

THE ORTHOPAEDIC SURGERY CENTER



ROAD TO RECOVERY

HIP REPLACEMENT HANDBOOK

Welcome

SURGERY CENTER ADDRESSES

Pewaukee (Road to Recovery Class location)
N15 W28300 Golf Rd
Pewaukee, WI 53072

Johnson Creek

350 Hartwig Boulevard
Johnson Creek, WI 53038

PHONE NUMBERS

Main: 262-303-5055
Pre-Admissions Nurses (PAT) (ext. 5004)
Therapy Department (ext. 3001)
Clinical Nursing Triage (ext. 3003)
Durable Medical Equipment (ext. 5049)
Nurse Navigator: 262-304-0405



PEWAUKEE



JOHNSON CREEK

DIRECTIONS TO PEWAUKEE

We are located just north of 1-94 on Golf Road; Exit #290 off of 1-94; just West of Hwy SS in Pewaukee (N15 W28300 Golf Road, Pewaukee, WI 53072)

DIRECTIONS TO JOHNSON CREEK

We are located just south of I-94 on Hartwig Boulevard; Exit #267 off I-94; just south of WI-26 in Johnson Creek (350 Hartwig Boulevard, Johnson Creek, WI 53038).

Welcome

Thank you for choosing The Orthopaedic Surgery Center for your hip replacement!

Our experienced team of Physicians, Physician Extenders, Nurses, Athletic Trainers, Physical Therapists and Certified Nursing Assistants are committed to providing coordinated care for your joint replacement surgery. From evaluation to rehabilitation, we're here to ensure your exceptional experience and best possible results. This guide offers tips and answers to help you navigate pre- and post-operative care. We look forward to supporting you every step of the way on your Road to Recovery!

The Surgeon's Office Staff:

The Administrative Assistant will assist you in:

- Getting answers to your insurance questions.
- Verify any of your appointments you may need scheduled for tests or additional medical care.
- Will review and verify your personal and insurance information.
- Coordinate pre-operative testing and scheduling if necessary.

The Orthopaedic Surgery Center:

- The Nurse Navigator will act as your liaison throughout your course of treatment.
- You will receive preoperative education in a variety of ways: phone calls, Road to Recovery Class, this booklet, etc.
- The preadmissions nurses will contact you to review or obtain your health history and give presurgical instructions.
- The entire team will assess and plan for your specific care needs, including needs at home and caregiver availability.

My Surgery Date is: _____

My Road to Recovery Class is: _____

My Durable Medical Equipment fitting is: _____

My primary care physician appointment is: _____

My support/transportation person is: _____

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Appendix

Road to Recovery Staff

An excellent prepared team of healthcare professionals will be monitoring your care before, during, and after your procedure. The Orthopaedic Surgery Center Staff have been hand selected to provide you with the best care while you are on your journey to a better you.

Orthopaedic Surgeon:

The surgeon of your choice will be performing your surgery and managing your care. Along with his or her team, your surgeon will be working with the nurses and post-operative care team to ensure that you are healing properly.

Primary Medical Doctor:

You will need to see your primary doctor within 30 days of your surgery date to complete any lab work. This will be discussed during your pre-operative call with the nurse.

Nursing Staff:

The Orthopaedic Surgery Center is comprised of excellent nursing staff that include Registered Nurses (RN), and Certified Nursing Assistants (CNA). Our staff will be monitoring you throughout your stay from the moment you check in to when you're comfortably discharged to home.

Nurse Navigator:

The Nurse Navigator is your personal guide throughout your surgical journey. They help coordinate your care, answer questions, and make sure you are prepared and supported before and after surgery.



Road to Recovery Staff

Anesthesiologists:

An anesthesiologist will be administering your anesthesia for your surgery. They will work with you and your surgeon to come up with a personalized plan for your pain management while at The Orthopaedic Surgery Center.



Dr. Patrick Koenig



Dr. Hubert Cios

Certified Registered Nurse Anesthetist (CRNA) & Certified Anesthesia Assistant (CAA):

At The Orthopaedic Surgery Center, a Certified Registered Nurse Anesthetist (CRNA) or Certified Anesthesia Assistant (CAA) coordinates with your anesthesiologist to ensure you receive expert care and a personalized pain management plan in collaboration with your surgeon.



Megan Alberti
CRNA



Jenna Dabling
CRNA

Pre-Operative Checklist

We advise our patients to plan ahead by preparing your home for after your surgery. This will make your recovery easier and less stressful. Please use these suggestions as a guide in preparing your home.

General Living:

- Remove any rugs that may be covering your floors.
- Move all electrical cords, magazines, pet toys, etc. from all walking areas.
- Arrange your furniture (please ask for assistance if unable to do so) to allow for extra walking room.
- Take your walker for a tour around your home. Make sure you and your walker fit every where you need to go.
- Place a pillow or folded blanket on chairs that you may be using to make sitting and getting up easier.
- Place a comfortable chair with armrests and back support in the areas you may be sitting.
- Install night-lights in the hallways so that you have lit pathways throughout your home.
- Arrange for a family member or friend to help share the responsibilities of any pets.
- If you have pets, leave your walker set up for your pets to be familiarized with.

Bedroom:

- If your bedroom is on the second floor of your home, consider relocating to a lower-level bedroom, if possible, or making the couch into a bed for your first few nights at home.
- Clear away unnecessary items from around your bed.
- Arrange clothes you wish to wear once you return home, making sure they are easy to put on and easily located.
- Wash your laundry and change your bed linens so they are fresh for you once you return home.



Pre-Operative Checklist

Kitchen:

- Purchase re-freezable ice packs to have on hand. Our Durable Medical Equipment (DME) Service department offers multiple cold therapy options.
- Go grocery shopping prior to your surgery. Prepare meals ahead of time.
- Consider purchasing frozen dinner or food items that are easy to prepare.
- Place any utensils, pots, pans, and dishes on an appropriate counter height that is easily reachable.

Bathroom:

- Consider a toilet riser for ease on and off the toilet.
- Consider purchasing a grab bar for the shower, check the weight limits and install correctly.
- Consider purchasing a shower seat and installing a non-skid shower mat.
- Install a night-light in the bathroom for easy visibility.

Outdoors:

- If possible, have a friend or service cut your grass, shovel snow and put out salt.
- Check your walkway to make sure you have an unobstructed pathway to get to into your home.
- Use handrails where needed.
- Plan on how you'll get into your home after surgery.

Additional Suggestions:

Ask a relative or a friend to be available to help you with your transportation needs. This might include transportation to your doctor's appointments, errands, physical therapy appointments, etc.

For surgery check-in:

- Current photo ID.
- Insurance Cards.
- Durable medical equipment (walker)



Pre-Operative Exercises

Sitting Knee Extension:

- Sit on a chair with back supported.
- Raise foot off ground straightening leg without upper leg coming off chair.
- Hold 2-3 seconds and relax slowly lowering foot to ground.
- Repeat 10-20 times, 2-3 times/day.



Quad Sets:

- Roll up a small hand towel and place behind your knee.
- While lying down, tighten your thigh muscle while pushing your knee down into the towel.
- Hold for 5 seconds and release.
- Repeat 10-20 times, 2-3 times/day.



Pre-Operative Exercises

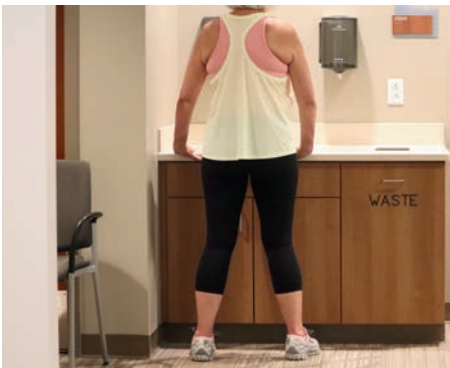
Gluteal Squeeze:

- Lie on your back.
- Squeeze your buttocks together.
- Hold for 5 seconds and relax.
- Repeat 10-20 times, 2-3 times/day



Sidestepping:

- Begin standing upright next to a counter for support. Bend your hips and knees into a slight mini squat position.
- Slowly step sideways 3-5 steps, and then step back to the starting position in the opposite direction.
- Keep your feet forward, stomach muscles tight, and use the counter for balance as needed.
- Repeat 10 times, twice per day.



Nutrition

Why is improving nutrition before surgery and maintaining a healthy weight important?

Enhances Healing

- Good nutrition boosts the body's ability to heal after surgery by providing essential nutrients for tissue repair.

Reduces Complications

- Proper nutrition can lower the risk of post-surgical complications such as infections and delayed wound healing.

Supports Immune Function

- A well-balanced diet strengthens the immune system, helping the body fight off infections and recover faster.

Optimizes Recovery

- Maintaining a healthy weight and good nutrition can speed up recovery time and improve overall outcomes.

Increases Energy Levels

- Nutrient-rich foods provide the energy needed for the body to recover from surgery and participate in physical therapy.

Promotes Tissue Strength

- Adequate protein intake supports muscle strength and prevents muscle loss during the recovery process.

Minimizes Anesthesia Risks

- Being at a healthy weight reduces the risks associated with anesthesia during surgery.

Enhances Overall Health

- Eating a nutritious diet and maintaining a healthy weight not only benefits surgery outcomes but also improves long-term health and well-being.



Pre-Operative Planning

Preparing Your Skin for Surgery and Preventing Infection

. You will receive Chlorhexidine Gluconate (CHG) soap to wash with the evening before and the morning of your surgery. This is an important step in preventing infection. CHG kills germs on your skin for a longer period of time, which helps prevent infection. Preventing infection is a team effort and you are an important part of the team.

Before Surgery

Step 1: Obtain your CHG soap

This will be given to you at no additional cost from the surgeon's office at the Orthopaedic Associates of Wisconsin clinic, or you can obtain it from The Orthopaedic Surgery Center, location and hours listed below:

Pewaukee Clinic Front Desk

Monday - Thursday: 8:00 AM - 6:00 PM
Friday: 8:00 AM - 5:00 PM
Saturday: 9:00 AM - 12:00 PM

Surgery Center Front Desk

Monday - Friday : 6:00 AM - 6:00 PM

Johnson Creek Clinic Front Desk

Monday - Friday: 8:00 AM - 5:00 PM

Surgery Center Front Desk

Monday - Friday : 6:00 AM - 5:00 PM

Step 2: Prepare for Shower/Bathing with the CHG soap

Follow the washing instructions that were attached with the CHG soap. Follow these steps before and after your surgery for healthy healing. If you are allergic to CHG soap you will use DIAL antibacterial soap.

What you will need for your shower/bath:

- Your normal soap and shampoo
- CHG soap
- Freshly washed washcloth
- Freshly washed towels
- Freshly washed clothing, pajamas, and bedding

•Do **not** get a pedicure within 2 weeks of surgery.

•**All toenail polish must be removed** before surgery.

If you apply polish at home, please remove it **before your first CHG shower**.

Please note: you should NOT shave near your surgical area for at least 3 days before surgery.

Even a slight nick or cut could cause your surgery to be postponed. If needed, the surgery center staff will clip any hair in pre-operative department.

Pre-Operative Planning

Preparing Your Skin for Surgery and Preventing Infection

Step 3: Complete the 'Evening before surgery' shower/bath

1. Shower as you normally would, washing from head to toe with shampoo and soap. Rinse completely.
2. Turn off water.
3. Wet a freshly washed washcloth and then apply the CHG soap.
4. Massage the CHG soap over the body from your neck, down. Avoid head/face, genitals, rectum and open wounds.
5. Add more CHG soap and continuing washing until the whole bottle of soap is-gone.
6. Wait 2 minutes to allow the CHG soap to work, then turn water on and lightly rinse your body.
7. Dry yourself with a freshly washed towel.
8. Do NOT apply any lotion, powder or perfume. Underarm deodorant is permitted.
9. Sleep in freshly washed pajamas and sheets. Avoid sleeping with pets.

Disclaimer: Although rare, serious allergic reactions to CHG soap are possible. If you experience signs of an allergic reaction such as a rash, hives, swelling of the face, or difficulty breathing, stop using the soap and seek immediate medical attention (call 911 if any of these life threatening allergic reactions occur).

Step 4: Complete the 'Day of Surgery' shower/bath:

- Before coming to the surgery center, you will need to shower again.
- Repeat only steps 2-8 from above, using the second bottle of CHG soap.
- Dress in clothes that have freshly been washed and are loose.
- Leave all jewelry (necklaces, rings, watches, earrings, etc.) at home.

After Surgery

- Keep your surgical site clean and dry.
- Check the skin surrounding the bandage without removing or lifting the dressing or adhesive. It should not have redness, swelling or be warm to the touch. Let your doctor know if these are present.
- Wash your hands before and after you touch your dressing and general surgical area.
- Follow your doctors' instructions for when and how to shower and clean your incision.
- Do not soak or submerge the incision in a bathtub, swimming pool, or hot tub until the site is completely healed and the doctor says it is safe to do so.
- Do not use lotions, powders, perfumes, or colognes on or near the incision.
- Do not let family, friends, or pets touch your incision.
- Wear clean, loose fitting clothing and sleep in clean sheets.

Pre-Operative Planning

Guidelines You MUST Follow Before Surgery:

- **DO NOT EAT OR DRINK AFTER MIDNIGHT.**
- **NO CANDY, GUM, MINTS, ETC.**
- Wash body with CHG soap or antibacterial soap the night before and morning of procedure.
- Do not wear any make-up, perfumes, hairspray, lotions and powders, etc. Underarm deodorant is allowed.
- Do not swallow water when brushing and rinsing teeth.
- Remove all jewelry and piercings. Please keep valuables at home.
- No smoking or alcohol use for 24 hours prior to surgery.
- Wear loose fitting clothing.
- **STOP ALL VITAMINS & HERBAL MEDICATIONS a minimum of 5 DAYS prior to surgery**
(multivitamin, other vitamins, turmeric, curcumin, fish oils, CoQ10, garlic, Ginkgo Biloba, St. John's Wart, Valerian Root, Kava Kava, Ephedrine, Ginseng, etc.)

PRESCRIPTION PAIN MEDICATION

- **WILL NOT** be refilled on weekends, after clinic hours, or on holidays.
- Please plan ahead and call during normal business hours to request a refill if needed; requests should be made 24-48 hours in advance.
- It is your responsibility to keep your medications safe from mishaps; your medication will not be refilled early for loss, theft, or other unforeseen circumstances.

INSURANCE ALERT

- Your surgeon's office will notify your insurance of your upcoming surgery and obtain prior authorization if necessary; however, it is your responsibility to understand your BENEFIT information. Some insurance companies may subject your claim to pre-existing conditions or other plan limitations/ exclusions.
- You may also receive more than one invoice for your upcoming surgery due to physician fee, facility fee and anesthesia fee.

DRIVING AFTER SURGERY

- It is difficult for us to determine whether you as an individual can safely drive; we request this determination be made by you based on the limitations the physician has given you. We also request that you feel safe, comfortable and confident to drive and are not taking prescription narcotic pain medication. Please adhere to any specific restrictions given directly by your physician.
- Guideline of waiting at least 2 weeks for left hip replacements and at least 4 weeks for right hip replacements.

Pre-Operative Planning

GI PROCEDURES

If a patient is to have a GI endoscopic examination (including a colonoscopy) and is within 6 months or less from their total joint replacement (before or after), pre-procedure antibiotic therapy is required. This is usually done per IV as the patients are usually NPO. Have the patient check with their GI-MD for orders.

DENTAL WORK

If a joint replacement surgical patient is planning any dental work before surgery, it should be done at least six weeks before their surgical date or wait at least three months after surgery for routine dental cleanings and/or procedures. Please contact our office if any urgent/emergent dental procedures are needed prior to three months following the joint replacement.

AFTER JOINT REPLACEMENT:

Any patient with a joint replacement having a non-invasive dental procedures (standard dental cleaning) DO NOT REQUIRE pre-dental antibiotics.

The only patients with a joint replacement that **WOULD REQUIRE** pre-dental antibiotics would be any patient with a history of prior joint infection and/or severely immunocompromised undergoing an invasive dental procedures (deep cleaning, tooth extraction, gum surgery, dental implants, etc.).

Definition as severely immunocompromised includes:

- Patient with Stage 3 AIDS
- Cancer patient undergoing immunosuppressive chemotherapy
- Rheumatoid arthritis with use of biologic disease modifying agents
- Solid organ transplant on immunosuppressants
- Inherited diseases of immunodeficiency (e.g. congenital agammaglobulinemia, congenital IgA deficiency)
- Bone marrow transplant recipient
- Opportunistic illness in AIDS (e.g. bacterial infections)

If the patient would prefer pre-dental antibiotics, OAW will continue to prescribe pre-dental antibiotics.

It is the recommendation of the American Academy of Orthopaedic Surgeons to treat joint replacement and lumbar fusion patients that meet these requirements with Amoxicillin 2 grams po one (1) hour prior to all dental procedures for life. If the patient has an allergy to Amoxicillin/Penicillin, then Cephalexin 2 grams po one (1) hour prior to all dental procedures for life can be used instead.

Please talk to your surgeon about their specific requirements for antibiotics for dental procedures after a joint replacement.

You can also call Nursing Triage with questions: 262-303-5055, ext 3003.

Your Surgery Day

Your stay at The Orthopaedic Surgery Center has been carefully planned to allow you to recover from your surgery and return home confidently. To help ease any anxiety you may feel going into surgery, we have outlined what will occur during your stay at The Orthopaedic Surgery Center.

Day of Surgery:

After you check in, a pre-operative nurse will come and bring you and your family back to your pre-op holding room. Here you will get changed into your surgical gown and the nurse will get you ready for surgery. Your vital signs will be documented. The nurse will review your health history and answer any questions you or your family may have. Soon after, your surgeon will stop in and review the procedure with you and your family, make sure all your questions and/or concerns are answered, and mark the surgical site with their initials. The anesthesiologist will also visit with you, review the procedure, go over a plan for pain control specific for you, check the surgical site for the physician's initials, and answer any remaining questions you or your family may have. Once you have seen the surgeon and anesthesiologist, the surgical nurse will wheel you back to the operating room. Your family will return to the waiting area.

After Surgery:

Once your procedure is complete you will be taken to our recovery room where our skilled nurses will be monitoring and caring for you until you are discharged home. During this time, our front desk will have moved your family to our consultation room where the surgeon will discuss how your procedure went. After approximately 45 minutes your family members will be allowed to visit you in the recovery area.

After about one to two hours in the recovery area, a physical therapist/athletic trainer will come to work with you. During this courtesy appointment, you will stand, walk, and navigate stairs with help. The therapist/athletic trainer will also review post-operative exercises as motion/activity begins immediately. These exercises are in this booklet. You will be expected to urinate prior to discharge home.

Your prescription for oral pain medications will either be e-prescribed or you will be given a paper prescription, and you or your family will need to pick up your medications from your chosen pharmacy. Most pharmacies require the person picking up medication to show a valid driver's license.

Once our medical staff feels you are medically stable for discharge, they will review all discharge information, allow time for questions and concerns, and you will be discharged safely home.

Road to Home

Things to note as you return home from surgery:

- Your specific instructions for how to care for yourself and your incision will be in your After Visit Summary (AVS), a printed packet with detailed discharge instructions. You will receive this in the recovery room at the surgery center. It is recommended that you read this packet daily for a week postoperatively.
- Your appetite may be poor for a few days. Your appetite will return. Consider taking a stool softener/laxative as directed the first few days at home. Remember pain medications can cause constipation, so it is very important that you drink 6-8 glasses of water each day, in addition to eating grains, vegetables, and fruits.
- You may have difficulty sleeping at night. Do not sleep or nap too much during the day as this will disrupt your sleep patterns. Many people will find sleeping in a recliner is more comfortable than a bed. Your energy level may be less in the first month, however this will improve as you decrease pain medication use, sleep improves, and your body continues to heal.
- Follow instructions on wound care from the nurses/physicians. If at any time you have concerns about your wound, please call.
- You may have been put on an anticoagulant (blood thinner). Follow your surgeon's directions carefully. These medications are typically aspirin or lovenox.
- Apply ice to the incision area for 15 minutes, at least 4 times a day to help lessen any discomfort. Do not put icepack directly on skin. **DO NOT use a heating pad.**
- You may shower as stated in your discharge paperwork per your surgeon's recommendation.
- You will have swelling and bruising, even down your toes, feet and ankles; this is normal. Swelling will peak one week after surgery, and it may take up to two weeks to decrease.
- Notify your team if there is any increased redness at your incision site, change in the amount of drainage on your bandages, increased pain, fever over 101 degrees, nausea, or night sweats. This could possibly signify infection and should be treated as soon as possible.

Road to Home

Managing Your Pain

A moderate amount of pain is normal. You will not be without pain. The goal is to be at a pain level that is tolerable for you. Pain control prevents suffering. It helps you heal faster and return to normal sooner! Take your pain medications as prescribed by your physician. Do NOT take additional aspirin, ibuprofen, or other pain relievers unless specifically approved by your physician or listed in your discharge paperwork.

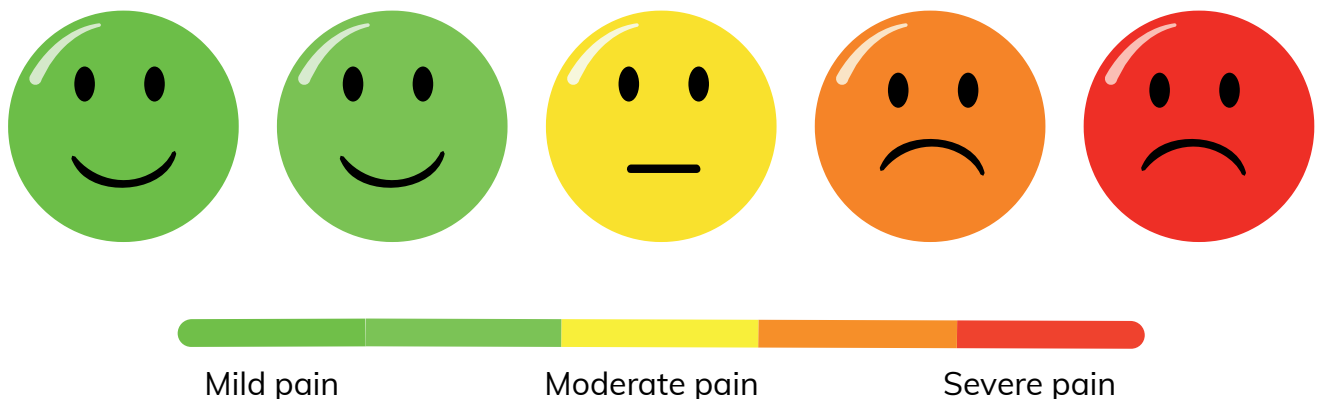
Commitment To Pain Relief

In order to treat your pain effectively, the staff will ask you to rate your pain/discomfort using a 0 - 10 scale. A rating of "0" means you are experiencing no pain, and a rating of "10" means that you are experiencing the worst pain possible. The faces and word labels may help you rate your pain. Using this scale will help the staff understand how the pain feels to you and how effective the pain medication is. Our goal is to make you as comfortable as possible.

The staff at The Orthopaedic Surgery Center would like to make this commitment to you:

- We will start the discussion of a pain plan during your admission. You will have an active role in your pain plan.
- We will ask you about the presence, quality, and strength of pain. We will use YOUR report as the main indicator of pain.
- We will work with you to initiate your pain plan after surgery.
- We will review and change the plan for you if you have pain that is not relieved.

Every person feels pain differently. It is important to report your pain to your nurses and doctors.



Road to Home

Managing Your Pain

There are different methods to manage your pain/discomfort; pharmacological and non-pharmacological. We will assist you in choosing which methods of pain control are right for you - sometimes it takes a combination of these methods to have the best pain control.

These methods include:

- Understanding what will happen before and after your hip replacement. Correct knowledge can decrease anxiety which also works to decrease pain.
- Communicating with the nurses and doctors to let them know what has worked for you in the past and what has not.
- Slow rhythmic breathing. To do this, get into a comfortable position. Breathe slowly, deeply and regularly. Feel your body relax. Repeat this as often as needed.
- Finding a position that is comfortable. Change positions as needed. You may need to change positions often.
- Visual imagery. Imagine being in a place that is relaxing and calming to you.
- Listening to music that you enjoy.
- Thinking positive thoughts.
- Placing ice on the affected area.
- Pain Medicine: This can be given to you in many different forms. The forms in which your pain medication can be given to you are ordered by your doctor and include:
 - A pill or liquid form. This type of pain medication is taken with food or juice. NOT on an empty stomach. This helps digest the medicine better.
 - Through an intravenous (IV) catheter in your vein.
 - Pain medicine can also be given directly into the surgical hip. This is done by your surgeon during surgery.

No matter which methods are used, it is important to remember:

- Pain control is most effective when action is taken at the time your pain/discomfort begins.
- Take your pain medicine at regular intervals to better manage your pain during the first few days after surgery.
- Be sure to take your pain medication in the early morning and at bedtime, as well as when needed during the day. This will help you sleep better, and it will be easier for you to participate in your care and treatment.
- Typically, it is a good idea to take your pain medication before going to physical therapy or starting an activity (such as walking).

Daily Living Aids & Durable Medical Equipment

For questions or to order Durable Medical Equipment, call 262-303-5055 (ext. 5049)



Mojility
Standard



Mojility
Oversize



Cold Therapy
Unit



Polar Wave Cold
Compression



Raised
Toilet Seat



Lumex
Reacher



TED
Stockings



Ergonomic
Crutches



Stretch
Strap



Sock
Assist



Crutch
Replacement



Even-Up

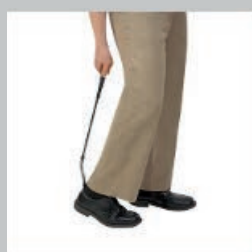
Other Post-Op Aids (Not available to order through OAW)



Commode



Transfer
Bench



Shoe
Horn



Leg
Lifter



Shower
Grab Bar

Advance Directives

Exercise Your Rights

You have the right to choose what health care you want to receive, but it is important for a loved one to know what your wishes would be if there ever becomes a time when you are unable to speak for yourself. Consider making your wishes known legally in a document called an “Advance Directive.”

Wisconsin Law recognizes the following forms as Advance Directives:

Wisconsin Declaration to Physicians (Wisconsin “Living Will”):

This document informs your physician and medical care team, if your condition becomes terminal and death is close at hand, or if you fall into unconsciousness with no hope to recovery, that you wish to have life support procedures withheld. This “Living Will” only takes effect when your personal physician and another physician determine that you meet the criteria that you have chosen.

Healthcare Power of Attorney

This is a legal way for you to appoint someone to speak for you and to be your health care “agent”. This person can make decisions on your health care should the need arise.

When you are admitted to The Orthopaedic Surgery Center, your nurse will ask you (or a family member) if you have completed one of these documents. If you have, we will ask for a copy. They will then be scanned into your medical record for whenever you may need to use them.

Since December 1, 1991, Federal Law required that all hospitals and surgical centers provide adult patients (over the age of 18 years) with information about Advance Directives. The law also requires that we ask all adult patients whether they have Advance Directives. The law is meant to make sure that your health care wishes are honored if you are unable to make decisions for yourself. Be assured that the care you receive will not be affected by whether or not you have these Directives. However, if you refuse treatments or request those that your physician or The Orthopaedic Surgery Center feels are not in keeping our philosophy or ethics of care, your physician will discuss options with you.

FAQs: Frequently Asked Questions

- **Should I exercise before surgery?**
 - Yes, you should aim to perform the exercises outlined in the pre-operative exercises section of this book comfortably unless advised otherwise by your physician.
- **How long will I be at The Orthopaedic Surgery Center?**
 - The expected time for hip replacement patients is approximately six hours; from the time you check in to the time you are discharged home.
- **Do I need to contact my insurance company before surgery?**
 - Yes, it's important to reach out to your insurance company regarding deductibles, co-pays, second opinions, exclusions, and coverage for durable medical equipment (DME) such as walkers.
- **Can I take my daily medications before coming to The Orthopaedic Surgery Center?**
 - The preadmissions nurses will call you about 1-2 weeks prior to surgery to discuss all current medications/supplements and when to stop taking them.
- **When can I drive again?**
 - Typical guideline is 2 weeks for left hip replacements and 4 weeks for right hip replacements. Discuss with your surgeon's team prior to driving. Pain medication usage and mobility factors will need to be taken into account.
- **Will I need therapy after discharge?**
 - No, typically hip replacement patients do not need physical therapy. Activities of daily living, walking, and post-operative exercises are usually enough.
- **Will I experience pain after surgery?**
 - Yes, post-operative pain is common and expected. You will have prescription pain medications along with non-pharmacological methods to help relieve your pain. See Managing Your Pain section of booklet.
- **Will I require assistance at home after surgery?**
 - Yes, especially in the initial days or weeks. It's advisable to arrange for family or friends to assist you. You also will need adult person to help care for you for 24 hours after surgery. You will need assistance with household chores, grocery shopping, and driving.
- **When can I return to work?**
 - Consult with your surgeon regarding the expected time off work based on your hip replacement surgery. Coordinate with your company's Human Resources department regarding disability coverage and medical leave.

FAQs: Frequently Asked Questions

- **How soon after surgery will I see my physician?**
 - Typically, you will have your first postoperative visit 14 to 21 days after discharge. This will be arranged by your surgeon's Administrative Assistant at Orthopaedic Associates of Wisconsin.
- **What activities can I engage in post-recovery?**
 - Once fully recovered, low-impact activities like golf, tennis, swimming, biking, and walking are encouraged. Discuss with your physician before resuming any activities.
- **How do I prepare for my procedure with general anesthesia?**
 - Follow the guidelines provided, including fasting after midnight, using preoperative surgical soap, arranging dependable transportation, and having a responsible adult with you post-procedure.
- **Why do I need to remove clothing and jewelry for surgery?**
 - For safety reasons and to maintain a sterile environment in the operating room, certain clothing and all jewelry must be removed.
- **When can I shower after surgery?**
 - Typically, you can shower between 2-5 days post-surgery, as advised in the discharge paperwork from your surgeon.
- **Will I need a walker, crutches, or cane?**
 - Yes, you will need a walker immediately after surgery. Medicare guidelines prefer a walker over crutches for patients. You will be able to transition to a cane as you discuss with your surgeon at follow-up appointments.

Physical Therapy Information

Most Total Hip Replacement patients are not required to complete outpatient physical therapy. They are required to perform the postoperative exercises outlined in this book.

However, if your doctor recommends outpatient physical therapy, please contact your surgeon's Administrative Assistant (AA) or Nurse Navigator to ensure a referral is placed.

We understand that recovering from surgery can be stressful, painful, and disruptive to your daily life. Our Physical Therapy team is experienced, compassionate, and committed to providing the highest quality care to support your recovery.

If you and your surgeon determine that postoperative physical therapy is necessary, we offer multiple convenient locations. Receiving care at one of our OAW Physical Therapy locations allows for close communication between your therapist and surgeon, ensuring a coordinated and effective recovery plan.

We offer Outpatient Physical Therapy at the following locations:

PEWAUKEE

N15 W28300 Golf Road
Pewaukee, WI 53072

BROOKFIELD

285 South Moorland Road
Brookfield, WI 53005

NEW BERLIN

5330 South Racine Avenue
New Berlin, WI 53146

SUSSEX

N66W25201 County Highway VV
Sussex, WI 53089

OCONOMOWOC

290 Summit Ave, #102
Oconomowoc, WI 53066

GERMANTOWN

N96W17960 County Line Rd
Germantown, WI 53022

JOHNSON CREEK

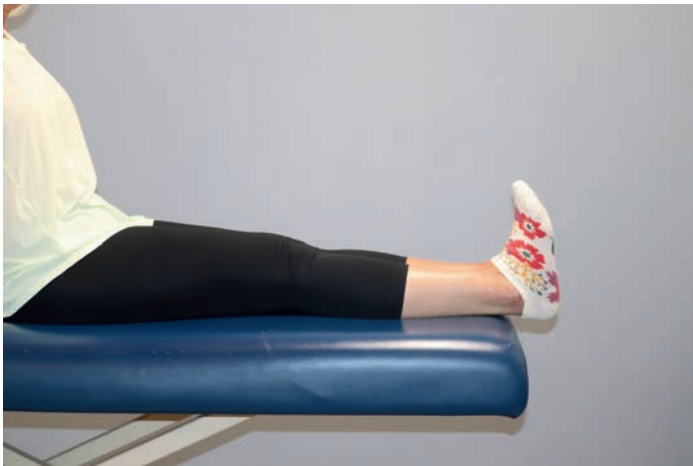
350 Hartwig Blvd
Johnson Creek, WI 53038



Post-Operative Exercises

Ankle Pumps: Week 1 & 2

- Perform either sitting or lying down.
- Pump both ankles up and down.
- Push your foot down towards the floor as far as you can and then pull up as far as you can.
- Repeat 20 times, 2-3 times/day
- *DO NOT GET ON THE FLOOR FOR THIS EXERCISE*



Quad Sets: Week 1 & 2

- Roll up a small hand towel and place behind your knee.
- While lying down, tighten your thigh muscle while pushing your knee down into the towel.
- Hold for 5 seconds and release.
- Repeat 10-20 times, 2-3 times/day.
- *DO NOT GET ON THE FLOOR FOR THIS EXERCISE*



Post-Operative Exercises

Heel Slides: Week 1 & 2

- Lie on your back, remove brace.
- Slide heel of affected leg up towards your buttocks as far as you can.
- Use belt or large bath towel to assist with motion
- Slowly straighten leg out as you slide heel away.
- Repeat 10-20 times, 2-3 times/day.
- Little to no additional pain when bending
- *DO NOT GET ON THE FLOOR FOR THIS EXERCISE*



Gluteal Squeeze – Week 1 & 2

- Lie on your back.
- Squeeze your buttocks together.
- Hold for 5 seconds and relax.
- Repeat 10-20 times, 2-3 times/day
- *DO NOT GET ON THE FLOOR FOR THIS EXERCISE*



Post-Operative Exercises

Supine Hip Abduction: Week 1-2

- Begin lying on your back with your legs straight and toes pointed toward the ceiling.
- If lying on your back is uncomfortable, try bending the opposite knee.
- Move the surgical leg out to the side about 12-18 inches.
- Keep toes pointed to the ceiling during the movement.
- Avoid rolling your leg inward or outward.
- Only go as far as comfortable.
- ***DO NOT GET ON THE FLOOR FOR THIS EXERCISE***



Hip Kicks: Week 1 & 2

- Balance on your non-surgical leg, knee slightly bent.
- Standing tall, keep your surgical leg straight and gently lift your leg up and to the front FRONT (A), SIDE (B), BACK (C- Start Week 3)
- Use a sturdy chair or table for balance if need be.
- Repeat each direction 10-20 times, 2-3 times/day.
- Repeat balancing on surgical leg starting week 2.



Post-Operative Exercises

Single Leg Balance: Week 2 - 3

- Balance on your surgical leg (knee slightly bent)
 - Standing tall, using a sturdy chair or table for “balance”
- work on balancing for 10 seconds working up to 1 minute.
- Repeat 2-3 times/day.



Bridging: Week 3 & 4

- Lie on your back with your knee bend and feet flat on the ground.
- Tighten your buttocks and push through your heels raising your hips off the ground.
- Hold 5 seconds and slowly lower down.
- Repeat 10-20 times, 2 times/day
- *DO NOT GET ON THE FLOOR FOR THIS EXERCISE*



The Physicians and Staff would like to thank you for choosing Orthopaedic Associates of Wisconsin and The Orthopaedic Surgery Center for your health care needs. We hope that we have exceeded your expectations and wish you a safe and quick Road to Recovery.

THE ORTHOPAEDIC SURGERY CENTER



APPENDIX



BILLING AND INSURANCE COVERAGE

ATTENTION: PLEASE READ REGARDING BILLING AND INSURANCE COVERAGE

It is the patient's responsibility to provide OAW with the most up to date insurance information 10 days prior to their scheduled procedure for authorization purposes.

The Business Office can be reached at 262-304-0374. You may also leave your insurance information on the confidential Business Office voicemail - 262-303-5055 x3004. We will contact you if we have any further questions.

It is ultimately the patient's responsibility to verify that prior authorization has been completed before their procedure. Failure to confirm authorization may result in the patient being financially responsible for the full cost of the procedure.

Patients may contact their insurance company directly to confirm authorization using the Tax ID number below, or reach out to their provider's Administrative Assistant for assistance.

Orthopaedic Associates of Wisconsin Tax ID: 391-101-566

You may receive up to three separate bills for your procedure at The Orthopaedic Surgery Center. Please contact the following numbers with billing questions:

- Surgeon/Physician Billing: 262-303-5055 x3004
- The Orthopaedic Surgery Center for the Facility Billing: 262-303-5151
- Anesthesia Billing: 414-434-8520
- Financial Counselor: 262-303-5146

We encourage you to pay online at our secure payment site: OAWPayments.com



RELEASE OF INFORMATION

Should I fill out these forms?

If you need any forms filled out for the patient's employer, family member's employer, Disability Insurance, FMLA, etc. or for release of your information for your own personal use, second opinion, etc., please make sure to complete the attached forms and return to Orthopaedic Associates of Wisconsin.

Please note that you can only list one individual to release records to on each Release of Information (ROI) form.

What if I need additional forms?

If you should need additional forms, please contact Medical Records at 262.303.3005

You can also access the forms on the OAW website: OAWMedicalRecords.com



Request them quickly
and securely using your phone.

1. Open your camera app and Scan the QR code above.
2. Fill out the request form.
3. Our records team will process your request.

Where do I submit completed forms?

Option 1: Scan & e-mail the Release of Information form to medrecs@orthowisconsin.com

Option 2: Fax the ROI form to Fax# 414.921.1090

Option 3: Mail the ROI form to our office
(OAW, ATTN: Medical Records, N15 W28300 Golf Road, Pewaukee, WI 53072-4800)

Option 4: Drop off the completed ROI form to our office

How do I fill out the release of information form?

Patient Information: fill in name, DOB, address, city, state, zip, and phone#

Section 2: Please Release My Records To: fill in where the information needs to be sent (for personal use, can write in "SELF")

Section 3: Records I Would Like to Release: identify which information is being requested

Section 4: Year of Service and/or Part of Body: identify which part of the body information is being requested

Section 5: Purpose

- Follow-up Medical Care/2nd opinion= 2nd opinion, seeing another provider
- Disability= documentation to support disability
- Insurance= disability insurance (short term/long term), FMLA
- Personal = copies of records for personal use/records
- Attorney= legal matters, including lawsuit

Section 6: Release By

- Mail= records will be mailed
- Pick up= records will be available for pick-up at one of our clinics
- Email= records will be e-mailed (MUST PROVIDE E-MAIL ADDRESS)

Expiration Date: only fill out this section if you would like a specific expiration date on this release; otherwise, authorization is good for 6 months from date signed

Signature of Patient/Legal Rep: must be signed with date

QUESTIONS? Please contact our Medical Records department at 262.303.3005

Updated: April 2026



INFORMED CONSENT FOR DISCLOSURE OF PATIENT HEALTH INFORMATION

PRINT

Patient's Legal Name: _____

Date of Birth: _____

Address: _____

City: _____

State: _____ Zip: _____ Phone: _____

1. Please release my records from:

ORTHOPAEDIC ASSOCIATES OF WI
N15 W28300 GOLF ROAD
PEWAUKEE, WI 53072-4800

2. Please release my records to:

Person, Clinic, or Organization: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Fax: _____

3. Records I would like to release: (check all that apply)

- | | |
|--|--|
| ☐ Physician Notes | ☐ Operative Reports |
| ☐ Laboratory Reports including Pathology Reports | ☐ Therapy Notes |
| ☐ X-Ray/Radiology/ MRI Reports | ☐ Films & CDs |
| ☐ All Diagnostic Tests including EMG & Bone Density | ☐ Billing Records |

☐ Other (please specify): _____

4. Year of Service and/or Part of Body: _____

5. Purpose:

- | | | |
|--|------------------------------------|--|
| ☐ Follow-Up Medical Care/ 2nd Opinion | ☐ Insurance | ☐ Attorney |
| ☐ Disability | ☐ Personal | ☐ Worker's Compensation |
| ☐ Other (please specify): _____ | | |

6. Release by: ☐ Mail ☐ Pick Up Location: ☐ Pewaukee ☐ Brookfield ☐ Mukwonago

☐ Email Email Address: _____

☐ Fax Fax Number: _____

I authorize the use and/or release of my protected health information as described below:

I understand that the information used or released as a result of this authorization may no longer be protected by the federal privacy laws and may be further used or released by persons or organizations receiving it without obtaining my authorization. I may refuse to sign this authorization, which will not affect my ability to obtain treatment or payment of claims. I have the right to revoke this authorization by providing written notice to Orthopaedic Associates of Wisconsin. Revocation of this authorization will not affect any action taken before receipt of the written revocation. This authorization will expire on the following date or event: _____

If I do not specify an expiration date or event, this authorization will expire in 6 months.

SIGNATURE OF PATIENT: _____

DATE: _____

PERSON AUTHORIZED BY PATIENT TO SIGN (Proof Required): _____

DATE: _____

* Reason patient is unable to sign: ☐ Minor ☐ Deceased ☐ Other: _____

STAFF USE:

Released by: _____ Number of Pages Released: _____ Imaging Disc

Released: ☐ Yes ☐ N/A Date Released: _____

Method Released: ☐ Mail ☐ Pick Up ☐ Fax ☐ Email



PATIENT RIGHTS & RESPONSIBILITIES

PATIENT RIGHTS:

1. You have the right to safe care and to be treated with respect, consideration, and dignity and to be provided with appropriate personal privacy throughout our facility.
2. You have the right to be free from all forms of abuse and harassment and be free from all forms of discrimination or reprisal. In compliance with applicable Federal civil rights laws, all patients receive access to equal medical treatment and accommodations regardless of race, color, national origin, age, disability, sex, religion or sources of payment for care.
3. You have the right to receive adequate notice regarding our privacy practices. Patient disclosures and records are treated confidentially, and patients are given the opportunity to approve or refuse the release, except when release is required by law.
4. You have the right to be provided, to the degree known, with complete information concerning your diagnosis, evaluation, treatment or procedure and expected outcome. When it is medically inadvisable to give such information to you, the information will be provided to a person designated by you or to a legally authorized person.
5. You have the right to communicate in the language or manner primarily used by you. Interpretive services will be provided.
6. You have the right to participate in decisions involving your health care, except when such participation is contraindicated for medical reasons.
7. You have the right to the facility's rules and regulations as they apply to your conduct, responsibilities and participation as a patient.
8. You have the right to change your provider if other qualified providers are available.
9. You have the right to be fully informed of the scope of services available at the facility, provisions for after-hours and emergency care, and related fees for services rendered.
10. You will be informed of charges, fees for service, payment policies, receive an explanation of your bill and receive counseling on the availability of known financial resources for health care services.
11. Know that, if a patient has an advance directive, it is the policy of this facility to resuscitate all patients; however, any advance directive will be noted in the patient's medical record and will be communicated to other medical facilities, if a transfer is needed.
12. You have the right to receive enough information from the physician so that you can understand the services being rendered in order to sign the informed consent.
13. You have the right to know if your procedure is part of a research study and to refuse to participate.
14. You have the right to a fair, fast, and objective review of any complaint you have against our facility or health care personnel without fear of reprisal.
15. Contact information if you feel as if any Rights were violated are as follows:
 - Office of Medicare Beneficiary Ombudsman Website:
<https://www.cms.gov/center/special-topic/ombudsman/medicare-beneficiary-ombudsman-home>
 - Contact Medicare at 1-800-MEDICARE
 - WI Department of Health and Human Services, Bureau of Quality Assistance Health Services
<http://dhs.wisconsin.gov/bqaconsumer/HealthCareComplaints.htm>
 - Phone: (800)-642-6552
16. You have the right to submit a grievance either verbally or in writing to: Administrator of The Orthopaedic Surgery Center, LLC. Phone # 262-303-5055. You will receive a written notice of decision within 30 business days describing the steps taken to investigate, the results, and the completion date.

PATIENT RESPONSIBILITIES:

1. You have the responsibility to provide complete and accurate information to the best of their ability about their health, any medications taken, including over-the-counter products and dietary supplements, and any allergies or sensitivities.
2. You have the responsibility to follow the agreed-upon treatment plan prescribed by their provider and participate in their care.
3. You have the responsibility to provide a responsible adult to provide transportation home and to remain with him/her as directed by the provider or as indicated on discharge instructions.
4. You are responsible for accepting financial accountability related to any charges not covered by insurance.
5. You have the responsibility to behave respectfully toward all health care professionals and staff, as well as other patients and visitors.



PATIENT PRIVACY PRACTICES

The Orthopaedic Surgery Center's Responsibilities

It is your right as a patient to be informed of TOSC's legal duties with respect to protection of the privacy of your personal health information.

TOSC is required to:

- Maintain the privacy of your health information.
- Provide you with a notice of the legal duties and privacy practices regarding protected health information collected and maintained about you.
- Abide by the terms of this notice.

TOSC reserves the right to change the terms of the notice of Patient Rights and Responsibilities of Privacy Practices and make the new notice provisions effective for all protected health information that it maintains. TOSC also reserves the right to change the terms of this notice with respect to any applicable more limited uses and disclosures.

TOSC will promptly revise and distribute its notice whenever it makes a substantial change to any of its privacy practices.

TOSC will not use or disclose your health information without your authorization, except as described in this notice.

Your Health Information Rights

You have the right to:

- Request a restriction on certain uses and disclosures of your health information.

You have the right to request restrictions on certain uses and disclosures of protected health information, even if the restriction affects your treatment or TOSC's payment or health care operations activities. However, TOSC is not required to agree to your requested restriction.

- Receive Confidential Communications.

You have the right to request that TOSC communicate your health information to you by alternative means or at alternative locations. TOSC shall accommodate reasonable requests.

- Inspect and obtain a copy of your health record.

You have the right to inspect and obtain a copy of your health care record. This request for access to your health care record must be submitted in writing to the Privacy Officer. This right may not apply to certain types of psychotherapy notes, and TOSC may charge you a reasonable fee for a copy of your health care records.

- Amend your health record.

You have the right to request an amendment to your health care record if you believe your health information is incorrect or incomplete. You may be asked to make this request in writing and state the reason why your health record should be changed. If TOSC did not create the health information you believe is incorrect or if TOSC disagrees with you, TOSC may deny your request.

- Obtain an accounting of disclosures of your health information.

You have the right to obtain an accounting of disclosures of your health information that TOSC has made in compliance with state and federal law. The accounting will describe the dates of each disclosure, a brief description of the information disclosed, and the reason for disclosure. You will receive one accounting per year, if desired, at no charge, and TOSC may charge you a reasonable fee for each subsequent request.

- Obtain a paper copy of the notice upon request.

You have the right to obtain a paper copy of the notice upon request.



PATIENT PRIVACY PRACTICES

Uses and Disclosures for Treatment, Payment, and Health Care Operations

- TOSC is permitted by the federal privacy rule to use or disclose your protected health information for treatment, payment, or health care operations.
- TOSC may use or disclose your health information for treatment.
- TOSC may use or disclose your health information in the provision, coordination, or management of your health care.
- TOSC may use or disclose your health information for payment.
- TOSC may use or disclose your health information to obtain reimbursement for the provision of health care services.
- The bill may include information that identifies you, your diagnosis, and your treatment.
- TOSC may use or disclose your information to your insurer to obtain payment for the provision of health care services.
- TOSC may use or disclose your health information for routine health care operations.
- TOSC may use or disclose your health information for:
 - Evaluation of patient care services,
 - Evaluating the performance of health care providers,
 - Activities relating to compliance with the law, and
 - Business planning and development.

Uses or Disclosures of Your Protected Health Information Permitted Without Your Authorization

Without your written authorization, TOSC may use or disclose your health information for the following purposes:

As Required by Law:

TOSC may use or disclose protected health information to the extent that the use or disclosure is required by law and complies with and is limited to the relevant requirements of the law. Uses or requirements of state law include the following:

- Disclosures about victims of elderly or child abuse,
- Disclosures for judicial and administrative proceedings, and
- Disclosures for law enforcement purposes.

Public Health:

- As required by law, TOSC may disclose your protected health information to the State of Wisconsin for the purpose of statutory reporting.
- TOSC may disclose your protected health information, excluding mental health, alcohol or drug abuse, or developmental disability, or HIV test results, to a state or federal public health agency for the purpose of preventing or controlling disease, injury, or disability.
- TOSC may disclose your protected health information, excluding your HIV test result, without your authorization to a county agency investigating child abuse.
- TOSC may disclose your protected health information, excluding mental health, alcohol or drug abuse, or developmental disability, or HIV test results, without your authorization to the Food and Drug Administration (FDA).
- TOSC may disclose your protected health information without your authorization to a person who may have been exposed to a communicable disease or may otherwise be at risk for contracting or spreading the disease.

Victims of Abuse, Neglect, or Domestic Violence:

TOSC may disclose health information, except for an HIV test result, if TOSC reasonably believes that an individual is a victim of child or elderly abuse.

Health Oversight Activities:

TOSC will not disclose HIV test results to health care oversight agencies without authorization. TOSC may disclose your mental health, alcohol or drug abuse, or developmental disability-related health information to:

- The Department of Health and Family Services,
- The county for coordination of human services, and
- The board of aging and long-term care.

The remainder of your protected health information may be disclosed without your authorization to a state or federal agency.

Judicial and Administrative Proceedings:

TOSC may disclose your protected health information in response to a court order.

Law Enforcement:

TOSC may disclose your protected health information except for HIV test results to county law enforcement officials for the reporting and investigation of elderly and/or child abuse. TOSC may disclose your protected health information except for mental health, alcohol or drug abuse, or developmental disabilities or HIV test results to state and federal law enforcement officials. TOSC may disclose mental health, alcohol, drug abuse, or developmental disability-related health information for limited law enforcement purposes as required by law. TOSC may disclose protected health information to a law enforcement official in response to a court order.



PATIENT PRIVACY PRACTICES

For Activities Related to Death:

- Coroner or Medical Examiner:

TOSC may use or disclose your protected health information that is not an HIV test result or related to mental health, alcohol or drug abuse, and developmental disabilities to a coroner or medical examiner.

- Funeral Director:

TOSC may use or disclose your HIV test result to a funeral director.

For Cadaveric Organ, Eye, or Tissue Donation Purposes:

TOSC may use or disclose your HIV test result to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes, or tissue for the purpose of facilitating organ, eye, or tissue donation and transplantation.

Research:

TOSC may use or disclose your protected health information for research purposes if the researcher has obtained your permission or fulfilled the stringent privacy requirements of state and federal law.

To Avoid a Serious Threat to Health or Safety:

TOSC may disclose your protected health information under limited circumstances to law enforcement officials to avert a serious threat to health or safety.

Disclosures for Specialized Government Functions:

TOSC may disclose protected health information excluding mental health, alcohol, or drug abuse, or developmental disabilities or HIV test results for:

- National security,
- Protection of the President,
- Medical suitability determination, or
- Armed Forces personnel to a state or federal agency.

TOSC may also disclose protected health information to limited staff of a correctional institution or a custodial law enforcement official for the provision of health care and transport of inmates.

Workers Compensation:

TOSC may disclose protected health information reasonably related to workers' compensation injury. TOSC has attempted to explain with this notice the circumstances where state law may be more protective than the federal privacy rule and provides greater privacy protection.

If you believe your privacy rights have been violated, you may file a complaint with TOSC or with the Secretary of the Department of Health and Human Services.

To File a Complaint with TOSC, Contact:

Executive Director

The Orthopaedic Surgery Center N15 W28300 Golf Road Pewaukee, WI 53072

Phone: 262-303-5001

Fax: 262-503-5007

Or you may contact:

The State of Wisconsin Department of Health and Human Services

Bureau of Quality Assistance Health Services

www.dhs.wisconsin.gov

1 West Wilson Street, Madison, WI 53704

Phone: (800) 642-6552

Fax: (608) 243-2026

THE ORTHOPAEDIC SURGERY CENTER



For questions or concerns,
call 262-303-5055

OrthoWisconsin.com