Buckeye Joint Class
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Welcome!

We are glad that you chose The Ohio State University Wexner Medical Center for your surgery. Buckeye Joint Class will give you information to help you have the best result from your total joint replacement surgery. We have a great team who will guide you throughout your care including your recovery.

Most of the information in this book will be helpful to you whether you are having knee or hip replacement. Information in this book that is specific to a knee or hip replacement will be pointed out to you.

Ask us about anything you do not understand. We want you to know about your surgery and your care, so you know how to care for yourself after surgery.
Why Replace a Joint?

Total joint replacement is surgery to replace the worn or damaged parts of your joint. Healthy joints have layers of smooth cartilage that cover the ends of the bones. The cartilage acts as a cushion and allows the joint to move easily through its range of motion. When a joint loses this smooth surface or has bone to bone contact, this can cause pain and stiffness.

The surfaces of the diseased joint are removed during surgery. An artificial joint, called a prosthesis, is put in place. 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, called the femur, meets the large bone in your lower leg, called the tibia.

The muscles and ligaments around the knee joint:

• Support your weight
• Provide stability
• Help the joint move smoothly

The smooth cartilage layers can wear down on the ends of the femur and tibia. When the smooth surfaces become rough, the surfaces are like sandpaper. Instead of the joint gliding when you move your leg, the bones grind, and you have pain and stiffness.
To create a new knee joint, the ends of the bones forming the joint are removed. They are replaced with parts of the prosthesis and 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, called the femur, meets the hip bone or pelvis. The hip joint is surrounded by supportive ligaments, called the capsule. The ball of the femur rotates in the socket to help the hip move your leg. In a normal hip joint, this action is smooth.
The smooth cartilage layers can wear down on the ball of the femur and the pelvic socket. When the smooth surfaces become rough, the surfaces are like sandpaper. Instead of gliding smoothly with leg movement, the ball grinds in the socket causing pain and stiffness.

Your new hip joint 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. The ball is attached to the **stem** that fits inside the hollow part of your thigh bone. The cup and stem are sometimes cemented in place with special bone cement, or the metal may have a porous surface that the bone will grow into to create a tight fit.

Your doctor will choose a posterior or anterior approach to replace your hip:

- **The posterior approach** means the back of the hip joint capsule is accessed (cut) to get to the hip joint. This approach will have more movement limits after surgery.

- **The anterior approach** means the front of the hip joint capsule is accessed (cut) to get to the hip joint.
Protecting Your New Joint

After surgery, protect your new joint by avoiding specific types of movement:

- **Knee Replacement Surgery**
  You may need to wear a splint or wrap to help protect your new knee. You will wear the splint when you first get out of bed and until your therapist tells you that it is no longer needed.

- **Posterior Approach Hip Replacement Surgery**
  - **Do not** bend over or bring your hip up more than 90 degrees.
  - **Do not** turn your new hip inward (pigeon-toed position).
  - **Do not** cross your legs in standing, sitting or lying positions.

- **Anterior Approach Hip Replacement Surgery**
  - **Do not** turn your new hip outward towards the side of your body, called external rotation.
  - **Do not** extend your new hip joint beyond a neutral position. Do not move your hip behind you more than you do when walking.
Plan for help

Plan for one or more caregivers to provide support at least the first 2 weeks you are home after surgery. If you plan to go home, but do not have anyone to stay with you, consider staying with someone for 1 to 2 weeks. If this is not possible, think about going to a rehab facility.

If your surgeon recommends a rehab facility after surgery, contact your insurance company to see what facilities are covered by your plan. Visit some of them and have a list of at least three choices to give the social worker or Patient Care Resource Manager (PCRM) after surgery.

You will need help to:

• Give you a ride home from the hospital.
• Get in and out of the car.
• Cook, bathe, and exercise.
• Get into and out of bed.
• Do laundry and light housekeeping.
• Get to outpatient appointments.
• Collect your mail.
• Care for loved ones or pets.
**Buy adaptive equipment**

- Your health insurance may not cover the cost of equipment. Check with your insurance company to see what may be covered. Ask if you need to get your equipment from a specific supplier. Check the back of your insurance card for a phone number to call.
- **A walker or crutches are needed** whether you are having knee or hip replacement surgery.
- Use the chart to help you decide what other equipment may be needed during recovery. Talk to your therapist and other members of your health care team for suggestions.

**Home Leg Compression Unit**

Your surgeon has recommended a home leg compression unit for 4-6 weeks after your surgery. If you have been to your preadmission testing and have not been contacted about your home unit, call 614-688-6367. Your insurance may not cover the cost of this unit. The company that handles the units should deliver it to your home address before you come to surgery should you choose to use it.

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Knee Replacement Surgery</th>
<th>Posterior Approach Hip Replacement Surgery</th>
<th>Anterior Approach Hip Replacement Surgery</th>
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</thead>
<tbody>
<tr>
<td>Walkers or crutches</td>
<td>Need to have</td>
<td>Need to have</td>
<td>Need to have</td>
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<tr>
<td>Elevated toilet seat</td>
<td>Nice to have if you are a tall person</td>
<td>Need to have</td>
<td>Nice to have if you are a tall person</td>
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<tr>
<td>Equipment</td>
<td>Knee Replacement Surgery</td>
<td>Posterior Approach Hip Replacement Surgery</td>
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<tr>
<td>Reacher</td>
<td>Nice to have</td>
<td>Very useful</td>
<td>Nice to have</td>
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<tr>
<td>Sock aid</td>
<td>Nice to have</td>
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<td>Long handled shoe horn</td>
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<tr>
<td>Long handled sponge</td>
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Prepare your home

• Have your bedroom on the first floor if possible.
• Consider a bedside commode if the bathroom is far away from the bedroom.
• Make wide pathways in your home. Arrange furniture in a way that allows you to move easily around the house with your walker or crutches.
• Remove throw rugs or other items on the floor like any long cords from a computer, phone, or lamp.
• Get a nightlight to light a path to the bathroom.
• Arrange to have a “home base” where you will spend your time when you are out of bed. Put your phone, favorite electronic devices, snacks, water bottles, TV remotes, and other needs within easy reach.
• Pick a sturdy, high backed chair that you will use as your main seat. Avoid chairs with wheels and chairs that have low seats.
  ‣ A higher chair makes it easier for you to get up and down. If you had posterior approach hip replacement surgery, you must sit in a higher chair to maintain your hip precautions.
• You will be using a walker or crutches for a few weeks, so it will be hard for you to carry anything. A backpack or fanny pack works well for carrying small items like your phone, reacher, snacks, and drinks.
• If you have steps to enter your house, consider having at least one railing installed if it is not there already.
• If you have pets at home, be very cautious when walking:
  ‣ A pet on the floor can easily create a tripping hazard.
  ‣ When you first come home, it is often best to have your pet put in a room until you get settled in a chair.
Practice Your Bed Exercises

These exercises are to be done while you are in bed. Practice doing the exercises before your surgery, so you know how to do them. Practice will also help strengthen your leg muscles. After surgery, you will do the exercises 10 times each hour while awake.

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

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

3. Gluteal Sets
   Squeeze your buttocks together. Hold for 5 seconds and release.
What to Bring to the Hospital

Bring:
- A medicine list, including how much you take and how often. Be sure to include herbal supplements and any over the counter medicines.
- A list of allergies you have to foods, medicines and other things.
- A list of your personal contact numbers.
- A CPAP machine (if you use one) and settings to prevent sleep apnea.
- A copy of your Advanced Directives: Living Well or Health Care Power of Attorney.
- Preferred personal hygiene products.
- Walker or crutches if you already have them or are planning to borrow them.
- Cases for glasses, contacts, dentures, or hearing aids.
- Loose fitting, comfortable clothing for the trip home.
- If you are having posterior hip replacement surgery, a pillow to raise your car seat. It can also be used to lean against if riding in the backseat of the car.
- Supportive shoes for physical therapy.
- If you plan to go to a rehab facility after your hospital stay, fit everything you bring in one bag.

Do NOT bring:
- Jewelry or valuables.
- Large amounts of money.
- Expensive electronics.
- Any home medicines unless you were specifically told by the medical team to bring them.
- Footwear that is not appropriate for physical therapy. Do not bring flip flops, high heels, mules, or boots.
What to Expect during Your Hospital Stay

Day of surgery
- Early in the morning, you will check in at Registration. Registration is inside the lobby of the main entrance of the hospital.
- You will be escorted to a room on the pre-op unit and prepared for surgery. You will be given a gown to change into and an IV will be started.
- The surgical team will mark the hip or knee you will have surgery on with their initials.
- The anesthesiologist will visit with you to talk about your anesthesia.
- Right before and after your surgery, you will receive antibiotics. Most patients will not need antibiotics when they go home.
- Your family members can wait in the waiting area until you are back in your hospital room.

Recovery room
- After surgery, you will be taken to a recovery area to check your health. You will stay here until it is time to go to your room.
- You will have oxygen through a nasal cannula. This oxygen helps with healing and recovering from the anesthesia medicines.
- If you had a posterior approach hip replacement, a large triangle-shaped pillow may be strapped between your legs. This is called an abductor pillow. You will wear it when you are in bed to keep your legs and your hip in the best position for healing.
- The nurses in the recovery room and on the orthopaedic unit provide ongoing medical care to check your recovery.

Your care on the Orthopaedic Unit

Equipment, tubes and dressings:
- A breathing exerciser, called an incentive spirometer, is used every hour you are awake to do deep breathing exercises. Deep breathing helps to prevent pneumonia.
• An **IV is used for fluids and medicines**. It may also be used if you need to get a blood transfusion.

• A **dressing** will be on your incision. Your doctors or nurses will change the dressing while you are in the hospital.

• You may have a tube, called a **Foley catheter**, to drain urine from your bladder into a bag. It is often removed the first morning after surgery.

• **Compression wraps** will be on your legs. These wraps gently squeeze and relax while you are in bed to prevent blood clots. Keep them on whenever you are lying in bed.

• Many patients will have a wound drain, called a **hemovac**, to remove excess blood as healing occurs.

• **Tell your loved ones to wash their hands when they come to visit you.** We have hand sanitizer dispensers all over the hospital for visitors and staff to use to clean their hands to help keep you safe.

**Safety when getting out of bed:**

• You will be on Falls Precautions. You need time to get used to your new joint and may be unsteady at first. **Do not get out of bed for any reason without a staff member helping you.**

• Physical therapy will visit and help you your first time out of bed.

• **For total knee patients**, a leg splint may be used to protect your leg while walking.

• Your surgeon will want you to use your new joint as soon as possible after surgery. You will be taught how to use a walker or crutches, based on the best equipment for your needs.

• Begin the ankle pumps as soon as possible after surgery. This will “wake up” your leg and help prevent blood clots from forming.

**Pain control:**

• We are committed to keeping you as comfortable as possible. **Ask for pain medicine if you have pain.** Do not wait too long to ask for it. It is easier to control pain before it gets too bad or out of control.

• **Some medicines are scheduled, so you get them at certain times. Other medicines are only given when you ask for them.** If you are in pain, ask for pain medicine! The nurse will let you know what your pain management options are at any given time.

• **Use ice packs**, both at the hospital and at home, to help with pain management and swelling.
• **Elevate your surgery leg** to help control swelling and pain. Physical Therapy will explain the proper way to elevate your leg.

• **Drink plenty of fluids and eat fruits and vegetables** to avoid constipation while you take prescription pain medicine.

**Promoting blood circulation:**

• Having surgery and limited movement in bed increase your risk for blood clots. Leg exercises will help your blood circulation.

• Your doctor will order a medicine called an **anticoagulant**. This medicine helps to keep your blood from clotting as easily. If you need to take this medicine at home, you will be taught how to take it.

• **Compression wraps** on your legs while you are in bed increase blood circulation in your legs.

• As you progress day by day with your walking and ability to move your new joint, the risk of blood clots forming is reduced.

**Therapy day 1 after surgery**

• You will learn exercises to help strengthen your surgery leg. You will also walk with therapists twice a day.

• Be an active partner in therapy to regain your strength after surgery. To keep you safe during recovery, we will also review precautions to protect your new joint.

• You may be allowed to go home the afternoon after your surgery. Have your helpers and caregivers come for the physical therapy (PT) session before you leave to learn how they can help you when you go home.

**Therapy day 2 after surgery**

• You will continue doing the exercises to help strengthen your surgery leg. You will also learn new exercises for strength when going home.

• The goal is to walk more each time you work with Physical Therapy.

• Have your helpers and caregivers participate in therapy and learn how they can best help you when you go home.

• If you have stairs where you live, we will teach you the safe way to move with your new joint.
Most patients leave the hospital 1 or 2 days after surgery. You will be given written instructions on the day you leave. Whether you go home or to a rehab facility, we will discuss your follow up care and a post-surgery visit with your surgeon will be scheduled. Your discharge instructions will include:

- Care for your incision and dressing
- Showering
- Medicines
- Exercises and therapy
- Any precautions you need to follow until your surgeon tells you otherwise

A social worker or PCRM will meet with you to talk about the next step in your recovery. They will help you move as smoothly as possible to home or a rehab facility, based on the plans you made before coming to the hospital.

You will need some help when you go home. We will help you decide how much help that may be. Most patients go home with help from a family member or other helper. If you need rehab therapy, the social worker or PCRM will help make the arrangements.

If your plans are to go to a rehab facility after your hospital stay, ambulance transportation can be arranged or your family may transport you to the rehab facility. This may be partly covered by your insurance or Medicare. The facility will help you with your equipment needs.

**Medicines**

You will be given prescriptions for medicine you will need at home. Restart the medicines you were taking before surgery as directed by your doctor.

**Car travel home**

Someone must drive you home after discharge. If possible, travel in a midsize vehicle that does not have a high raised suspension. A mid-size or large car with regular bench seats will be more comfortable 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. **If you had your hip replaced**, a cushion or pillow will be needed to sit on to keep your hips higher than your knees.
Tips for Activity after You Go Home

- For the next 6 to 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 push yourself beyond the limits of pain or break your restrictions.

- **Do the exercises** as you were instructed. You will be given a written home exercise program to remind you of the exercises that you should do.

- **Do your exercises twice a day to improve strength and recovery.** Do not wait for formal therapy to start after you leave the hospital or rehab facility.

- If your insurance provides home physical therapy and nursing visits, this therapy may be needed for a couple of weeks until starting outpatient therapy.

- **If you are total knee patient**, bend your knee more each day as you were instructed to improve movement in your joint. The first two months are critical to recovery.

- **If you are a total hip patient**, continue with the precautions taught during your hospital stay. Your surgeon will tell you when precautions are no longer needed.

- **Walk with a walker or crutches and increase the distance that you walk each day.** Your therapist will help you to know when it is time to no longer use your assistive device for walking.

- A prosthetic joint could possibly attract the bacteria from an infection 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 routine checkups.

- **Do not drive until you are off pain medicines and have safe use of the driving leg.** If your replacement is on the right side, plan for 4 to 8 weeks recovery before driving. You may be able to drive sooner if your replacement is on your left side.
Thank you again for choosing The Ohio State University Wexner Medical Center for your surgery. Our team is committed to helping you have the best possible result from your joint replacement.

**Questions after your surgery?**
- If you have general questions about your exercises or care, please call the orthopedic floor at East Hospital at 614-257-2725 regardless of which hospital you had your surgery.
- If you have questions about your medicines or concerns about your incision, please call your doctor’s office.

**My Notes**

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