgery. You will be dressed in a gown, and an IV will be started.
  - The surgical team will identify the operative hip and your anesthesiologist will visit with you to discuss your anesthesia.
  - After surgery, you will be taken to a recovery area where you will remain until it is time to go to your room.
  - When you awake from surgery, you will be receiving oxygen through a nasal cannula. This oxygen helps with healing and recovering from the anesthetic medications. Once in your room, you should also begin using your Incentive Spirometer (breathing device) and do deep breathing exercises. This will help to prevent pneumonia.
  - You will have an IV tube for continued fluids, antibiotics and possible blood transfusions.
  - You will have a protective dressing on your incision area. One of your doctors or nurses will change the dressing while you are here.
  - You will have a drain in your bladder (Foley catheter), which will remove urine. This drain is removed the first or second day after surgery.
  - You will also have pumps on your legs that will gently squeeze and relax while you are in bed. You should have these pumps on whenever you are lying in bed.
- If you had a posterior hip replacement, a triangle-shaped pillow (abduction pillow) will be placed between your legs to keep your legs and your hip in the best position for healing.
- Many patients will have a wound drain (HemoVac®) that will remove excess blood as healing occurs.
- Immediately before and after your surgery, you will receive strong antibiotics while you are here in the hospital. Most patients will not need antibiotics when they go home.
- Because you will need to get used to your new joint and because of the medication that you've had for pain control and anesthesia, you will be placed on FALL PRECAUTIONS. We have a strict policy that we ask you to adhere to: **DO NOT ATTEMPT TO GET OUT OF BED** for any reason without a staff member assisting you. Physical therapy will help you your first time out of bed. For total knee patients, a leg splint may be used to protect your leg while you walk.
- Your surgeon will want you to use your new joint as soon as possible after the operation. You will be taught how to use an ambulatory device to help you move about — that is, a walker, crutches or a cane, depending on the best equipment for you. It is important that you begin the ankle pumps as soon as possible following surgery. This will “wake up” your leg and help prevent blood clots from forming.
- Tell your loved ones to wash their hands when they come to visit you. We have hand sanitizer dispensers all over the hospital to help keep you safe.
- The nurses in the recovery room and those at your hospital room will keep a close watch on your recovery and help make you as comfortable as possible. If you need pain medicine, don’t wait too long to ask for it. It is easier to prevent pain than to stop or catch up with it once it is out of control.

**Post Operative Day 1**
You will be doing exercises to help strengthen your operative leg and walking with therapy twice a day. It's important that you participate fully in these therapy sessions so that you regain your strength as quickly as possible. We will review any precautions you need to follow in order for you to protect your new joint. It's good to have your helpers be able to participate in your learning process so they can best assist you once you get home.

**Post Operative Day 2**
You will continue doing the exercises to help strengthen your operative leg. The goal is for you to walk farther each time you work with Physical Therapy. If you have stairs that you need to be able to get up and down, we will teach you the safe way to do that with your new joint. We will give you instructions for exercises to continue doing after you leave the hospital.

**Special Considerations:**
*We are committed to keeping you as comfortable as possible.*
- **Pain Control**
  - Some medications are scheduled so you get them at certain intervals automatically.
  - Some medications are only given when you ask for something for pain, so if you are in pain...ASK for something! The nurse will let you know what your pain management options are at any given time.
Non Medication related pain relief
- You will also be using ice packs, both at the hospital and at home, to help with pain management and swelling
- You will also likely need to elevate your operative leg, especially at home, to help control swelling and pain. Physical Therapy will explain the proper positioning for elevating your leg.

Promoting Blood Circulation
- For a time during and after your surgery, you may be limited in your ability to walk and move around. This can cause your blood circulation to get sluggish or slow and blood clots could develop. Leg exercises will help your blood circulation.
- In addition, your doctor may order a medicine called an anticoagulant. This medicine helps to keep your blood from clotting as easily.
- You will also have air compression wraps on your legs that attach to a small pump. Air is pumped in and out, compressing and relaxing around your legs, to increase blood circulation.
- As you progress day by day with your walking and ability to move more normally with your new joint, the risk of blood clots forming is reduced.

Discharge Planning
- Most of our total joint patients are discharged 2 days after surgery. You will be given written discharge instructions on the day you go home. We will go through discharge instructions with you and a follow-up appointment with your surgeon will be scheduled. Your follow-up appointments are very important.
- Your instructions will include how to care for your incision/dressing, when you may shower, what medications you should take, exercises you should be doing, and what precautions you will keep until your surgeon tells you otherwise.
- You'll be given prescriptions for medicine you will need at home. Restart the medicines you were taking before surgery as directed by your doctor.
- In the hospital we have specialists called patient care resource managers and social workers who help people prepare for the next step in their recovery. They will help you move as smoothly as possible to your next healthcare setting whether that be at home or a facility depending on the plans you made before coming to the hospital.
- If your plans are to go to a facility after your hospital stay, ambulance transportation can be arranged and may be partially covered by your insurance or Medicare. Once you are in another facility, the new facility will take over in helping you with your equipment needs.
- For those of you going home, someone must drive you home after discharge. We recommend that you not travel home in a compact car, sports car, or any vehicle with a radically raised suspension. It is better to ride in a mid-size or large car with regular bench seats, rather than bucket seats. Getting in and out of the car will be very similar to what you will learn about getting in and out of bed and specifics will be reviewed with you and your family prior to your discharge. If you have had your hip replaced, you should have a cushion or pillow to sit on to keep your hips higher than your knees.
- You will need some help when you go home. We will assist you in deciding how much help that might be. Some patients need to enter an extended care facility for additional therapy if your resources allow. If you need such therapy, the case manager will help make the arrangements. Most patients are expected to go home with assistance from a family member or other helper.
Tips for Activity After You Go Home

- Once your surgery is done you will continue your period of readjustment to your new joint. For the next 6-12 weeks, your new joint will continue to heal. You will need to learn to balance your exercise periods with periods of rest. Do not over do, push yourself beyond the limits of pain, or break your restrictions.

- It's very important that you continue to do the exercises that you were instructed to do while you were in the hospital. You will be given a written home program that will help remind you of the exercises that you should do. Remember that you need to be doing these exercises at least twice a day if you want to have a good result from your surgery. Do not wait for formal therapy to start; keep doing the exercises that you have been taught.

- If your insurance provides, some total joint patients will receive home physical therapy and nursing visits. This therapy should only be for a couple of weeks until you start outpatient therapy.

- If you are a total hip patient, it's very important that you continue with the precautions that you were taught during your hospital stay. You'll continue these precautions until your surgeon tells you that it's okay not to follow these rules.

- If you are total knee patient, it's very important that you continue to bend your knee as you were instructed so that you get back better movement in your joint. The first two months are critical to your recovery.

- You'll be walking with a walker and increasing the distance that you walk each day. Your therapist will help you in knowing when it is time to no longer use your assistive device for walking.

- You should drink plenty of fluids and eat fruits and vegetables to combat constipation.

- A prosthetic joint could possibly attract the bacteria from an infection located in another part of your body. Let your dentist know that you now have a total joint replacement so you can take preventive antibiotics before your routine checkups.

- You will not be able to drive yourself until you are off your pain medications. If your replacement is on the right side, you should not drive until you have full and safe use of that leg. That may take four to eight weeks depending on your surgery and recovery. You may be able to drive sooner if your replacement is on your left side.

- After your surgery, you may call the orthopaedic floor if you have additional questions at 614-257-2725. You should call your physician office for questions about medication.

Thank you again for choosing OSU Wexner Medical Center for your surgery. We have a great team of healthcare workers that will guide you through your total joint experience, and we are committed to helping you have the best possible result from your total joint surgery.