



Buckeye Joint Class



THE OHIO STATE UNIVERSITY

WEXNER MEDICAL CENTER



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For a digital copy of this book, please visit go.osu.edu/pted3917.

Talk to your doctor or health care team if you have any questions about your care.

For more health information, go to wexnermedical.osu.edu/patiented or contact the Library for Health Information at 614-293-3707 or health-info@osu.edu.

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Welcome!

Thank you 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.

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 a 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.

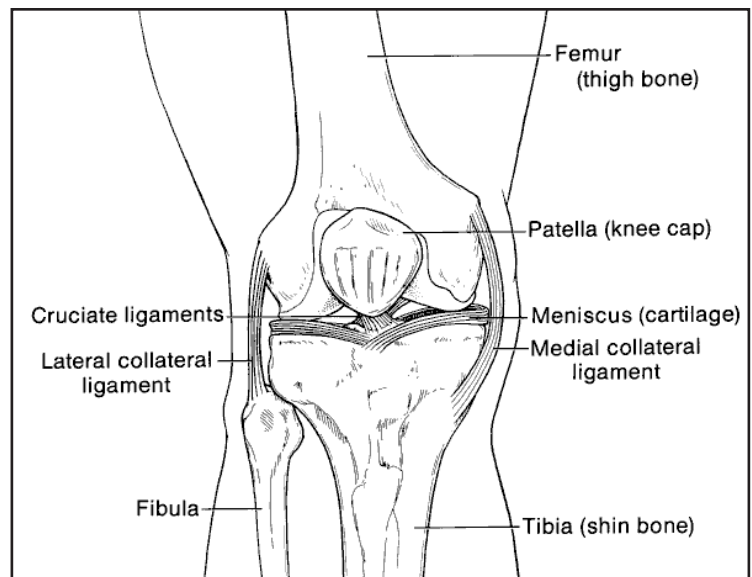
Total knee replacement

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**.

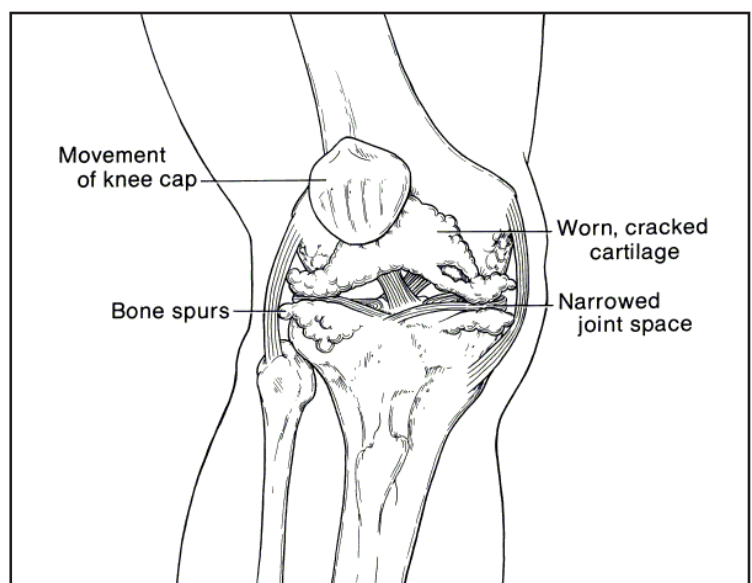
The muscles and ligaments around the knee joint:

- 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.



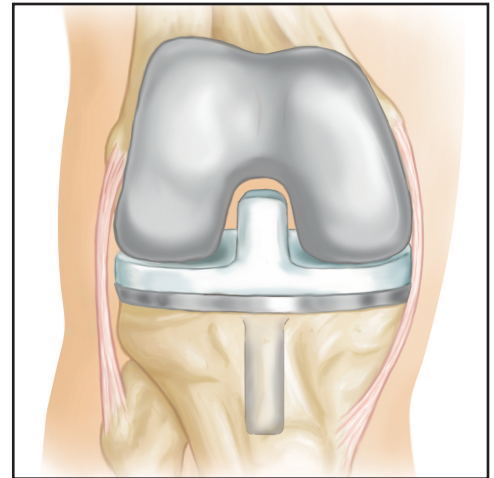
Normal Knee Joint



Arthritic Knee Joint

Total knee replacement

During surgery, the damaged cartilage and ends of the bones of the knee joint are removed. A new joint is created using an artificial joint made of metal and very strong plastic. Parts of the new joint may be cemented in place with special bone cement. The metal has a porous surface that your bone will grow into as it heals to create a tight fit.



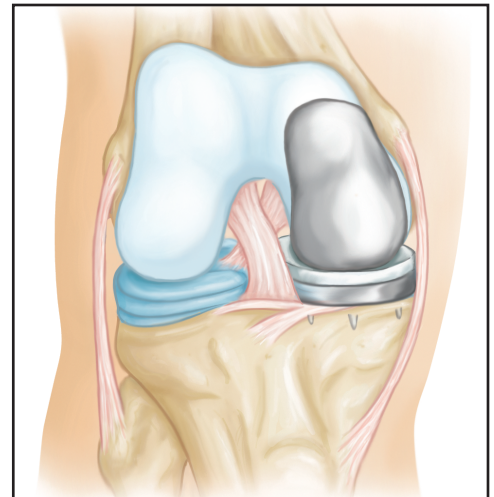
Prosthetic Knee Joint

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Partial knee replacement

During surgery, the surgeon will inspect the knee to be sure the damage is limited to just one part of the knee. The cartilage and bone in the damaged part is removed and replaced with metal covers to make a new joint surface. A plastic insert is placed between the 2 metal parts to act as a cushion between them.



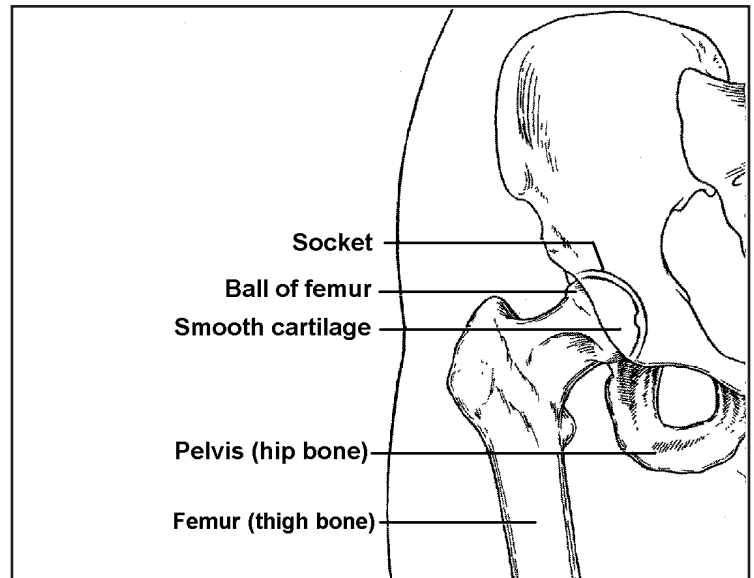
Partial Knee Replacement

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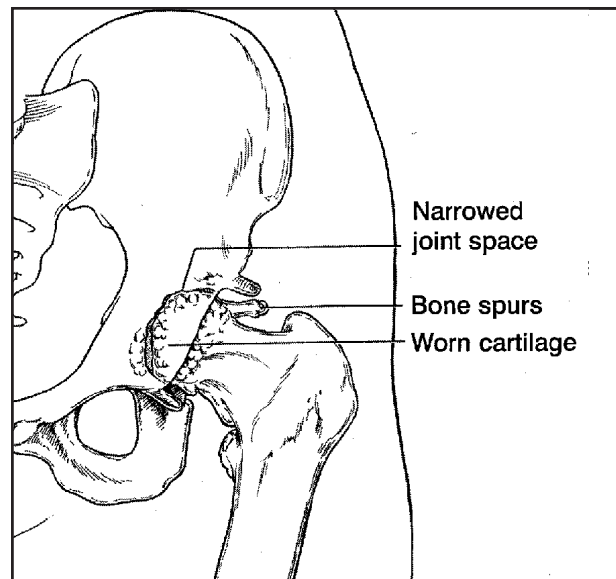
Total hip replacement

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.



Normal Hip Joint

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.

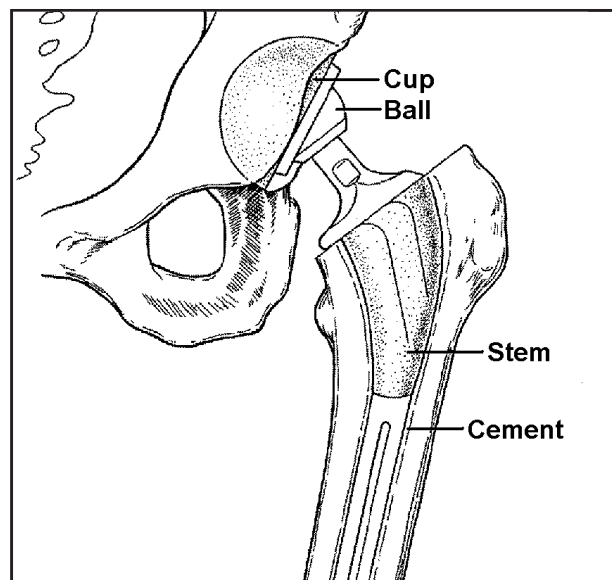


Arthritic Hip Joint

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. The incision on the skin may be located at the front of the hip or the side of the hip (**direct lateral approach**), but the hip joint capsule is accessed from the front.



Prosthetic Hip Joint

Protecting Your New Joint

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

❑ Knee Replacement Surgery

Generally, you are able to do range of motion of your knee without restrictions. In some cases, you may have a knee brace to wear at certain times until you are able to fully straighten your knee. You will be instructed after surgery if this applies to you.

❑ 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/Direct Lateral 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.

Things to Do Before Coming to the Hospital

After your surgery, help will be needed for daily activity as you recover.

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.

Equipment	Knee Replacement Surgery	Posterior Approach Hip Replacement Surgery	Anterior/Direct Lateral Approach Hip Replacement Surgery
Walkers or crutches 	Need to have	Need to have	Need to have
Elevated toilet seat 	Nice to have if you are a tall person	Need to have	Nice to have if you are a tall person
Reacher 	Nice to have	Very useful	Nice to have

Equipment	Knee Replacement Surgery	Posterior Approach Hip Replacement Surgery	Anterior/Direct Lateral Approach Hip Replacement Surgery
Sock aid 	Nice to have	Nice to have	Nice to have
Long handled shoe horn 	Nice to have	Nice to have	Nice to have
Long handled sponge 	Nice to have	Nice to have	Nice to have
Handheld shower 	Nice to have	Nice to have	Nice to have
Shower chair 	Nice to have	Nice to have	Nice to have

Prepare your home

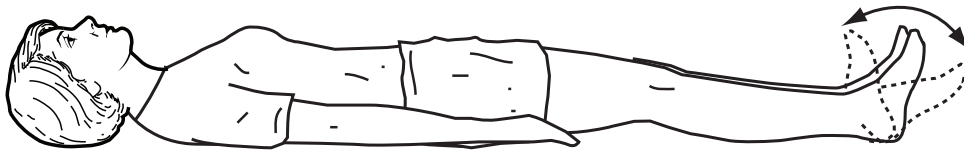
- Have your bedroom on the first floor if possible.
- Consider a bedside commode if the bathroom is far away from the bedroom.
- Have your elevated toilet installed before you go to the hospital, if needed.
- Make wide pathways in your home. Arrange furniture in a way that allows you to move easily around 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. Look around you in all directions to make sure the path is clear before you move.
 - 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**.

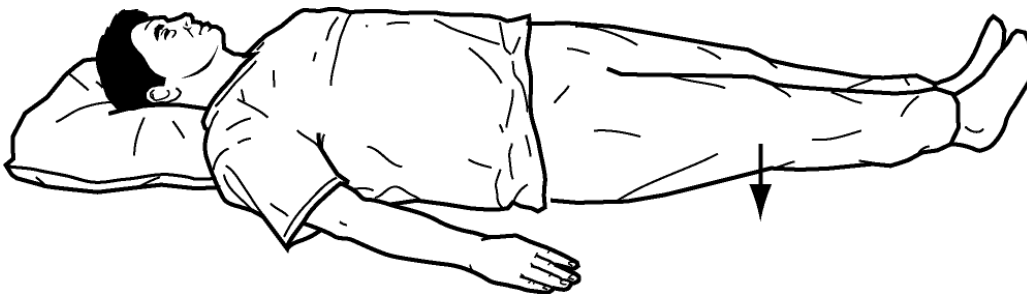
1. Ankle Pumps

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 Will or Health Care Power of Attorney.
- Preferred personal hygiene products.
- Walker or crutches if you are planning to borrow them, so they can be adjusted to your height.
- 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.
- **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.

Don't forget to complete the *Checklist to Prepare for Hip or Knee Replacement* on pages 21-22.

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. Your surgeon will keep them updated on your recovery until they can meet you again in your hospital room.

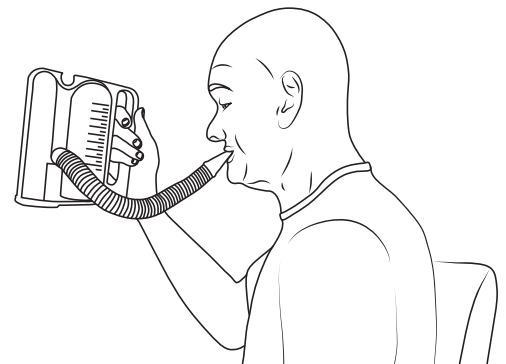
Recovery room

- 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 orthopedic unit provide ongoing medical care to check your recovery.

Your care on the Orthopedic 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.
- 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 after surgery

- You will be taught how to use a walker or crutches, based on the best equipment for your needs.
- You will learn exercises to help strengthen your surgery leg. These exercises will be part of your home exercise program.
- 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 after your surgery on the same day. Have your helpers/caregivers come for the physical therapy (PT) session before you leave to learn how they can 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.

Discharge Planning



Most patients leave the hospital the day of surgery or the day after surgery to go home. 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 your exercises twice a day to improve your strength and recovery**. You will be given a written home exercise program to remind you of the exercises that you should do. Do not wait for formal therapy to start after you leave the hospital or rehab facility. Do your exercises as instructed.
- **If your insurance provides home physical therapy and nursing visits**, this therapy may be needed for 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.
- **Limit climbing stairs to one or at most twice a day for the first week after surgery**.



- 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 you are a total or partial knee replacement patient and 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.
- **Lie flat on your back to sleep.** This the easiest way to rest safely. But, you may sleep on your side with a pillow between your legs if you can maintain your joint precautions.

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.

Checklist to Prepare for Hip or Knee Replacement

1 week before surgery

- ☐ **Stop taking medicines as instructed.** Please refer to your Patient Instructions paperwork given to you at your pre op (before surgery) visit for this information.
- ☐ **Do not shave** around the surgery incision site for 1 week before surgery.
- ☐ **Schedule your 2-week post op (after surgery) visit.** Please pay attention to the visit location as our providers are at various locations.
- ☐ **Get your disability vehicle placard prescription** if you need one. This can be provided at the end of your pre op visit. You will need to take this to your local BMV for a handicap hang tag.
- ☐ **Arrange for family or friends to help you after surgery.** You will need help for things like taking care of your pets, preparing meals, grocery shopping, and taking care of your home. You may need someone to stay with you for **1 to 2 weeks**.
- ☐ **Call today to schedule your physical therapy (PT)** at the clinic of your choice. You will get a physical therapy prescription during your pre op visit.
 - ☐ If you are staying in the hospital (inpatient) - PT starts 2 weeks after surgery.
 - ☐ If you are going home the same day (outpatient) - PT starts 1 week after surgery.
- ☐ **Get a walker that has front wheels.** You will need to bring this to the hospital with you for surgery. We can provide one in the office or write a prescription for one.
- ☐ **Get acetaminophen (Tylenol) tablets** (500 mg is the best choice). You will be taking 1000 mg every 8 hours after surgery when you get home.
- ☐ **Arrange for rides.** You will need an adult to bring you to the hospital and to bring you home. You will also need rides for PT visits while you are not able to drive.
- ☐ **Confirm your surgery.** You will get a call 2 days before to confirm your arrival time.

Day before surgery

- ☐ **Wash with CHG soap as directed starting the night before surgery.** See the instructions in your packet for how to do this.
- ☐ **DO NOT eat or drink anything after midnight** before your surgery. You may brush your teeth, but do not swallow any water or toothpaste.

Day of surgery

- ☐ **Take the medicines you were instructed to take with small sips of water.**
- ☐ **Wash again with CHG soap** as directed. Do not use lotions, powder or other skin products.
- ☐ **Bring with you:** your photo ID, insurance card, any co-payment, your medicine list and walker. If you wear glasses, please bring a case for them. **If you are staying overnight**, bring any personal items you may need for an over night stay, and CPAP machine (if you use one).
- ☐ **Leave your valuables at home.** This includes any form of piercing jewelry.
- ☐ **Leave at home any pill bottles or home medicines**, unless you were instructed to bring them.

Your surgery will be at:

- ☐ Ohio State East Hospital - 181 Taylor Ave, Columbus, OH 43203
- ☐ Ohio State Brain and Spine Hospital - 300 W. 10th Ave, Columbus, OH 43210

Going home

- ☐ **If you are staying in the hospital (inpatient):** Be prepared to spend 1 night in the hospital and to go home the next morning, after you meet the requirements for discharge.
- ☐ **If you are going home the same day (outpatient):** You will go to the recovery room after surgery for a few hours. Team members will assess how you are doing and when you are ready to go home. This includes getting up to walk and being able to urinate. After you meet the requirements for discharge, you will be able to go home.

What to expect when you get home

- You will have pain after surgery. It will be worse the first 2 to 3 weeks. We will prescribe medicines to help control pain, but you will still have mild pain after taking medicines.
- We will provide medicine prescriptions when you are discharged from the hospital, including for pain. If you need a refill before your 2-week post op visit, please call the office. We are not able to refill prescriptions over the weekend or at night.
- ☐ **If you are staying in the hospital (inpatient):**
 - We may set up home health care for you to have the first 1 to 2 weeks after surgery. This includes a visiting nurse about once a week and PT about 2 to 3 times per week.
 - You will begin physical therapy at an outpatient center about 2 weeks after surgery.
- ☐ **If you are going home the same day (outpatient):**
 - You will be given exercises to do at home for the first week.
 - You will be begin physical therapy at an outpatient center about 1 week after surgery.

If you have any questions or concerns after surgery, please call 614-293-2663.

My helpers:

- Who will help me at home after surgery? _____
- Who will drive me to the hospital and bring me home? _____

Notes

[illegible]



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WEXNER MEDICAL CENTER

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