

## HIP ARTHROSCOPY INSTRUCTIONS

**Please read the information carefully. If you have questions that are not answered appropriately, please call our office in the appropriate time. Most common questions will be answered here.**

### **Wound Care:**

1. You may remove and change your dressings after 2 days. Always wash your hands with soap and water before changing the dressing. Avoid touching the incision(s) with your fingers. Cover incision(s) with sterile dressings or bandaids (waterproof bandaids are helpful for the first 5 days). Do not apply any ointment unless instructed to do so.
1. Do not get the operative site wet for **5 DAYS**. You may shower 2 days following surgery as long as the incisions are well covered. You may get the incision(s) wet in the shower after the 5 days. **DO NOT SUBMERSE THE INCISION(S) IN WATER (bathtub, hot tub, swimming pool, etc) UNTIL COMPLETELY HEALED.**
2. Check the operative site for redness, swelling, heat, red streaks, or unusual drainage. Call us if you are experiencing any of these symptoms. Call us if the incision(s) open or drain excessively.
3. Do not let pets near the incision(s) until they are covered.
4. Call or go to the emergency room if you experience calf pain or problems breathing.

### **Blood Clot Prevention:**

1. **TAKE ONE 81MG ASPIRIN DAILY FOR 4 WEEKS FOLLOWING SURGERY.**
2. Wear the TED hose compressive stockings during the day for 1 week after surgery to help keep swelling out of your lower leg and feet. You may remove them at night.

**Weight Bearing:** You will be required to use crutches for at least 4 weeks. You are allowed to put 20% of your body weight down with the operative leg. This is essentially the weight of the leg and the rest of the body weight is supported by the crutches as you walk. Do not hold the operative leg in the air as this will cause more pain and tightness in the hip flexor muscles;

walk as normally as you can while unloading the body weight with crutches. If a microfracture procedure was performed, you will use crutches for 6 weeks.

**Medications:** You will most likely have the following medications prescribed for after surgery;

1. Pain Medication. This will be given at the time of surgery. These medications **WILL** cause constipation so you should take some stool softeners or eat a high fiber diet while taking them.
2. Anti-nausea. Promethazine (Phenergan™) will be called to your pharmacy prior to surgery and should be picked up before you go home. This should be used if you have severe nausea from the anesthesia or pain meds. It can also be used in severe pain to help calm the patient.
3. Antibiotics. Not always prescribed but will be called in prior to surgery. These are to be taken for 3 days as prevention from infection.
4. Naproxen (Naprosyn™) 500 mg twice daily for 4 weeks. This is used to prevent extra bone growth from occurring in the surgical site. This can upset your stomach, please take with food and if you have any upset stomach, you can take an over the counter Prilosec or Prevacid to help. If you have a history of stomach ulcers, we recommend you not take this.

**Ice:** You should ice your hip at least 5-6 times a day for 30 min to help with swelling and pain control. Please place a thin sheet or material between your skin and the ice to protect against frostbite injury. Motorized ice units can be purchased or rented for your convenience in our office. Please call if you would like to have this option.

**Physical Therapy:** You should already have therapy appointments arranged. If you do not, call the office immediately during office hours to get set up with therapy. You should start within the first 5 days after your surgery when possible. Your motivation and adherence to the guidelines after surgery will greatly affect your outcome. You will be provided a general rehab guideline to give to your therapist so they may have guidance on what procedure was performed and restrictions that are necessary.

Prior to Physical Therapy, it is important to start with some simple exercises that will be shown to you. Instructions on performing these exercises are available on our website at [westernorthosports.com](http://westernorthosports.com) under Dr Vance's page.

It is important to not lift the operative leg under its own power. Try using the other leg to hook under the operative leg and lift it in that manner. Or simply reach down

and pick up the leg with your hands. This will help to not activate the hip flexors which may cause pain and tendonitis.

**Return to driving after hip surgery:** There are no medical rules with regard to when a patient may return to driving after hip surgery. Patients must determine on an individual case-by-case basis when they feel it is safe for them to drive in consultation with their physician and/or physical therapist. This has legal implications and Western Orthopedics and Sports Medicine cannot recommend return to driving but can offer the following guidelines:

- A patient may not drive home from the hospital after surgery
- A patient may not drive if impaired due to pain or due to the use of narcotic pain medication and/or other medication.
- In general, if a patient is not sure that they feel it is safe for them to drive, then the patient should not drive.

**Return to work after hip surgery:** There are no medical rules with regard to when a patient may return to work after hip surgery. Patients must determine on an individual case-by-case when they feel they are able to return to work in consultation with their physician and/or physical therapist.

Patients with weight bearing restrictions must comply with these requirements, even if this limits their ability to return to full or restricted duty at work.