

PATIENTIQ IS AVAILABLE AT OUR SURGERY CENTER

Introduction to PatientIQ

PatientIQ is a platform for healthcare professionals, researchers, and industry partners to collaborate on the mission to improve patient outcomes.

Why does OSMS partner with PatientIQ?

The PatientIQ platform empowers our clinical teams with a modern healthcare platform to better monitor your healing and recovery, send you timely information related to your treatment plans, and gain insights into how to best treat our patients over time. We are committed to continuously improving, and that starts first with measuring our performance today.

What are the benefits?

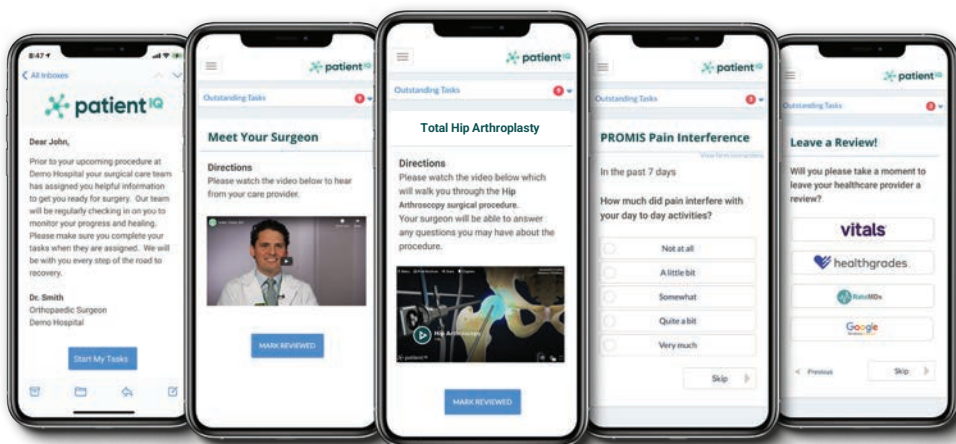
PatientIQ clinical pathways allow our healthcare providers and care teams to track your status and compare your progress versus other patients with a similar diagnosis and/or undergoing a similar treatment. With patient-reported outcomes, providers can garner an accurate longitudinal evaluation of their patients' health at the individual and population health levels. With analytics, PatientIQ informs decision-making by care teams, which ultimately leads to better outcomes.

How does it work?

After being assessed by a provider, your care team may enroll you in a given pathway built within the PatientIQ platform. You will then be contacted via email or text to complete tasks from any device (smartphone, tablet, computer) that will aid you through your care journey, from preop to post-op, and throughout your recovery. The metrics are collected and analyzed to assist providers in decision-making.

These pathways can consist of:

- Assessments and questionnaire about your health status
- Clinical documentation – consent forms, intake forms, etc.
- Educational materials - videos, PDF documents, and other interactive content
- Self-guided physical therapy protocols and instructions
- Surveys on recent visits



If you have issues with your tasks, please contact (920)965-6398.



STEPS IN THE PROCESS:

- 1 You are provided care at an OSMS location
- 2 Your clinical signs/symptoms are logged into the electronic health record and then you may be automatically enrolled in a digital care pathway.
- 3 Upon enrollment, you will receive an automated email and text message from your provider, asking you to complete the assigned tasks.
- 4 In the email, there will be a call-to-action button that, once clicked, will open the default web browser and prompt you to complete your assigned tasks.
- 5 Responses are stored, calculated, and sent automatically to your care team for review.
- 6 Your care team will analyze results and determine action items.
- 7 This process will repeat at relevant intervention points throughout the journey to recovery.

IMPORTANT DATES

Please fill this out, as the information becomes available.

Surgery Details

Surgery Date: _____

Location: _____

Pre-Surgery Appointments

Dental Appointment: _____

*Poor dental health can lead to postoperative infections. See your dentist if you have concerns regarding your dental health before your surgery. **Routine cleanings should wait until 3 months after your joint replacement surgery.***

1. If you are having surgery at one of the **OSMS Surgery Centers**, you will receive a phone call from the Pre Admission Team to review your health history, schedule preop testing and to review preoperative instructions. If you are having surgery at one of the **community hospitals**, a hospital representative and OSMS Pre Admission Team will call you.
2. **History and Physical Clearance Appointment:** Contact your Primary Care Physician (PCP) to schedule an appointment. This appointment should be completed WITHIN 30 days of your scheduled surgery. The OSMS Pre Admission Team will fax information regarding your upcoming surgery to your PCP.
3. **Lab Appointment:** To be done with History and Physical Clearance
Based on your health history, you may have additional testing that needs to be done before surgery.
4. **Specialty Clearance Needed:** _____

Post-Surgery Appointments

OSMS Follow Up Appointment: _____ 2 weeks _____ Location: _____

Physical Therapy Appointment: _____ Location: _____



Green Bay • Chilton • Fond du Lac • Marinette • Neenah
New London • Oconto Falls • Oshkosh • Ripon

Phone: 920-430-8113

Toll Free: 800-310-3877

Fax: 920-430-8124

Orthopedic & Sports Medicine Specialists (OSMS) is a full-service, doctor-owned orthopedic and rheumatology clinic with more than a 50 year tradition of providing comprehensive musculoskeletal care to Northeast Wisconsin and the surrounding areas. The OSMS physicians are dedicated to getting patients back to the lives they love by offering high-quality, cost-effective, and specialized orthopedic, sports medicine, and rheumatologic care.

OSMS has an onsite ambulatory surgery center in Green Bay and is in partnership with Ascension, to provide an ambulatory surgery center in the Fox Valley. These surgery centers focus on outpatient orthopedic procedures and provide an excellent surgical experience with our orthopedic team and our board-certified orthopedic surgeons at OSMS.

Orthopedic Surgery Center
of Green Bay



Orthopedic Surgery Center
of the Fox Valley



920-430-8113
osmsgb.com



WELCOME

Congratulations on your decision to schedule your joint replacement surgery!

Thank you for choosing OSMS.

Whether your surgical experience is in a hospital or in one of our ambulatory surgery centers, this booklet will highlight key teaching topics which will be important for you and your coach throughout your “Joint Journey”.

Our OSMS Pre Admission Team recommends that you bring your Joint Journey booklet with you to:

- Every visit with your surgeon before and after surgery.
- Your preoperative education appointment(s).
- The hospital/surgery center when you arrive for surgery.

Every patient is unique.

Therefore, you and your surgical experience will be unique. The information provided in this booklet will provide you with general patient education. It is important to listen closely to the individual instructions provided to you by the members of your care team... as they will be unique to you and your situation.

As you prepare for your upcoming surgery, please take the time to watch the Joint Journey Video. This video was designed with you and your surgical experience in mind. The video will address pre and post operative teaching topics. It is recommended that you view the video prior to meeting the Pre Admission Team.

www.osmsgb.com/yourjointjourney

LET'S GET YOU BACK TO LIFE.

As you embark on your Joint Journey, know that we are committed to you.

Our team will be with you every step of the way!

The OSMS Pre Admission Team

Preoperative Resources & Education Program

The OSMS Orthopedic Surgeons



William Albiero MD
Orthopedic Surgeon



Paige Chapman MD
Hand, Wrist & Elbow
Specialist



Abbey DeBruin MD
Orthopedic Surgeon



Peter Eggert MD
Orthopedic Surgeon



William Enright MD
Orthopedic Surgeon



Walker Flannery MD
Orthopedic Surgeon



Luke Fraundorf MD
Orthopedic Surgeon



Keagan Gertz MD
Orthopedic
Spine Surgeon



Joel Hein MD
Orthopedic Surgeon



Karl Henrikson MD
Foot & Ankle
Specialist



Kyle Kaster DO
Hand, Wrist & Elbow
Specialist



Jason Klein MD
Orthopedic Surgeon



Brian Law MD
Foot & Ankle
Specialist



Joseph McCormick MD
Orthopedic Surgeon



Douglas Miller DO
Hip & Knee Replacement
Specialist



Darren Nabor MD
Orthopedic Surgeon



Michael Parman MD
Orthopedic Surgeon



Gordon Roedel MD
Hip & Knee Replacement
Specialist



Bryan Royce MD
Orthopedic Surgeon



Steven Schechinger MD
Orthopedic Surgeon



Jacob Seiler MD
Orthopedic Surgeon



Brandon J. Stradel MD
Orthopedic Surgeon



Thomas Sullivan MD
Orthopedic Surgeon



Michael Tressler MD
Orthopedic Surgeon



Ben Zellner MD
Hand to Shoulder
Specialist



Ryan Ziegler DO
Orthopedic Surgeon

Learn more about our doctors at osmsgb.com/our-experts

920-430-8113
osmsgb.com



OSMS PROVIDER LOCATIONS

Clinic Locations:

Green Bay

2223 Lime Kiln Road, Suite 1
Green Bay, WI 54311

Neenah

1205 W. American Drive
Neenah, WI 54956

Oshkosh

200 South Oakwood Road
Oshkosh, WI 54904

Marinette

1931 Marinette Avenue
Marinette, WI 54143

Chilton

614 Memorial Drive
Chilton, WI 54014
Inside Ascension Calumet Hospital

Fond du Lac

355 N. Peters Avenue
Fond du Lac, WI 54935

New London

1420 Algoma Street
New London, WI 54961

Oconto Falls

835 South Main Street
Oconto Falls, WI 54754
Attached to HSHS St. Clare Memorial Hospital

Ripon

402 Eureka Street
Ripon, WI 54971



After hopping off her horse one day, Carol experienced pain in her hip. The pain progressively got worse over the coming months. Carol consulted with Dr. Flannery and decided that the best course of action was to undergo a total anterior hip replacement.

"I was back to work in three weeks. I could ride again at six weeks however, I decided to wait until eight weeks. It was really hard... it hurt so bad prior to surgery. I literally stood next to my horse and thought "can I throw my leg over, or can I not?"

After some encouragement from her trainer, Carol gave it a try. She threw her leg over and "for the first time in months had no pain. I just feel like I have my hip back."



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The OSMS PRE ADMISSION TEAM

Preoperative Resources & Education Program

The OSMS Pre Admission Team is here to help get you physically and mentally ready for surgery. Regardless of where you are having surgery, the OSMS Pre Admission Team is your primary point of contact.

We will:

- Lay out the road map for your unique Joint Journey experience
- Help identify preoperative testing
- Help coordinate preoperative appointments
- Help track your progress and make sure you are cleared and ready for surgery
- Provide teaching and support
- Be your resource during your "Joint Journey"

For any pre-surgery related questions please call the OSMS Pre Admission Team directly at:

Fox Valley/Oshkosh
920-593-6260

Green Bay Area
920-593-6262

Hospital Team
920-593-6265



920-430-8113
osmsgb.com



YOUR TEAM

We are in this *together*, working toward a **common goal**.

Each member of the team plays an important role... none as important as **YOU**.

If you are hoping to achieve the best possible surgical outcomes, you must take an active role in your health.





"JOINT" Partnership

We all play a part in your success!

Our Part:

We will provide you with education.

We will provide you with excellent patient care.

We will be an advocate for you and always have your best interest in mind.

We will be here for you, working with you throughout your entire surgical experience.

Your Part:

I will attend all of my pre-surgical appointments.

I will monitor and report preoperative signs and symptoms of illness.

I will follow my detailed preoperative instructions.

I will follow my detailed postoperative instructions.

I will attend physical therapy as prescribed by my surgeon.

I will participate in all of my home based exercises.

I will follow the guidelines regarding smoking, drug and alcohol use as directed.

I will inform my surgeon if I experience any complications.

Together, we'll get you back!



PREOPERATIVE CHECKLIST

Use this checklist to help prepare for surgery.

In the month before surgery:

- Find a coach.
- Obtain appropriate medical clearance for surgery.
- Watch the Joint Journey Video: www.osmsgb.com/yourjointjourney
- Attend your preoperative Joint Journey appointments and class.
- Obtain medication instructions. *Pay close attention to blood thinners, diabetic medications*
- Begin preoperative exercises as instructed. See page numbers 37-42.
- Consider outpatient physical therapy locations.
- Ready your home. See page 16.
- Obtain necessary medical equipment. See page 45.
- **Stop** the use of tobacco products and drugs.
- Reschedule non-critical appointments during the recovery period.
- Self monitor for signs and symptoms of illness as instructed.

In the week before surgery:

- Grocery shop.
- Purchase two 10-16 ounce Gatorade® (If you are diabetic, use G2®/Sugar-Free Gatorade®).
- Pack for surgery. See page 17.
- Arrange for transportation to and from surgery.
- **Stop** the use of alcohol and/or recreational drugs.
- Follow your medication instructions. Obtain a stool softener.
- Pick up post-operative prescriptions if your surgeon sent them.
- 3 days before surgery **stop** shaving your legs or underarms.
- Continue to self monitor for signs and symptoms of illness as instructed.

Notify the Pre Admission Team if:

- *you experience any signs or symptoms of illness, as soon as possible.*
- *you notice any altered skin integrity (scratch, rash, bug bite, scrapes, wounds) anywhere.*

HEALTHY LIFESTYLE

Healthy habits often lead to better postoperative results.

Healthy Weight

To promote your overall health, it is recommended that you maintain a healthy weight. Obesity and poor nutritional status can increase your risk for postoperative complications. By incorporating healthy lifestyle choices such as nutritious eating and regular activity, you will promote a healthy weight and better surgical outcomes. Additionally, if your goal is to have surgery at one of our ambulatory surgery centers, you will need to have a Body Mass Index (BMI) measurement of 45 or less. If you plan to have surgery at one of the hospitals, you will need a BMI of 50 or less.

How to calculate your BMI:

$$\text{BMI} = 703 \times \text{weight (lbs)} / [\text{height (in)}]^2$$

Nutrition Needs

Healthy eating habits will help prepare your body for surgery and promote optimal healing after surgery. If your body has adequate nutrients, you will be less likely to develop an infection. Your body needs high quality calories. Focus on eating well balanced meals high in protein and rich in vitamins. Vitamin C and antioxidants are specifically important to promote collagen healing. Foods high in fiber, such as fruits and vegetables are also important to keep your digestive tract healthy, especially following surgery.

Learn more about healthy diet choices: www.ChooseMyPlate.gov

Did you know?

Pineapple can help
reduce swelling.



Smoking Cessation

Tobacco use can negatively impact your recovery. Individuals who smoke are at a greater risk for developing respiratory problems or pneumonia after surgery. Additionally, wound healing is delayed and the risk for developing blood clots postoperatively is increased for those who use tobacco products.

As you prepare for your surgery, it is strongly recommended that you quit using tobacco products 4 weeks prior to surgery. This includes cigarettes, chewing tobacco, e-cigarettes, nicotine replacement patches or gum, vapes and mods. It is important that you remain tobacco and nicotine free during your recovery period as well. Please contact your primary care doctor or optimization team regarding resources for quitting.

Hospitals and surgery centers are
smoke/tobacco free.

Start to Exercise

Leading up to your surgery, try to increase your physical activity. A strong body will have better surgical outcomes. A general preoperative goal is 15-20 minutes of moderate physical activity each day. If you are new to exercise, start slowly and always let pain and discomfort be your guide.

Follow your pre-hab exercises as instructed by your surgeon and physical therapist. A general preoperative goal is to complete each exercise twice a day, working up to 15-20 repetitions each. Regardless of the type of joint replacement surgery you are having, it is important to try to complete all exercises in your pre-hab program.

Did you know?

Regular physical activity can
decrease stress.



DISCHARGE PLANNING

It's never too early to start planning for home.

Identify your coach

It is important to select a individual who will be your coach. Your coach should be there for you before and after surgery. They should plan to attend your preoperative teaching appointments. Your coach may be able to stay with you on the day of surgery and consult with your surgeon on your behalf following surgery. Your coach should plan to stay with you in your home during your recovery phase. They should help you with transportation and assist you until you are able to safely be on your own. The minimum recommendation is that your coach be with you at all times for the first week.

Prepare your Home

Before your surgery, it is important to take some time to prepare your home. Your safety is our concern. Please refer to our Home Readiness Checklist.

Same Day Discharge

Our OSMS surgeons have implemented treatment protocols designed to make your transition home as safe and efficient as possible. By incorporating early ambulation and multimodal pain management practices, our team is able to help most patients transition home **the day of surgery**.

Home is the GOAL!

The majority of patients are discharged the same day of surgery and go home with the assistance of their coach. *Home is the Goal!* If you are considering the option of being discharged to a rehab facility, it is important to know that insurance approval cannot be obtained prior to surgery. Immediately following your surgery, if your surgeon or physical therapist feel you are doing well, medically and physically, going to a rehab facility will likely **NOT** be approved. Additionally, many insurance plans require a three night stay in a hospital prior to approval. Unfortunately, there are no guarantees, please make sure you have an alternative plan in place.

Things can change, it is important to have a back-up plan for your discharge.



HOME READINESS CHECKLIST

Use this checklist to help ensure a safe transition home.

Take some time to prepare your home.

- ☐ Make sure your home is clean and your laundry is done.
- ☐ Prepare nutritious meals in advance.
- ☐ Clear the floor, remove area rugs and ensure all flooring is properly secured.
- ☐ Be sure your frequently used items are easy to reach.
- ☐ Make sure your chairs are not too high or too low and you can easily transfer in and out.
- ☐ Make arrangements for pets during and after surgery.

Exterior considerations:

Are there steps into the home? Are the steps in good repair? Are handrails present and secure?

Is there sufficient outdoor lighting to walk outside at night?

Make sure walkways are safe and free from ice and snow.

Pets can get scared when their owners are not feeling well or have a walker.

Introduce your pet to your walker.

Interior considerations:

Is there adequate lighting throughout the home?

Are the doors in the home wide enough to accommodate your walker?

Are the steps in good repair? Are handrails present and secure?

Are there any tripping hazards? Are there any floor rugs?

Are the chairs sturdy and supportive? Do they have armrests? Leg elevation?

Is the telephone/telephone charger easily accessible?

Are the kitchen supplies/dishes easily accessible?

Do I have a grab bar near the toilet and in the shower/bathtub? Is it secure?

Is my toilet seat at the appropriate height? Do I need a toilet riser?

Do I have night lights throughout the home to provide light when walking at night?

Your SAFETY is our concern!



PACKING FOR SURGERY

Just the essentials

Things to Remember:

- Your photo ID
- Your insurance cards
- Comfortable walking shoes
- Loose fitting, clean clothing and sleepwear
- C-Pap machine, if you use one
- Toothbrush, toothpaste, deodorant, hairbrush
- Your walker, as instructed
- Your cell phone and charger

Choose your shoes wisely, feet can swell after surgery.

Button shirts are best if you are having shoulder surgery.

Things to leave at home:

Do NOT bring any valuables or jewelry.

Medications:

If you are having surgery at a **hospital**, do NOT bring any of your home medications.

If you are having surgery at a **surgery center**, please bring all of your home *prescription* medications in their *original* containers. **DO NOT** bring new prescriptions that your surgeon may have prescribed in advance for your surgery.



MEDICATIONS

General Preoperative Instructions

Prior to surgery, you will meet with a member of our OSMS Pre Admission Team. They will give you detailed instructions regarding which medications to stop, which medications to continue and which medications to take the day of surgery. **Please take note of this information as this will be individualized instructions, specific to you.**

STOP all vitamins and herbal supplements **7 days prior to surgery.**

Certain vitamins and herbs can interact with anesthetic agents or may increase bleeding.

STOP all anti-inflammatory (NSAID) medications **7 days prior to surgery**, *unless otherwise instructed by your physician.* This includes Aspirin, Motrin, Ibuprofen, Aleve, Naproxen, Meloxicam, Diclofenac and Celebrex. *These medications may increase bleeding.*

CONTINUE taking all of your **regularly prescribed medications**, as instructed.

CONSULT with your prescribing physician if you take any anticoagulant or anti-platelet medications. This includes Coumadin/Warfarin, Xarelto, Plavix, Eliquis, Aspirin etc. Your physician will provide detailed instructions regarding these medications.

CONSULT with a member of our OSMS Pre Admission Team if you are diabetic and use anti-diabetic medications. You will receive individualized instructions.

Medications I will take day of surgery: _____

If you have questions, contact a member of the OSMS Pre Admission Team.

Your surgeon may prescribe medications in advance.

If so, you will be instructed to pick them up prior to your surgery date.

SHOWER INSTRUCTIONS

Follow the detailed instructions to prevent postoperative infection.

Use Chlorhexidine Gluconate 4% (Hibiclens®)

This may be given to you by a member of our OSMS Team or may be purchased at local drug store.

Hibiclens® can usually be found near the first aid/bandage supplies.

The average cost is between \$5 and \$10 for a 4oz. bottle.

Shower the **night before surgery** and the **morning of surgery**.

The night before surgery:

1. Wash your hair with your own shampoo and rinse.
2. Wash your face and genital/rectal area with your own soap and rinse.
3. Lather the chlorhexidine gluconate (Hibiclens®) soap and wash the rest of your body with a quarter of the bottle from your jaw line down. Allow the soap to sit on your skin for one minute before rinsing. Do NOT get the soap in your eyes, ears, nose, or mouth. Do NOT wash genital areas with the soap.
4. Repeat step #3 with the second quarter of the bottle of soap. Be sure to leave half the bottle of soap for the morning shower.
5. Dry your hair and body with a clean towel.
6. After your evening shower, sleep in clean, freshly washed, sheets and pajamas.



The morning of surgery:

You may need to purchase Hibiclens® from a local drug store.

- Repeat the shower steps as stated above.
- Do NOT apply any deodorant, lotion, powder, makeup, chapstick/lip balm, nail polish, perfume, cologne, or jewelry.
- Dress in clean, freshly washed, loose fitting clothes.
- Brush your teeth but do NOT swallow any of the water.

If you have allergies to Chlorhexidine Gluconate, Dial® Antibacterial Soap can be used.

These instructions are for preoperative showers only.

Staphylococcus Bacteria

Preventing surgical site infections

Did you know?

Staphylococcus (Staph) bacteria is a type of bacteria that can cause various illnesses.

Staph bacteria are the main cause of surgical infections.

Staph bacteria include Staphylococcus aureus (MSSA) and Methicillin-resistant Staphylococcus aureus (MRSA).

Prior to your surgery, you will receive a nasal swab to test for the presence of staph bacteria.

If the nasal swab is **positive**, you will be notified and prescribed an ointment called Bactroban (Mupirocin).

NASAL OINTMENT INSTRUCTIONS

- Nasal ointment should be administered twice a day for the 5 days immediately prior to surgery.
- Apply a pea size amount of the prescribed ointment to a cotton tipped applicator and apply directly into one nostril. Repeat the process using a new cotton tipped applicator and apply directly into the second nostril.
- Press the sides of the nostrils together to gently massage after the application to spread the ointment throughout the inside of the nostrils.
- Avoid contact with the medication and the eyes.
- Discontinue usage and call your health care provider if severe reaction or local irritation occurs.

Date	Mupirocin Nasal Ointment	Hibiclens Shower
Day 1:	Morning & Evening	
Day 2:	Morning & Evening	
Day 3:	Morning & Evening	
Day 4:	Morning & Evening	
Day 5:	Morning & Evening	Evening Shower
Day of Surgery		Morning Shower

Eating & Drinking Instructions

These instructions are for OSMS Surgery Centers ONLY. Follow hospital instructions if your surgery is not at an OSMS facility.

Preparing for Your Surgery

To help keep you safe during anesthesia and surgery, please follow these instructions carefully:

The Day Before Surgery

- Drink 10-16 ounces of Gatorade® the evening before your surgery.

If you are diabetic, please drink G2® (or sugar-free Gatorade®)

Before Your Surgery:

8 Hours Before Your Arrival Time

- **STOP** eating all solid foods.
- This includes snacks, gum, candy, mints, and chewing tobacco.

8 to 2 Hours Before Your Arrival Time

- You may drink **water and Gatorade® only.**
- The morning of your surgery, drink another 10-16 ounce Gatorade® (to be finished no later than **2 hours before your arrival time**).

2 Hours Before Your Arrival Time

- **Do not** eat or drink anything after finishing the Gatorade®
- Before you come to the facility, take only the medications you were instructed with a *small* sip of water.

If you do not follow these guidelines, your surgery may be rescheduled or delayed.

Diabetic Patients

If you are diabetic, take insulin or oral anti hyperglycemic medication or use an insulin pump you will be given detailed preoperative instructions by a member of the Pre Admission Team.

Surgery center patients, be sure to bring all diabetic medications and supplies with you the day of surgery.

Anesthesia

The day of surgery, you will meet with the anesthesiologist. The anesthesiologist will review your health history and discuss the types of anesthetic available to you. If you have specific questions regarding the types of anesthesia, please reach out to a member of our OSMS Pre Admission Team.

General Anesthesia

General anesthesia is administered through the patient's IV. The medication helps to put the patient's body into a state of unconsciousness. You may require assistance with breathing, either through a mask or breathing tube.

Advantages: The patient is completely asleep and unaware of surroundings.

Common possible side effects: The patient can have a sore throat, nausea or trouble urinating briefly after surgery.

Spinal Anesthesia

Spinal anesthesia is an injection into the lower back under sedation. The medication injected into the lower back helps to numb the body from the belly button down. Patients will be asleep during the procedure, unable to feel any pain but will be able to breathe on their own.

Advantages: The patient can experience less nausea and can feel more alert after surgery. The patient can also experience less blood loss.

Common possible side effects: The patient can have prolonged numbness or trouble urinating briefly after surgery.

Peripheral Nerve Block

A peripheral nerve block can be offered for pain management. The anesthesiologist will discuss this with you the day of surgery. Nerve blocks are administered prior to surgery in the preop room. You receive local medications through an ultrasound guided injection to target specific nerves. This results in numbness to the specific surgical area. Nerve blocks are often used as postoperative pain management, and may or may not function as the primary anesthesia.

Advantages: The patient can experience pain management for several hours following surgery.

Disadvantages: The patient may have limited muscular strength and control briefly after surgery.

If you have anesthesia related questions, contact a member of the OSMS Pre Admission Team.

YOUR JOINT JOURNEY

"Day of Surgery Road Map"

As your surgery approaches, it may be beneficial to visualize your journey.

Surgery Registration:

You will be greeted by a member of the registration team. You will need to verify your personal information and a patient ID band will be placed on your wrist. You may be asked to provide a copy of your drivers license and insurance card. You will sign a registration agreement.

PreOp:

A member of the preop team will greet you in the registration area. You will be brought to a patient room where the surgical care team will get you ready for surgery. You will change into a gown and your surgical site will be confirmed, marked and prepped for surgery. A nurse will perform an assessment, review your health history and update your medication list. The nurse will start an IV and start administering IV fluids. If your surgeon orders any preoperative medications, the nurse will bring those to you with a small sip of water. Your surgeon and the anesthesiologist will meet with you and once all your questions are answered, you will be asked to review and sign your surgical consent.

Operating Room:

Once everything is ready for surgery, the OR nurse will come and introduce themselves. They will confirm with you your personal identification and the surgical consent. A surgical hat will be placed on your head and you will be provided with warm blankets. You may be given IV medications at this time such as antibiotics, pain medications and relaxing medications. You will be brought to the OR, and greeted by the team including the OR nurse, the surgical technician, the anesthesiologist, the certified nurse anesthetist and the surgeon. If you are having a spinal anesthetic, the anesthesiologist will help you into a seated position to administer the spinal anesthesia. After it is completed, you will lay in a comfortable position and be prepped for surgery. If you are having a general anesthetic, the anesthesiologist will administer medication through your IV to sedate you then carefully place a breathing tube to assist your breathing during surgery.

Post Anesthesia Care Unit (PACU):

Once surgery is complete, you will be taken by the OR nurse to the PACU. This is where you will wake up and recover from anesthesia. A nurse will be at your bedside. The nurse will perform an assessment and monitor you closely. Your surgical site may be elevated and cold therapy will be applied. If you are in need of medication, the nurse may administer it through your IV. An x-ray of your new joint may be taken at this time as well. If you had a spinal anesthetic, you may be clear headed and feel "wide awake" at this time, however, your lower body will still be numb. If you had a general anesthetic, you may feel drowsy and unable to recall the events of this time. Patients are typically in the PACU for 30-60 minutes.



Extended Stay Room:

Once you have recovered from the anesthesia, you will move to an extended stay room where you will spend the rest of your stay until discharge. In order to help your breathing, you will be instructed on how to use an incentive spirometer (IS). Your nurse will offer you something to eat and drink and your diet will be advanced slowly. Once you are able, you will be encouraged to start gentle physical activity. You will begin with sitting at the edge of the bed. Within the hours following surgery, you will progress to standing and even to walking. It is important to always use your call button and to NOT get up alone. The nursing team will begin working on pain management during this time.

It is important that your bladder functions properly after surgery. Your bladder volume may be assessed using a bladder scanner. If your bladder is still "asleep" due to the anesthesia, the nurse may need to use a straight catheter to help you to initially empty your bladder. Most antibiotic therapy is completed prior to you being discharged home. Physical therapy will also see you during this time. They will instruct you on bedside exercises and assist you in walking.

Prior to going home your nurse will provide you with discharge instructions. During this time it is important to note the unique instructions that are specific to you and your surgery. Pay close attention to medication instructions as there may be new medications added or home medications discontinued. It is helpful to have a family member present or on the phone to listen during this time. Lastly, prior to going home, your surgeon will see you. They will give you an update on how your surgical procedure went and they will be able to answer any specific questions that you may have at this time.



Discharge HOME!

When you are ready and you have met all of the discharge goals you will be on your way!
Your day of surgery is complete... however, your "Joint Journey" is not.

Your road to recovery is just starting.



Discharge Goals

There are several goals you should meet prior to being discharged.

Before discharge, you should be able to:

- Eat and drink without any nausea
- Tolerate oral pain medication
- Obtain adequate pain relief
- Urinate without difficulty
- Pass gas
- Understand your discharge teaching
- Work with Physical Therapy to successfully demonstrate:
 - Walking 50 feet with or without an assistive device
 - Getting in and out of a chair
 - Getting in and out of bed
 - Going up and down stairs (if needed)

Once you meet all of your goals and your surgeon has visited with you and has given you their approval, you will be able to leave the facility with your coach.

Follow-up Call

A few days after surgery you may receive a follow-up call.

The nurse will ask you a few questions and see how you are doing since arriving home. If you think of any non-urgent questions leading up to this call, write them down. This would be a good time to talk to the nurse about those things.

Remember we are here for you!

If anytime you want to talk to a member of the team, call OSMS.



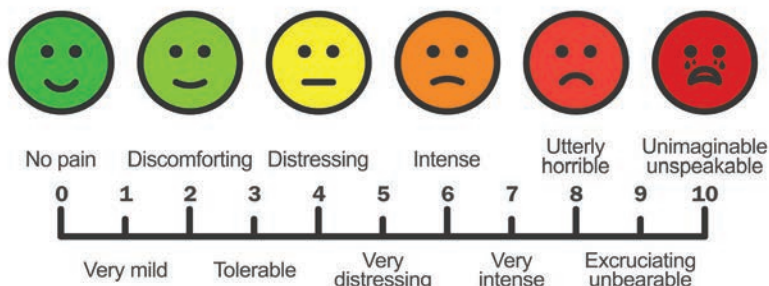
PAIN MANAGEMENT

Narcotic Pain Medications

Following surgery, the care team will work with you to achieve “tolerable levels” of pain.

You will **NOT** be pain free.

When assessing your pain: Consider this scale 0-10



Become familiar with this scale.

You will be asked during your surgery stay!

Pain management will be unique to each patient.

Narcotic pain medications can help during the immediate postoperative recovery. The goal is to limit the use and to discontinue the use as soon as possible.

Common side effects of narcotic pain medications:

- Constipation
- Nausea and/or vomiting
- Urinary retention
- Dizziness/confusion

If you experience any of these side effects, contact OSMS.

We do not refill narcotics after hours or weekends

While taking narcotic pain medications:

Do **NOT** drink alcohol Do **NOT** drive Do **NOT** operate machinery
Do **NOT** make any important decisions or sign any legal documents

Additional Considerations:

It is important to stay “on top” of your pain. This will allow you to fully participate in your recovery. It is recommended that you take your pain medication at least 30 minutes prior to physical therapy.

To decrease nausea and vomiting, do not take pain medications on an empty stomach.

When using narcotics, drink plenty of water, eat foods high in fiber and take a stool softener daily.

If your narcotic medication is a combination medication such as Vicodin or Percocet be sure to NOT take any additional Acetaminophen (Tylenol).

Acetaminophen
Do **NOT** exceed 3000mg daily

Multi-Modal Pain Management

After surgery, you will want to use various methods to help manage your postoperative pain.

COLD THERAPY

Tip- Freeze plastic water bottles to reuse in your cooler. Make sure the labels are off.

Cold therapy can reduce bleeding and swelling and can help control pain and decrease muscle spasms. You may be provided with a cold therapy device (ie. ice cooler, reusable ice pack). OSMS contacts insurance but you could be responsible for a portion of the cost. It is encouraged that you ice for 30 minutes, remove for at least 30 minutes. **Be sure to never put ice directly on your skin and frequently check skin for cold burns.** Continue to ice as needed throughout your recovery period.



ELEVATION

Whenever you are sitting and resting, elevate your surgical site above the level of your heart to reduce swelling. When you are elevating your **knee**, be sure to **keep your leg extended**. Put a pillow under your calf, do **NOT** put the pillow right behind your knee. When elevating your **hip**, follow specific instructions from your surgical team.



RELAXATION/DISTRACTION/REST

Relaxation exercises such as deep breathing and guided meditation can help reduce your muscle strain and decrease your pain. Distraction techniques may also help and include listening to music, watching television, or visiting with a family member or friend. Allow yourself time to rest. By doing so, this will improve your recovery. It's okay to ask your visitors to leave.

MOVEMENT

Sometimes all it takes to relieve pain is to change your position. In fact, frequent changes in position are recommended. Sitting or standing at the side of the bed or taking a short walk around the house are good examples. We recommend you should get up and move every hour while you are awake.

NON-NARCOTIC MEDICATION

It may be beneficial to use some non-narcotic pain medications during your recovery. These medications may include Ultram (Tramadol), Acetaminophen (Tylenol) or anti-inflammatory medications.

Speak with your surgeon before starting any non-narcotic medications.

Caring for Yourself at Home

Incision Care

You will be given specific incision and dressing care instructions before you are discharged home.

General instructions include:

- Keep your incision clean and dry.
- Do NOT pull on your dressing, sutures/stitches, staples or the white steri-strips.
- Avoid soaking your incision in water. Do NOT take a bath or use a swimming pool or hot tub. Please wait until your incision is completely healed. This usually takes 3-4 weeks.
- Do NOT apply any ointments, creams or lotions until the incision is completely healed.
- ALWAYS wash your hands before caring for your incision.
- Do not change or remove dressing unless instructed to.

Showering

After surgery, you will be allowed to shower the next day. When showering, be cautious.

General instructions include:

- Consider a nonskid mat or chair/bench in the shower to prevent you from slipping.
- Have all your shower supplies easily accessible.
- Have someone nearby, in case you need assistance.
- Keep your dressing dry at all times. Cover your dressing with a clear plastic wrap while showering until your first post-op appointment. Glad Press'n Seal® works well.

Driving

It is recommended that you do NOT drive until you have received clearance from your surgeon.

If your dressing becomes saturated or wet, contact OSMS.

Compression Stockings

Compression stockings work by gently compressing your legs, improving circulation and blood flow in an effort to help prevent blood clots. If your surgeon recommends it, you should continue to wear your compression stockings until your first follow up appointment. Your surgeon may ask that you continue to wear them for an additional period of time after your appointment.

General instructions include:

- Wear your compression stockings at all times during the day.
- Ensure that they are not wrinkled or binding on your leg.
- You may remove your stockings when you are sleeping at night and to shower.
- Do not pull your stockings too high, your toes should be covered inside the stocking.

To clean your stockings, wash them in the sink with soap and rinse with warm water. Lay them flat or hang to dry.



Incentive Spirometer

Continue to use your incentive spirometer (IS) for a minimum of 7 days after surgery. This will help to improve your lung capacity and to prevent fluid from accumulating in your lungs during recovery. You will receive this upon admission.

General instructions include:

- Put your lips around the mouth piece.
- Take a slow, deep breath. Note the measured capacity.
- Hold your inhale for 3 seconds.
- Exhale
- Repeat 10 times. Perform hourly while you are awake.



Anticoagulant Therapy

Your surgeon will prescribe a postoperative medication such as Aspirin, Xarelto or Eliquis.

If you were previously on long term anticoagulant therapy, follow your instructions on when to resume.

You will receive detailed instructions on how to use these types of medication.

Preventing Infection

- Wash your hands frequently!
- DO NOT touch your bandage or incision site. Keep pets away from your dressing and incision.
- Only change your dressing as instructed.
- Keep your recovery environment clean.
- Avoid people who are not feeling well.
- Eat a healthy diet and get adequate rest.

Notify OSMS immediately at 920-430-8113 if:

- Your incision becomes red or hot.
- You see drainage from the incision.
- There is an increase in pain or swelling that is not relieved by pain medication or elevation.
- You experience a temperature of greater than 101 °F for more than 24 hours.

Preventing a Blood Clot

- Avoid long periods of inactivity. Move around. Take frequent short walks.
- Wear your compression stockings as ordered.
- Take your anticoagulant medication as prescribed.
- Do your postoperative exercises.
- Do **NOT** cross your legs.
- Do **NOT** smoke.

Notify OSMS immediately at 920-430-8113 if:

You develop redness, tenderness, warmth to the touch, swelling or painful calves.

If you experience shortness of breath or difficulty breathing **Call 911.**



Dental Appointments

- **Routine dental appointments should wait three months after a joint replacement.**
- You will likely not need antibiotics.
- Check with your surgeon to be sure.

WHEN TO SEEK HELP

Know the difference between an EMERGENT, URGENT and NORMAL postoperative situation.
If you are uncertain at anytime, call us!

EMERGENCY

You are in immediate need of medical help if:

- You fall and are unable to get up
- You experience sudden weakness or numbness in your face or one side of your body
- You experience difficulty talking
- You are confused and unable to think clearly
- You experience a sudden severe headache
- You experience chest pain or difficulty breathing

CALL 911 or seek medical help immediately.

URGENT

You need to monitor closely if:

- You have a fever of 101 °F or higher for more than 24 hours
- There is pain, redness, warmth or swelling in the calf area
- You notice increased redness, swelling, bruising, warmth or drainage from your incision
- Your pain is not relieved by medication, ice, elevation or rest
- You missed a dose of your anticoagulant medication
- You have persistent nausea or constipation
- Your surgical dressing becomes greater than 50% saturated.
- You notice blood in your stool or urine

CALL OSMS as soon as possible. Do NOT wait.

NORMAL

You are experiencing normal signs and symptoms if:

- No increase in redness, swelling, bruising, warmth or drainage from your incision
- Your pain is tolerable
- You have bowel movements every 1-2 days
- You are able to complete therapy exercises twice a day
- You are tolerating adequate food and fluids

Continue to follow your recovery plan as instructed.



While on vacation, Bernie lost her balance and fell in a wading pool resulting in an injured knee. After meeting with the OSMS Team and having a total knee replacement, this is what she had to say.

"I was up and walking shortly after surgery with a walker. I went maybe a week with the walker, from there I went to a cane, and within three weeks I was walking without the cane. My life is 100% better. I can do everything I have ever wanted to do. Everything but run."



IMPORTANT CONTACTS

Disability Paperwork/FMLA/Workers' Compensation

You may drop papers off at our Green Bay or Neenah clinic or you can fax them to **920-884-0238** or email **workcomp@osmsgb.com**.

Pre Admission Team

If you have questions before surgery in the Fox Valley/Oshkosh area, please call **920-593-6260**.

If you have questions before surgery in the Green Bay area, please call **920-593-6262**.

If you have any questions prior to your surgery, contact the Hospital Team **920-593-6265**.

Call our main office at **920-430-8113** if:

- You have questions for your surgeon
- If you have after surgery concerns or questions , refills for medications, etc.

Leave of Absence (FMLA/Disability)

Fax: **920-884-0238**

Email: **loa@osmsgb.com**

Workers' Compensation Information

Fax: **920-884-0238**

Email: **workcomp@osmsgb.com**

Phone: **920-884-8462**

Join Us on Facebook!

Be a part of our Joint Replacement Group

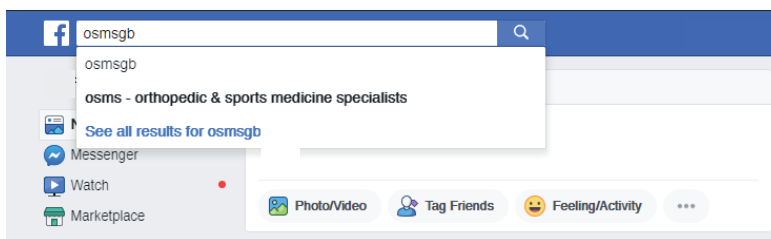
We have created a Facebook group for OSMS patients who have or are about to have joint replacement surgery. The purpose of the group is to provide support and education and most importantly, to connect OSMS joint replacement patients with others who have gone through or are going through similar experiences. If you would like to be a part of this community, please follow the steps below.

Step #1: Log onto Facebook from a mobile device or computer.

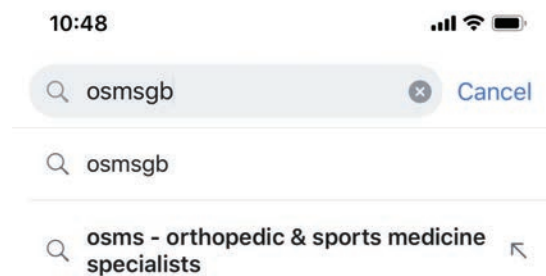
You must have a Facebook account in order to join the group.

Step #2: Search for OSMS by typing "osmsgb" in the search bar.

Desktop View



Mobile View



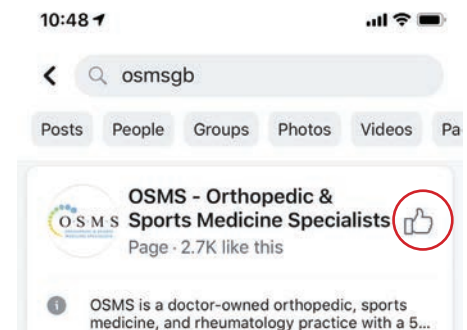
Step #3: Like our page, then click/tap on OSMS - Orthopedic & Sports Medicine Specialists.

Our page should be the first search result.

Desktop View



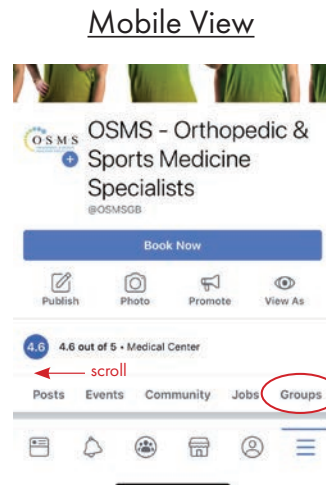
Mobile View



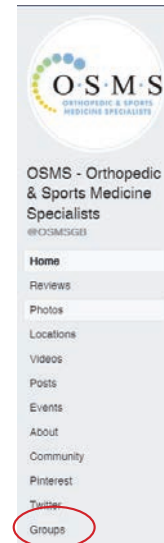
Step #4: Click/Tap the Groups tab on the page

Mobile: The groups tab will be located along the bottom of the page. You will have to scroll left to find the tab.

Desktop: The Groups tab will be located along the left side of your page.

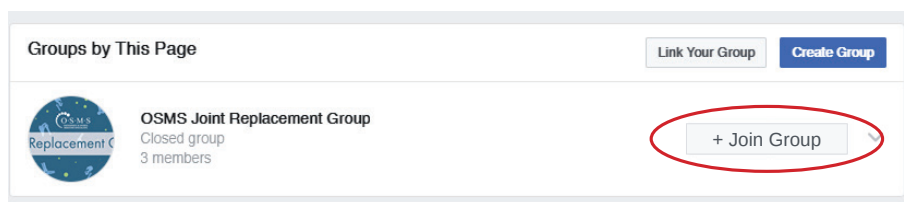


Desktop View



Step #5: Click/Tap + Join Group or + on mobile.

Desktop View



Mobile View



1:15

Answer Questions

OSMS Joint Replacement Group
Closed group · 2 members

Your membership is pending approval. Answer these questions from the group admins to help them review your membership. Only the admins and moderators will see your answers.

What is/was your approximate date of care?

Write your answer...

Who is/was your OSMS surgeon?

Write your answer...

What type of joint replacement procedure are you scheduled to have /did you have?

Write your answer...

Submit

Step #6: Provide brief answers to the questions when prompted.

You must verify that you are or were a patient at OSMS before joining the group.

Step #7: Wait for approval to join the group.

Once approved as a member, you will be welcomed and asked to introduce yourself. By commenting and sharing your thoughts regularly, you are helping the group learn and grow!

Questions?

Reach out to OSMS on Facebook via private message.

Community Hotels

Green Bay

Holiday Inn Express*

1663 Hoffmann Rd.
Green Bay, WI
920-593-4600
Closest to Orthopedic Surgery Center of Green Bay

Comfort Suites*

1951 Bond St.
Green Bay, WI
920-499-7449
Closest to St. Mary's

Days Inn*

1125 E. Mason St.
920-430-7040
Closest to Bellin/St. Vincent

Appleton / Fox Valley

Cobblestone Hotel & Suites*

1465 Bryce Dr.
Neenah, WI
920-751-0071
Closest to Orthopedic Surgery Center of Fox Valley

Courtyard by Marriott*

101 South Riverheath Way
Appleton, WI
920-903-9256
Closest to St. Elizabeth's

Clarion Inn

3033 W. College Ave.
Appleton, WI
920-731-4141

* Hotels may offer a discount if you mention you are having surgery with OSMS.

Knee Replacement

Home Exercises & Precautions

If you are having knee replacement surgery, these exercises will be beneficial to you before and after surgery. If any exercise causes you too much pain or you are unable to perform it, decrease the repetitions as needed.

Work up to 15-20 repetitions each exercise.
Perform twice a day.



Ankle Pumps:

Sit or lie down. Pump your foot/toes up and down. Relax. Repeat. Perform on both sides.



Glute Set:

Sit or lie down. Tighten your buttocks attempting to squeeze your glute muscles as hard as you can. Hold for 5 seconds. Relax. Repeat.



Quad Set:

Sit or lie down. Legs straight. Tighten your thigh muscles attempting to press the back of the knee downward. Hold for 5 seconds. Relax. Repeat. Perform on both sides.



Belt Assisted Heel Slides:

Lie on your back with one leg straight. Using a belt to assist the leg, begin to pull your heel to bend your knee. Bend your leg as far as you can. Hold for 5 seconds, then slowly return your leg to a straight position. Relax. Repeat. Perform on both sides.



Short Arc Quad Set:

Sit or lie down with a rolled towel or foam roller under your thigh, just above your knee. Tighten your thigh muscle, pushing it against the towel/roller and lift your heel as high as you can. Hold for 5 seconds. Relax. Repeat. Perform on both sides.



Straight Leg Raise:

Sit or lie down with one knee bent. Lift your straight leg until your thighs are parallel, about 45 degrees. Keeping your leg straight slowly lower it back to the starting position. Relax. Repeat.



Propped Knee Extension Stretch:

Sit or lie down with a rolled towel or foam roller under the ankle of your affected leg. Relax your leg and allow gravity to stretch your knee straight. Hold the stretch for 1-2 minutes.

Precautions

To avoid putting undue stress on the area around your new knee, please follow these precautions:



AVOID *Kneeling following a Knee Replacement.*

Kneeling can be painful and should be avoided during the immediate recovery phase.

Proper Elevation & Cold Therapy

It is important to elevate and use cold therapy throughout the day to decrease pain and swelling. Apply cold therapy for 30 minutes, 3-4 x a day and as needed. Cold therapy works well with elevation.



YES



NO

Proper Elevation:

Lie down. Using pillows, elevate your affected leg above the level of your heart. The leg should be straight. Do NOT bend your knee. Elevate whenever possible.

Movement is important. Try to get up and walk around the house every hour to avoid getting too stiff.

Hip Replacement

Home Exercises & Precautions

These exercises will be beneficial to you before and after surgery.

If any exercise causes you too much pain or you are unable to perform it, decrease the repetitions as needed.



Work up to 15-20 repetitions each exercise.
Perform twice a day.

Ankle Pumps:

Sit or lie down. Pump your foot/toes up and down.
Relax. Repeat. Perform on both sides.



Glute Set:

Sit or lie down. Tighten your buttocks attempting to squeeze your glute muscles as hard as you can. Hold for 5 seconds.
Relax. Repeat.



Quad Set:

Sit or lie down. Legs straight. Tighten your thigh muscles attempting to press the back of the knee downward. Hold for 5 seconds.
Relax. Repeat. Perform on both sides.



Heel Slides:

Lie on your back with one leg straight. Slide your heel to bend your knee. Continue to bend your knee until you feel a gentle stretch.
Hold for 5 seconds, then slowly return your leg to a straight position.
Relax. Repeat. Perform on both sides.



It may be easier to slide your heel if you have a piece of cardboard or plastic under your heel.

Hip Abduction:

Lie down, keeping your heel in contact with the ground or bed and your toes pointed to the ceiling. Slowly move one leg away from the center of your body and return. Relax. Repeat. Perform on both sides.

Precautions

To avoid putting undue stress on the area around your new hip, please follow these precautions:

Anterior Approach Do **NOT** do this movement following an Anterior Hip Replacement.



NO Hyper-Extension combined with External Rotation

Avoid extending the surgical leg behind the body with the toes turned out.

Posterior Approach Do **NOT** do these movements following a Posterior Hip Replacement.



Do **NOT** bend at the hip > 90 degrees

Avoid sitting in low chairs.
Avoid bending at the waist.



Do **NOT** turn toes inward



Do **NOT** cross legs/ankles

Proper Elevation & Cold Therapy

It is important to elevate and use cold therapy throughout the day to decrease pain and swelling.

Apply cold therapy for 30 minutes, 3-4 x a day and as needed. Cold therapy works well with elevation.



YES



NO

Proper Elevation:

Lie down. Using pillows, elevate your affected leg above the level of your heart. The leg should be straight. Do NOT bend your knee. Elevate whenever possible.

Movement is important. Try to get up and walk around the house every hour to avoid getting too stiff.

Shoulder Replacement

Home Exercises & Precautions

These exercises will be beneficial to you after surgery.

If any exercise causes you too much pain or you are unable to perform it, decrease the repetitions as needed.

Work up to 15-20 repetitions each exercise.
Perform twice a day.



Pendulums:

Stand with a slight bend in the waist. Holding a table or chair with the unaffected arm, leave the affected arm to hang. Initiate the movement with the body and slowly rotate your arm in a circular motion, progressively getting bigger as comfort allows. Repeat in the other direction. Do NOT use any muscles, only momentum.



Scapular Squeezes:

Sit or stand. Squeeze the shoulder blades together and down. Hold for 5 seconds. Relax. Repeat.



Assisted Elbow Flexion & Extension:

Sit or stand. Using the unaffected arm, assist the affected arm to straighten the elbow and bend the elbow. Relax. Repeat.



Ball Squeezes:

Grip the ball and squeeze. Relax. Repeat.

Shoulder Replacement Precautions

To avoid putting undue stress on the area around your new shoulder, please follow these precautions:

Normal Approach Do **NOT** do these movements following a normal Shoulder Replacement.



NO external rotation with your affected arm.



NO lifting (>1lb.) with your affected arm.

Reverse Approach Do **NOT** do these movements following a Reverse Shoulder Replacement.



NO pushing up with your affected arm.



NO reaching behind your back with your affected arm.

Proper Sling Wear



To support your shoulder, elbow and wrist, be sure to slide your arm as far back into the sling as possible.

The sling pad should sit slightly forward to the hip.

The elbow should rest at 90 degrees. The strap padding should rest on your neck.

To donn/doff the sling:

Un-velcro the strap on the sling. Slide your arm in while the sling is supported on a table or counter top, velcro the sling closed, secure the straps over the shoulder and around the waist.

Proper Cold Therapy

Cold therapy can decrease pain and swelling. Apply cold therapy for 30 minutes, 3-4x a day and as needed.

Using a 2-wheeled walker

Adjusting your walker

When standing with your arms relaxed at your side, the hand grips of your walker should be equal to the location where your wrist bends. Approximately where you would wear your wrist watch.

Walking with your walker

Roll the walker about one foot ahead of you. Step your surgical leg forward into the walker. Push down with both hands equally on the walker and advance the nonsurgical leg.

Repeat the sequence, slowly.

Getting out of the chair using your walker

With the walker in front of you, slide forward on the chair. Both feet should be flat on the ground with the surgical leg slightly in front of the nonsurgical leg. Place one hand on the armrest of the chair and one hand on the walker. Using your legs, slowly elevate to a standing position. Get your balance before you begin to walk.

* Do not use your walker on the stairs and always use the hand rails when available.

* Remove all throw rugs and watch for uneven surfaces.

Additional Patient Resources:

www.osmsgb.com/yourjointjourney



Using the Stairs

Climbing the stairs

- 1st: Nonsurgical Leg
- 2nd: Cane / Crutches
- 3rd: Surgical Leg

Descending the stairs

- 1st: Cane / Crutches
- 2nd: Surgical Leg
- 3rd: Nonsurgical Leg

Remember to have someone assist you when using the stairs especially during your early recovery period.



Tip- "The good go UP, The bad go DOWN"

Car Transfers

- If possible, sit in the front seat of the vehicle and avoid compact cars.
- Push the seat back as far as it can go. Adjust the car seat back and the seat height to the elevated position. Consider putting a pillow on the car seat to raise the seat height even more.
- A sheet of plastic or a garbage bag on the car seat will make it easier to slide and move.
- Avoid getting in and out when you are parked close to the curb.
- If getting in or out of a van or truck, it is recommended to use a short step stool.
- When getting in, turn your back toward the car. Consider opening the window to provide an additional place to hold on to. Slowly slide back on the seat, keeping your operative leg fairly straight. You may need to bend slightly at the knees and remember not to bend forward. Swing your legs around to the front of the seat, again bending only at the knees. You may want to guide your operated leg with your hands if necessary.
- When getting out of the car, perform the same sequence in reverse.
- If you are unable to bend your knees, you may want to sit in the back seat.



Medical Equipment

Please speak with a member of our OSMS Pre Admission Team before purchasing any medical equipment. There is a possibility that not all devices will be required.



Cane



2-wheel walker



Reacher/Grabber



Toilet Riser



Grab bar



Ice Cooler



Shower chair



Shoe horn



Sock Aid

Wisconsin

Medical Equipment Locations



ADRC of Wisconsin

Go to www.dhs.wisconsin.gov
to find information of your local ADRC

Bayside Home Medical - Fox Valley

1717 E. Calumet St. Unit C
Appleton, WI 54915
920-560-1810

Fox Valley Lions Medical Equipment Locker

312 W. Northland Ave
Appleton, WI 54911
920-585-7072

Lincare Medical Supply

1760 Prospect Court Suite 112
Appleton, WI 54914
920-735-1261

Mobility City

853 N Casaloma Drive
Appleton, WI 54913
920-654-5996

Fond du Lac Area

SSM Health at Home

307 Camelot Drive,
Fond du Lac, WI 54935
920-926-5277

Bel-Regional

1220 E. Mason St.
Green Bay, WI 54301
920-432-7801

HME Home Medical

2021 Riverside Dr.
Green Bay, WI 54301
920-465-3000

Options for Independent Living

555 Country Club Road
Green Bay, WI 54303
920-490-0500

Larsen - Winchester Lions Club

Clayton Town Hall
8348 County Rd I
Larsen, WI, 54970

Bel-Regional

3200 Shore Dr.
Marinette, WI 54143
715-732-8640

Tri-City Medical Locker

1303 Milwaukee Drive
New Holstein, WI 53061
920-898-8562

Please call ahead.

Wisconsin

Medical Equipment Locations



Oshkosh Area

ThedaCare at Home

2100 Omro Road, Unit E
Oshkosh, WI 54904

Neighbor to Neighbor Loan Closet

PO BOX 626
Sturgeon Bay, WI 54235
920-743-7800

Van Dyne Lions

380 E. Black Wolf Ave
Oshkosh, WI 54902
920-688-1404

Please call ahead.

Michigan

Medical Equipment Locations



Apria

989 W. Washington St. Ste 105
Marquette, MI 49855
906-228-2230

Iron County Cancer Unit

321 Cayuga St.
Iron River, MI 49935
906-265-4420

APPOINTMENT ONLY

Ishpeming Multi-Purpose Senior Center

320 S. Pine St.
Ishpeming, MI 49849
906-563-8716

Dickinson Home Medical Equipment

710 Carpenter Ave.
Iron Mountain, MI 49801
906-779-7820

Delta County Cancer Alliance Main Facility

419 Ludington St.
Escanaba, MI 49829
906-786-0854

Community Action Agency

926 Dodge St.
Houghton, MI 49931
906-482-5528

Community Home Medical

215 Cedar Street
Manistee, MI 49660
906-341-1116

1815 N Lincoln Road

Escanaba, MI 49829
906-553-7601

Please call ahead.

FAQs

About Total Joint Surgery

Q: How long does a total joint replacement last?

A: Our surgeons say that a total joint will last between 20 and 30 years. Maintaining a healthy lifestyle, activity level, and weight can help improve the longevity of your new joint.

Q: When can I walk after surgery?

A: All of our surgeons find it very important that you start moving the day of surgery; starting with standing at the side of the bed and gradually increasing activity. Your first therapy session is typically the morning after surgery, during which, you will start walking short distances.

Q: When can I drive?

A: You can drive once you regain good mobility and reaction time of your legs and arms AND you are off of narcotics. **You should not drive while you are taking narcotics.** This is often four to six weeks. You may be able to drive sooner if you had surgery on your left leg. Talk with your surgeon before driving.

Q: What is the recovery time for a total joint replacement?

A: Everybody heals differently. It can take up to 6 to 12 weeks for you to return to most activities, and it is very common for it take up to a year to fully recover to maximal strength. This can depend on your conditioning before surgery, other medical conditions, and your expectations. Starting the pre-hab exercises will potentially speed up this process.

Q. How do I obtain a temporary handicap parking permit?

A. Speak with your surgeon's nurse or member of the Pre Admission Team.

Q: Do I need to go to Physical Therapy? For how long?

A: Physical therapy recommendations depend on your surgeon and on what type of joint replacement surgery you have done.

For a total knee replacement, all of the OSMS surgeons prescribe physical therapy – approximately two to three times per week for four to six weeks, as needed.

For a total hip replacement, some surgeons order physical therapy right away and some wait to see how you are doing at your two-week post-op appointment. Talk with your surgeon for their recommendation.

For a total shoulder or reverse total shoulder replacement, most of our surgeons prescribe physical therapy similar to a total knee replacement – two to three times per week for four to six weeks, as needed. Talk to your surgeon for their recommendations.

Q: I had a posterior hip replacement, how long do I have to follow my hip precautions?

A: It is important to follow your hip precautions for about eight weeks after your surgery. However, we suggest continuing to be mindful of your hip precautions for up to 12 months after your surgery. The reason being, we want to give your muscles time to heal and strengthen. Since every person's recovery is different, please discuss this with your doctor for more specific timing.

Q: What kind of material are my joint components made of?

A: Our surgeons can use many different types of implants. There are metal, plastic, and ceramic components and each have their benefits. Please discuss with your treating surgeon on what components they use.

Q: If I have an allergy to nickel, or any metal will I have an allergic reaction to my new joint?

A: No, current research and your Surgeon's experience has shown no connection between a skin allergy and a potential for a reaction to your new joint.

Q: When can I travel after my total joint replacement?

A: Travel is ok after discussion with your surgeon. Typically, four weeks time is necessary before considering flying. When traveling, it is recommended that you wear your compression socks and frequent walking and repositioning is encouraged.

Q: Will my implants set off a metal detector at the airport? Do I need to carry a card with me?

A: Yes. Usually patients with total joint replacements will set off the metal detectors. However, there are millions of people with joint replacements, and screening protocols recognize that this may happen. You do NOT need to carry specific documentation to prove that you have a joint replacement. Telling the TSA screening agent that you have a total joint replacement should be adequate.

Q: Do I need an antibiotic before going to a dentist? For how long?

A: Routine dental appointments should wait three months after your joint replacement. You will likely not need an antibiotic for your next scheduled dental appointment but it's best to double check with your surgeon.

Q: How big will my scar be?

A: The size of your incision will vary per patient. Your surgeon will make the smallest incision possible to complete your surgery effectively.

Q: Can I kneel after a total knee replacement?

A: Your new joint is securely in place; however, kneeling may be a choice based on your discussion with your surgeon and your comfort level. It is not recommended to kneel until after your incision is completely healed. Kneeling on a cushion or pad may help as well.

Q: Do you preserve my ACL during a total knee replacement?

A: No. The ACL function is substituted by the shape and design of the new total knee components. Therefore, the ACL is not necessary with your new knee. The majority of all total knee replacements are done this way.

Q: I had a Total Knee Replacement, why does my groin hurt after surgery?

A: A tourniquet is used to help prevent blood loss during surgery which can result in pain and bruising after surgery. In the case of a knee replacement, a tourniquet is placed in the groin of the operative limb to limit blood flow to the operative site. Often times after surgery, patients can experience pain caused by a tourniquet used during surgery. It is not uncommon for patients to experience some pain and bruising at the site of the tourniquet postoperatively. If you have any concerns postoperatively, contact OSMS.

Q: What can I do to help prevent postoperative constipation?

A: Following surgery, anesthetic agents and pain medications can cause constipation. Proper hydration, adequate fiber intake and regular physical activity are the key. Over the counter products such as Milk of Magnesia, MiraLax, Senokot or Senna can also be helpful. Be sure to take the medication(s) as instructed. If you have questions or concerns regarding constipation call OSMS and ask to speak to the Pre Admission Team.

Q: I am scheduled for surgery, is it ok for me to get any vaccine?

A: Yes. Some people react to vaccines within hours of receiving it. If you choose to get vaccinated, plan to complete it two or more weeks prior to your surgery. If your vaccination is a two part immunization series, plan accordingly for the second immunization, it might be ideal to have both completed before surgery.

Revision: December 2023

Anatomy and Joint Surgery

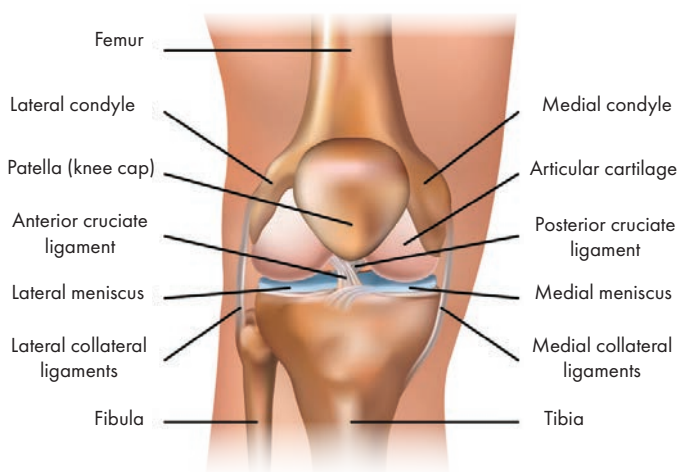
A healthy joint provides a suitable environment for pain free movement.

When damage or injury occurs to the joint resulting in damage to the cartilage this is called arthritis. There are two forms of arthritis, osteoarthritis and rheumatoid arthritis. Osteoarthritis is commonly described as “wear-and-tear”. Rheumatoid arthritis is an autoimmune disease where the body mistakenly attacks the joints. Both types of arthritis result in pain and swelling.

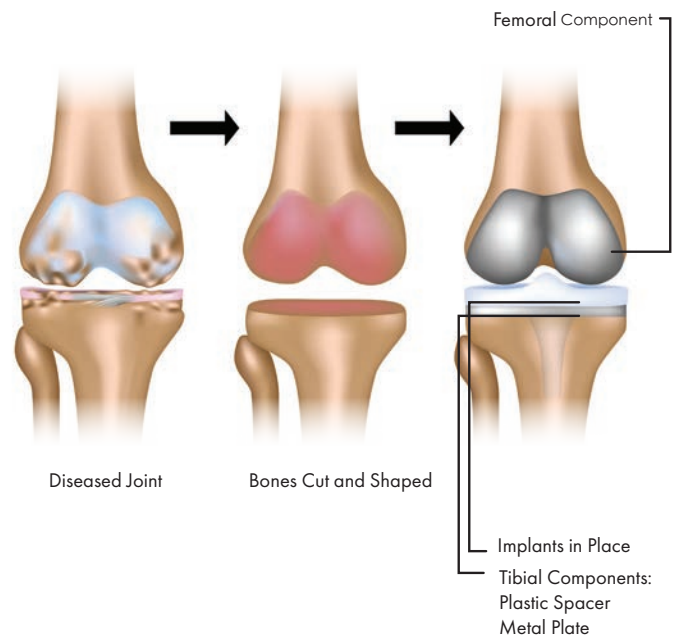
When conservative treatments no longer work, a joint replacement surgery may be recommended. During your joint replacement surgery, your surgeon will remove the arthritic or damaged cartilage and replace it with an artificial surface.

The goal of any joint replacement surgery is to improve movement and function within the joint.

Knee Anatomy of the Knee



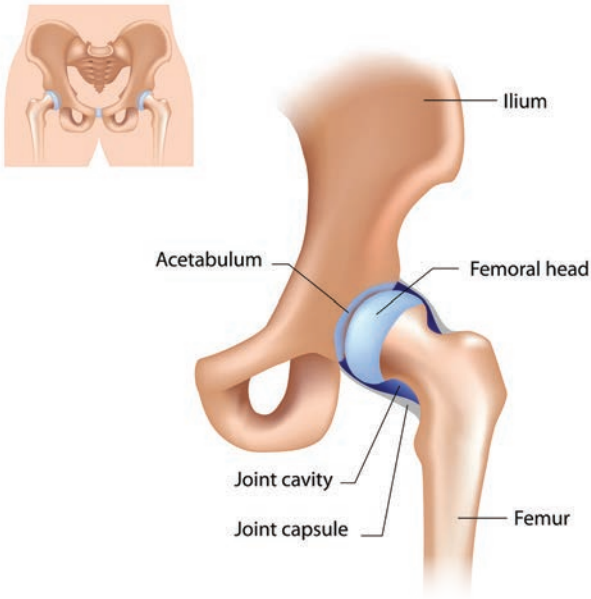
Total Knee Replacement



When having a knee replacement, a total knee or partial knee replacement might be discussed. In a total knee replacement surgery, the entire joint is replaced. In a partial knee replacement surgery, only one side of the joint, the diseased portion, is replaced. The healthy portion of the knee joint remains untouched. The recovery process will be different between a total and partial knee replacement. Based on the condition of your joint, your surgeon will determine what they feel is the best course of action for you.

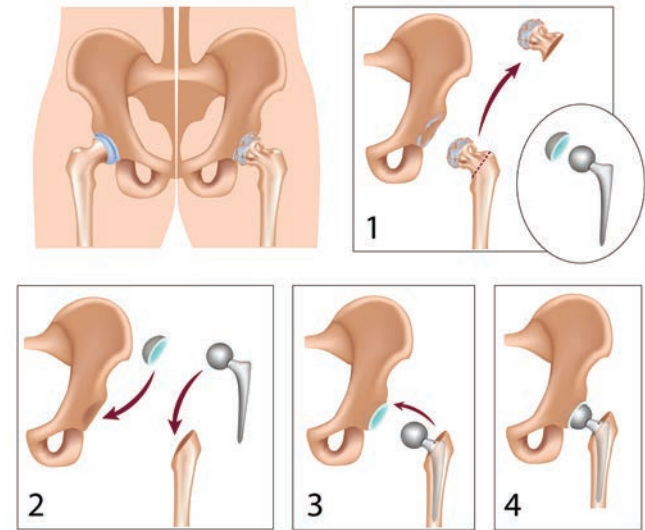
Hip

Anatomy of the Hip



Total Hip

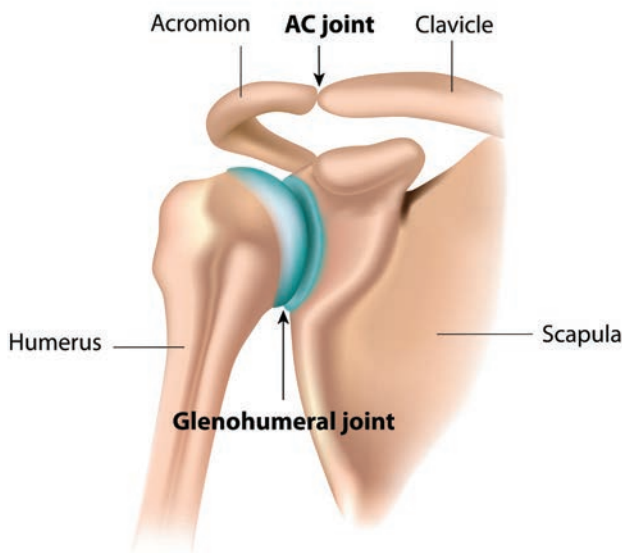
Replacement



Total hip replacement surgery can be performed with an anterior, posterior or posterior/lateral approach. The type of surgical approach is based on the surgeon expertise and patient health status. Based on the surgical approach, the surgical incision and the postoperative activity restrictions will vary.

Shoulder

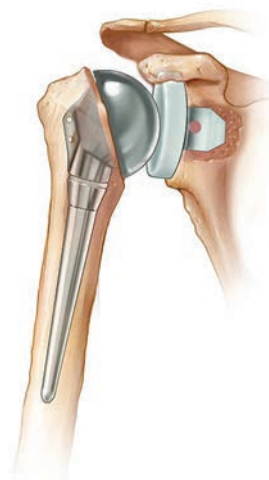
Anatomy of the Shoulder



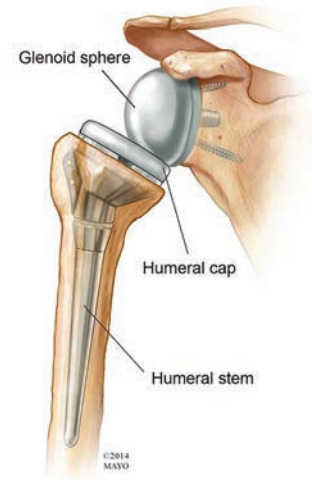
Total Shoulder

Replacement

Total shoulder arthroplasty



Reverse shoulder arthroplasty



Total shoulder replacement surgery can be performed with a traditional approach or reverse approach. The type of surgical approach is based on the condition of the rotator cuff muscles. Based on the surgical procedure, the postoperative activity restrictions will vary.



After a skiing accident, Tom injured his right knee and favored it for a long time. As the pain got worse, Tom decided to get his knee replaced, and later had his other knee replaced as well.

"I know what it was like without OSMS, before the surgeries when I was hobbling around. After the surgeries I could do anything. Because of OSMS, I can still climb ladders, I go into burning houses at 71 years old, and I wouldn't have that opportunity without the surgery."



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