

Hip Arthroscopy
Postoperative Instructions
Stephanie Mayer, MD

MEDICATIONS: You were given the following medications:

PAIN

- ☐ Oxycodone 5mg tabs; take 1-2 tabs orally every 4 hours as needed for severe pain
- ☐ Tylenol 650mg orally every 6 hours for pain

NAUSEA/CONSTIPATION

- ☐ Zofran 4 mg oral dissolving tabs; take one tab and dissolve under tongue every 8 hours as needed for nausea
- ☐ Senna-docusate (8.6-50) mg orally twice daily as needed for constipation. Please take as long as you are taking the Oxycodone.
- ☐ Miralax (polyethylene glycol)-Mix (available over the counter) 1 capful of powder in liquid. This may be taken 1-2 times a day, morning and/or night, in liquid like apple juice, milk, water, etc. if the patient has not had a bowel movement within 24 hours. Results usually take 12-24 hours once medication is started. This is Over The Counter.

OTHER

- ☐ Indocin 75mg orally once daily starting the day after surgery for 4 days; please take with food; this medication is to prevent abnormal bone formation within the musculature. **DO NOT TAKE WITH OTHER ANTI-INFLAMMATORY MEDICINES**
- ☐ Prilosec 20mg daily while on Indocin and Naproxen; this medication is to prevent stomach ache while taking NSAIDs
- ☐ Naproxen 500mg orally twice daily for one month; **DO NOT START THIS MEDICATION UNTIL AFTER YOU FINISH TAKING INDOCIN**; this medication is to prevent abnormal bone formation within the musculature. **DO NOT TAKE WITH OTHER ANTI-INFLAMMATORY MEDICINES**
- ☐ Aspirin 325mg daily for 14 days, starting the day after surgery. This medication is to prevent blood clot formation after surgery.
- ☐ Valium 5mg three times daily as needed for muscle spasms.

DRESSING:

- Due to the fluid irrigation during surgery, oozing from the incision may occur and the dressing will get soaked with blood tinged clear fluid. Please change the dressing as needed (when it becomes saturated) with the hip dressing supply kit (large tegaderm, abd pad and gauze) sent home with you.
- This fluid drainage should resolve within 24-48 hours
- You may remove the dressing on post-op day #3 and apply xeroform, gauze and small tegaderm to wound sites to be changed every 2-3 days until your first clinic visit.
- Please **do not use** bacitracin or other ointments under the bandage.

SHOWERING:

- You may shower with the clear bandage over the incisions for post op day 1-3.
- On post op day #3 you may remove the dressing and shower and let the water run over your incisions.
- **SHOWER ONLY**
- Gently pat the area dry after showering and then apply xeroform, gauze and tegaderm over each incision to allow the incisions to dry & heal.

- Do not soak the hip in water or go swimming in the pool or ocean until 4 weeks post-operatively. Typically getting into a bath or pool is permitted after the steri-strips have fallen off (around 4 weeks post surgery) unless otherwise instructed.

WEIGHT BEARING:

- Foot-flat weight bearing (**50% bodyweight**) with crutches
 - 3 weeks for labral repair or labral reconstruction
 - 6 weeks for cartilage micro fracture

Your physical therapist will work with you to wean you off of your crutches after this time.

ICING:

- Icing is very important to decrease swelling and pain and improve mobility. If you purchased a cold therapy device, please ice 6 times a day for 20 minutes at a time. Be sure to keep clothing or a towel between ice cuff and skin, as placing the ice directly on skin may cause a burn to the skin.
- If you did not purchase a cold therapy device please use ice packs 6 times a day for 20 minutes at a time. Be sure to keep clothing or a towel between ice cuff and skin, as placing the ice directly on skin may cause a burn to the skin.

ACTIVITIES/PRECAUTIONS:

After hip surgery, it is normal to feel tired or tire easily for several weeks. You will likely need to take 1-2 weeks off of school and/or work for recovery. Please follow the precautions below to allow your hip to heal without too much stress on the tissues for the first few weeks.

- For the first 2 weeks, avoid extending your hip behind your body and externally rotating the hip more than 30 degrees. This will help keep pressure off of the joint capsule which was repaired during surgery. That means to try to keep knee caps pointed forward at all times and do not lie on your stomach or bring your leg of your operated hip behind you.
- To help with these precautions while you are lying down or sleeping, use the foam boots and tape to keep your leg from externally rotating. Feet should be parallel when lying on back not pointing inward or outward.
- Please wear the SCD's (compression devices for your legs) that were provided to you in pre-op as much as possible for the first 2 weeks post surgery.
 - You may also sleep with the SCD's on and the foam boots loosely placed around the SCD's.
 - Ensure the SCD's are fully charged and sleep with them at night – **DO NOT** keep plugged in at night
- You also were provided with thigh high ted hose – white stockings – please wear for 2 weeks. You may take off for 1-2 hours per day.
- You may return to school/work on your crutches when you are off of your narcotic pain medication and when you feel that you can safely move around with your crutches. For most patients, this is about 1-2 weeks post operatively. For return to work fully, typically 6 weeks post-operatively.
- **Driving** is permitted 4-6 weeks after the surgery if you meet the following criteria:
 - ✓ You no longer take narcotic pain medications
 - ✓ You drive an automatic car. If you have a manual car, you could drive after 6 weeks.
 - ✓ You can safely get in and out of your car.
 - Please ask your physical therapist for instructions as they will help determine when you are able to drive

DURABLE MEDICAL EQUIPMENT:

CRUTCHES- if you do not have crutches, they will be given to you the day of surgery or at your pre-op appointment in clinic

Correct Fit: the patient stands up straight and is measured from the armpit to the floor. To

establish the required length for the crutches, deduct 5cm from this measurement. Adjust the handgrips so there is a slight bend at the elbow when standing in a relaxed manner

Walking with crutches:

- The top of each crutch should be 2-3 fingers width below your armpit. Lean on your hands not your armpits; your elbows should be slightly bent.
- You need to be standing up straight and balanced before trying to walk with your crutches. Your feet should be slightly apart. Your crutches need to be out to the side (10-15cm) and slightly in front of your feet.
- Grip the crutches firmly to your side by pressing your arms against your trunk.
- Move both crutches out in front of your arms
- Balance your weight on your hands and push down onto the crutch handle.
- Bring your good leg up to or past the crutches, this will move you forward
- Do not lean your armpits on the crutches
- Put your operative leg on the ground and take the weight of the leg through it and the rest of your weight on your hands.

Safety: ensure the nuts are tight, and rubber stoppers are securely attached and not worn

Sitting down or standing up with crutches:

- Hold the crutches in one hand, by the crutch handles
- Place your operative leg forward
- Grip the seat with the other hand
- Lean forward, gently bend your good leg and lower yourself onto the seat, or gently straighten your good leg and push yourself up from the seat, or gently straighten your good leg and push yourself up from the seat. Do not put any weight on your operative leg if you are not allowed.

Going up stairs:

- Walk right up to the step
- Push down on your hands and place your good leg on to the first step
- Lean on your good leg and push down on your hands, bringing your weight over the step.
- Bring your operative leg up onto the step
- Bring your crutches up

Going down stairs:

- Walk right to the edge of the step
- Put your crutches down on to the step below
- Put your operative leg down onto the step below (only the weight of the leg should be put on the operative leg)
- Make sure that your weight is well balanced through your hands and then push down through the crutches to lift yourself down, stepping on your good leg

CPM MACHINE- this will be ordered and arranged for delivery to the surgery preop area on the day of your surgery. The settings will start at 30-70 degrees for the day of surgery and increase to 0-100 degrees as you tolerate starting on post op day #1. The speed should start around 50-60 and you can increase as you wish. Use your CPM for 4 hours a day. You do not have to use it for 4 hours straight and it can be done in increments (example: 1 hour in the morning, 1 hour in the afternoon 1 hour evening, and 1 hour before bed). You will need to use the machine for 2 weeks. **DO NOT SLEEP IN THE MACHINE.**

Contact Information:

- If you are experiencing the following **symptoms**, please call our office at 720-872-4822 and ask to speak to Jordan Teboda (JT) our Athletic Trainer.
- If this occurs during evening and/or weekend please call 303-694-3333 and ask to speak to the on

call provider. If life threatening please call 911.

- ❖ Fever (temperature of 101.5 degrees Fahrenheit or over)
- ❖ Redness or yellow/brown/green drainage from the surgical incision site
- ❖ Low back pain/muscle spasm that maybe due to the spinal/epidural anesthesia. Please apply a
- ❖ Persistent severe sharp pain not relieved by pain medication
- ❖ Persistent and increasing swelling and numbness of the hip/leg.
- ❖ Difficulty with medications.

Please feel free to contact the office if you have any other questions at 720-872-4822 or you may email Jordan Teboda, ATC at Jordan.Teboda@cuanschutz.edu. or reach out via My Health Connection.

Post-Operative Prescription Guidelines

All prescriptions will be given on the day of surgery or sent electronically no more than one day prior to surgery. Should you need refills, please contact the clinic within 48 business hours (Monday-Friday 8:30am to 4:30pm).

Refills will not be authorized outside of these hours. Please have the location of pharmacy or phone number available of the pharmacy that you would like to utilize for your refills.

- One of the medications is a codeine derivative for pain and should be taken as directed and only as needed. After several days, pain may reduce significantly. At this point you may choose to cease taking or decrease the dose of the codeine derivative medication.
- The other medication you may be prescribed is called Indocin. It is in the drug named NSAIDs (non-steroidal anti-inflammatory) and will be given to you for 4 days starting the day after surgery.
- You will also receive another medication that is given as an anti-nausea agent, Zofran (use as needed).
- Aspirin will be given for 14 days to prevent DVT (Deep Vein Thrombosis).

Common symptoms of an allergic reaction to prescription medication include:

- Nausea and vomiting not relieved by lying down or eating bland foods.
- Severe itchiness
- Rash
- Severe dizziness
- Slowed heartbeat