

Hip Arthroscopy Post-Operative Instructions

PRESCRIPTION MEDICATIONS

Aspirin:

- • This medication is to help prevent blood clots after surgery.
- • Take one 81 mg tablet twice per day with food for 6 weeks.

Colace (Docusate Sodium):

- This medication is to help with constipation, a common side effect after taking narcotic pain medications (like Norco / Percocet) and general anesthesia.
- Take 1 pill in the morning and 1 in the evening to prevent constipation
- It is normal to take several days to make a bowel movement after surgery
- Drink plenty of clear liquids as the anesthesia can cause dehydration/constipation as well.
- If you weren't given a prescription for Colace, you can take over the counter bulk laxatives such as Mirilax or Citrucel if needed. Ensure that you stay very well hydrated, eat a well balanced diet with plenty of fruit as well as green leafy vegetables and fiber to minimize your risk of constipation.

Hydrocodone/Acetaminophen (Norco) or Oxycodone / Acetaminophen (Percocet):

- This is a narcotic medication for pain.
- This medication is to be taken **AS NEEDED**.
- Do not drive, drink alcohol, or take Acetaminophen (Tylenol) WHILE taking this medication.
- Plan to stay on a scheduled dose of 1-2 tablets every 4-6 hrs for the first 2-3 days.
 - After 2-3 days you should be able to space out or discontinue the medication and transition to Acetaminophen (Tylenol).
 - DO NOT exceed 4,000 mg of Acetaminophen in a 24 hour period.
- Do not drive, drink alcohol, or take Acetaminophen (Tylenol) WHILE taking this medication.

Indomethacin (Indocin) / Celebrex (Celecoxib):

- This is an important medication to help with inflammation and to prevent bony overgrowth (called heterotopic ossification) that can be a potential side effect after surgery.
- Take 75 mg Indocin tablet once per day in the evening with food or Celebrex 200 mg twice daily for 10 days.
 - DO NOT take ibuprofen, Motrin, Advil, Aleve, Naproxen, Naprosyn, Celebrex, Meloxicam or other anti-inflammatories while taking this medication.

- Once you have completed the 10 day course of this medication, you can take other anti-inflammatories as needed for pain.
- If you are unable to tolerate this medication, please let the office know so we can put you on an alternative medication.

Zofran (Ondansetron):

- This is an anti-nausea medication.
- It is a dissolving tablet- place it on your tongue, allow it to dissolve, and swallow.
- Take this as needed every 4-6 hours for the first 2 days after surgery.

WOUND CARE

- Leave the bulky surgical bandage on and DO NOT shower for 72 hours.
- After 72 hours, remove bandages and gauze.
- It is normal to see a lot of blood-tinged soaked fluid on the removed bandages. This may appear to be a pinkish-yellow fluid and is normal.
 - You may shower at this point and let water run over the wounds.
 - Afterwards you may gently pat the wounds dry and cover with a band-aid or leave the wound open to the air.
- DO NOT APPLY LOTIONS OR OINTMENTS TO THE INCISION SITES
- In between showers, leave the incision sites open to air.
- Your stitches are desolvable, but may be removed at your first post op visit if they are bothering you.
- DO NOT soak in any pool/bath water until 6 weeks after surgery.

PHYSICAL THERAPY

- Physical therapy should start ideally on day 1 post op.
 - If your surgery is on Thursday or Friday it is okay to wait until early the following week.
 - On the first visit to your therapist you should expect to:
 - Be taught proper weight bearing technique
 - Proper utilization of your crutches
 - Passive circumduction range of motion exercises
 - Isometric exercises to be done at home
 - Stationary bike (upright ONLY- NOT recumbent)
- Choose a physical therapy clinic close to your home so you can be compliant with your program.
- Please bring your prescription for therapy and physical therapy protocol (provided on surgery day and also on the website) to your first appointment.

WEIGHT BEARING

- If you received REGIONAL anesthesia (a “block” to the leg), DO NOT attempt to weight bear for the first 24-36 hours.
- After the feeling has returned to your leg, you may be flat-foot or toe touch weight bearing. You may rest your foot on the ground, but do not shift any weight to the operative extremity.
- Walk with your foot flat to the ground, and “mimic” a normal gait (walking pattern) utilizing your crutches.
- Once you are 2 weeks out from surgery, you may begin to progress your weight bearing slowly as directed by your physical therapist to full weight bearing, as long as your pain is not increasing while walking.
- If you underwent a microfracture, then you will be instructed to remain toe touch weight bearing for 6-8 weeks after surgery.
- Getting off of the crutches takes all patients a different amount of time (General time period is 4-6 weeks)

CONTINUOUS PASSIVE MOTION MACHINE

- Start on the day of surgery if you have time and feel up to it, otherwise, start the day after surgery.
- Use the machine for a total of 4-6 hours per day for the first two weeks after surgery.
- If you underwent a microfracture aim for 6-8 hours per day for 4-6 weeks after surgery.
- Call the vendor to schedule a pickup for 2 weeks postop if no microfracture performed.
- You can split up the time into increments if you get sore or tired.
- The initial settings of the machine should be at 30 degrees extension and 70 degrees of flexion.
- You may increase by 7-8 degrees per day as tolerated.
 - Example:
 - Day 1: 30 degrees of extension and 70 degrees of flexion.
 - Day 2: 22 degrees of extension and 78 degrees of flexion.
 - Day 3: 14 degrees of extension and 86 degrees of flexion.

NIGHT TIME PADDING:

- Wear the padding at night time.
- If you are in bed and not using the CPM, you will need to use the boots that prevent external rotation (turning out of the foot and leg). These boots are securely strapped to a round pad with Velcro straps.
- We recommend use of the CPM while sleeping at night to avoid the use of the CPM machine during the day.

- When laying in bed and not using the CPM, the rotational prevention boots should be utilized to keep the toes pointed to the ceiling.
- The point is to make your toes point straight up (no rotation).
- Use this padding for 4 weeks postop.
- If you cannot sleep, alternatives are :
 - Take your nonoperative leg out of the boot/padding .
 - Take the post out of the middle and sleep with just the feet strapped together.

ICE MACHINE

- Cycles on and off on its own
- Use it as much as you can for the first 72 hours
- Try to use it 4-5 times per day after the first 72 hours for the first two weeks after surgery.
 - You do not need it after 2 weeks.
 - Call to pick up the machine.

These machines are indicated for use by Dr. Bruneau. Dr. Bruneau's office does not assume responsibility if the equipment is not covered by your insurance. Questions about equipment use and insurance coverage should be directed to the company that provides the equipment. These companies should outline a payment plan for you in the event that your insurance does not cover the equipment. Medicare and Medicaid DO NOT cover the (ice) machine. If you carry this insurance the ice machine will NOT be ordered for you

BIKING

- You may start biking on post op day 1
- You may use the upright bike ONLY, no recumbent bike!
- No resistance while on the bike
- Use your nonoperative leg to push the operative leg around
- 20 mins on upright bike = 1 hour on motion machine
- You do not have to go out and buy a bike, you may use the one that is provided for you at your physical therapy sessions.

GENERAL ACTIVITY LEVELS

- It is beneficial to change positions often after hip arthroscopy.
- Alternate sitting, reclining, and lying down as much as you can tolerate.
 - We recommend you get moving once every 30 minutes to prevent stiffness.
 - Do not stay in a seated position for longer than 30 minutes.
- If you need a work note to get up from your desk, please let us know and we can send it in to your employer.
- Spend 2 to 3 hours per day on your stomach.
- Laying around too much will make you stiff, so feel free to move around your home as you can tolerate.

FOLLOW UP

- You will need to follow up in clinic with Dr. Bruneau in 2-3 weeks.
- A new physical therapy prescription will be given to you at that time.

WHEN SHOULD YOU CONTACT THE OFFICE?

- If you have a fever >100.4 degrees F.
A low grade temperature (even up to 100 degrees) is expected after surgery, but let us know if it gets this high!
- If you develop chills or sweats.
- If you have pus, significant pain, or redness surrounding the incision sites.
- If you are unable to urinate >1-2 days after surgery.