

Dr. Friedman's Post-Operative Instructions:
Hip Arthroscopy

These instructions are for the first two (2) weeks after surgery

ACTIVITIES/BRACE USE:

Keep the operative leg elevated as much as possible. You can place a pillow behind your knee but make sure to switch positions to move the hip and knee around. Keeping the hip and knee in one position can cause problems with stiffness.

Weightbearing status is touch-down weightbearing (foot flat).

You should be using crutches until you are seen in the office. Do not stop using the crutches until you are cleared. You should still be using crutches at the time of your first postoperative visit. Typically patients are on crutches for 3 weeks after surgery.

ICE your hip with a bag of ice or a bag of frozen peas. Do not ice for more than 20 minutes at a time or you may get freezer burn on your skin. You do not need to ice when you are sleeping. You should ice at least 3 times a day for the first week after surgery.

Do not flex your hip past 90 degrees or extend your hip behind you for the first 2 weeks after surgery.

Sleep with a pillow in between your legs for the first week after surgery.

Do not drive until approved by your doctor or if you are taking narcotics.

Return to work or activities will depend on your type of employment.

EXERCISES: START POST-OPERATIVE DAY 1:

- 1. Quad Sets.** With this exercise, you tighten you thigh muscles and hold for five (5) seconds. Do a minimum of three (3) sets of ten (10) repetitions. When you tighten your thigh muscles, it will feel like your knee is being pushed into the ground.
- 2. Heel Slides.** (bending the knee) slide your heel toward your buttock. This may be assisted by using a towel to pull your foot. You should do this while laying flat on your back. Do not flex your hip past 90 degrees when lying down for this exercise.
- 3. Knee Extension Bridging Exercise.** Roll a towel and place it under your heel with nothing under your knee. Keep this position for 5 to 10 minutes. Gravity will slowly assist with extending your knee. Alternatively, you can sit in a chair and place your foot up on another chair.
- 4. Calf Pumps.** Move both ankles up and down, at least 10 times an hour until you are up and around regularly to encourage blood flow in the lower legs and reduce the risk of DVT (blood clot).

WOUND CARE/DRESSINGS:

- 1. Expect minimal bloody drainage on surgical dressings. Call the office if the bandage becomes saturated. Do not remove your bandages or dressings unless instructed to do so. You may remove your dressings at: 5 days**
- 2. Showering the wound is allowed after dressings have been removed. Do not soak the hip (in other words- no bathtub, hot tub, Jacuzzi, swimming pool or ocean) until 4 weeks after the surgery.**
- 3. Do not put ointment on your incisions or touch your incisions (wounds) until the doctor says it is ok to do so.**

DIET:

- 1. Begin with liquids and light foods (jellos, soups, etc). Progress to your normal diet if you are not nauseated. Sometimes the digestive system is slow after anesthesia and due to the narcotic pain medication, and the use of a mild laxative may be beneficial.**

PHYSICAL THERAPY:

You will begin formal physical therapy after your first post-operative visit.

GENERAL MEDICATION INFORMATION AFTER SURGERY

You will receive multiple prescriptions before or at the time of surgery, typically including:

1. **Narcotic (i.e. Norco).** A narcotic is a strong pain medication that blocks the sensation of pain. Once your pain decreases, discontinue the use of this medication as it can be addictive. This medication typically helps with pain, but also causes drowsiness, constipation, nausea, and itching. Avoid combining this medication with Tylenol. Drink plenty of water to help decrease the risk of constipation.
2. **Non-steroidal Anti-inflammatory Drug/NSAID (i.e. Meloxicam, Naproxen).** This decreases the inflammation and swelling after surgery. This will help with mild pain associated with surgery and also to help with inflammation and swelling. Use this medication as directed. Take with food. Speak with your doctor if you have a history of heartburn, ulcers, or heart issues.
3. **Stool softener (i.e. Colace).** A stool softener is often necessary while taking narcotic medication to help with constipation. Use this medication while taking the prescribed narcotic medication.

4. Anti-nausea medication (i.e. Zofran, compazine). Anesthesia and narcotics can cause significant nausea in the first 24-48 hours after surgery. Take the anti-nausea medication as needed to help with these symptoms.

5. Aspirin. Take aspirin as directed to help prevent blood clots.

6. Gabapentin. This is another medication that helps to reduce pain after surgery. Take three times a day for 5 days, two times a day for 2 days, and once a day for 2 days. This medication may cause drowsiness.

RECOMMENDATIONS FOR PAIN CONTROL AFTER SURGERY

Many patients will receive a nerve block to help with pain control during and immediately after surgery. This temporarily causes numbness and difficulty moving the affected leg. There will be some pain after the nerve block wears off. Pain is typically worst the first few days following surgery.

Starting after surgery and **BEFORE** your nerve block wears off, follow the following pain medicine regimen for the first 24-48 hours after surgery:

One or two narcotic (pain) pills approximately every 4 hours. The day after surgery, some patients may need to take 2 pills every 4 hours for pain relief. If taking 2 pills every 4 hours initially, you should be able to decrease the dose to 1 pill every 4 hours after 48 hours or so. Begin spreading out the time interval between narcotic doses as tolerated. Many patients are completely off their narcotics by the first post-operative visit.

WEAN off the narcotics, ie, take one pain pill every 6 hours, then 8 hours, then 12 hours, then discontinue.

Use plenty of ice to help reduce inflammation and pain. Do not keep ice on your knee for more than 20 minutes at a time to prevent frostbite.

FOLLOW-UP CARE:

If you do not already have a post-operative follow-up appointment, please call the appointment desk at (209) 946-7200 in the first day or two after surgery to schedule a post-operative visit with Dr. Friedman. Your appointment should be **10-14 days after surgery**.

WHEN TO CALL THE OFFICE:

- * Increasing swelling or numbness in the toes
- * Unrelenting pain
- * Fever greater than >101.5 F or 38.5 C, or chills
- * Excessive nausea or vomiting due to pain medication
- * Color change in the toes. Your toes should be pink and warm.
- * Continuous drainage or bleeding from the dressings
- * Extreme pain on the back of the calf, shortness of breath, or

chest pain which may be warning signs of a blood clot or pulmonary embolus. If symptoms are severe, dial 9-1-1
*** ANY other worrisome condition**

Hip Arthroscopy Recovery Timeline

The ultimate goal is to return to activities safely with minimal risk to the healing structures of the hip.

Week 1-2: Touch toe weight bearing, flat foot with crutches. The highest pain is the first 24-48 hours after surgery. Take pain medications as instructed. Your first post-operative visit will take place, X-rays will be taken, and we will review your arthroscopic images.

Week 3-6: Wean off crutches over 1-2 weeks. You may start moving the hip as you want except for hip extension. You will start physical therapy.

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Week 7-12: You should be walking fully weight bearing without crutches. You may move the hip as you want. Strengthening exercises will begin with physical therapy. No running.

Week 13-20: Endurance exercises. Can ease back into running.

Week >20: Sport specific drills. Return to sport at 6 months.