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Dr. Brian White

Discharge Instructions – Hip Arthroscopy

- ❖ **Follow-Up Appointment:** Please set up an appointment to see me after your procedure in 10-14 days from surgery. 303-321-1333. Please communicate that this is your first postoperative appointment.
- ❖ **Post-Op Care:** Please follow these instructions carefully. If you have any questions or concerns please contact a member of Dr. White's team at Western Orthopedics. 303-321-1333.
- ❖ **Diet:** You may eat a regular diet. Drink plenty of non-alcoholic, non-caffeinated fluids.
- ❖ **Weight Bearing:** You will be allowed to put 30% of your weight on your operative leg with the use of crutches or a walker. Your Physical Therapist at Porter will help you in determining what device is most appropriate for you. Your weight bearing restrictions are in affect for 4 weeks.
 - If you had a microfracture, you are allowed to put 20% of your weight on your operative leg for 6 weeks.
 - If you had a Z-plasty lengthening of your IT band, you are allowed to put 30% of your weight on your operative leg for 6 weeks.
- ❖ **Other Restrictions:** Do not do straight leg raise exercises for 2 weeks. Do not turn your toe out (or externally rotate your hip) for 2 weeks. Use the immobilizer boots or CPM at night to help keep your foot straight to prevent external rotation of your hip.
- ❖ **Dressings and Wound Care:**
 - The first post-op dressing change should occur on the first or second day after surgery, before discharge. A guaze pad and Tegaderm will be used to create a waterproof bandage. If you run out, waterproof bandaids are fine to use.
 - Change the gauze pads and op-sites ("Tegaderm") every other day after the first change, or if they become wet or soiled.
 - DO NOT touch, or apply ointment to the incisions.
 - At each dressing change evaluate the incision for excessive drainage, redness surrounding the incision or red streaks coming away from it, increased pain, and increased temperature. There are all signs of infection. If you have questions or concerns, please phone immediately. 303-321-1333.
- ❖ **Bathing:** It is important to keep the incision dry at all times for the first 2 weeks post op. Tegaderm or Op-site dressings can be used to cover the wounds completely to allow showering during this period and to keep the wound dry. After showering, the gauze, or op-site bandages do not need to be changed unless they become wet. Avoid baths, swimming pools or soaking in a hot tub until all incisions are completely healed, usually in about 2-3 weeks. (It is recommended that you stay out of a hot tub for 6 weeks).
- ❖ **Sutures:** In most cases, your incisions will have "suture tags" on the outside of the skin at either end of the wound. At your 2 week post-op appointment, the sutures will be removed. Please do not try to remove them on your own.
- ❖ **Driving:** You cannot drive until you are off of narcotic pain medications. The determination of when to drive is based on when you feel that your braking time is not affected by your surgery and you can do it safely. For the

right leg, this may be at 4-6 weeks. It may be sooner on the left. Please use caution in the beginning and consider first practicing in an empty parking lot.

❖ **Physical Therapy:**

- Please make an appointment for your Physical Therapy to begin as soon as possible after surgery (in the next day or two). I believe that working hard and getting started early with Physical Therapy and doing the exercises regularly at home is critical for a successful outcome.
- You will be given specific exercises to follow at different time frames during your rehabilitation. Follow these instructions carefully. If you have any questions please phone 303-321-1333.

❖ **SWELLING, INFLAMMATION CONTROL AND REACHING YOUR RANGE OF MOTION GOALS ARE THE PRIMARY FOCUS FOR THE FIRST 2 WEEKS AFTER SURGERY.** The following will help you reach your goals:

- **Ice:** Ice your hip 5-6 times a day 30 minutes at a time. This can be achieved in a number of ways: ice bags, durakolds, freezer wraps or frozen peas can be used. If you purchased or rented a Theracool or Vascutherm unit, use it as much as possible (using the above intervals for a total of at least 3-4 hours a day). Whatever the means, be very diligent with your icing. Be sure to put a thin sheet such as a T-shirt next to your skin while icing, as the ice can cause frost bite. If you are using the Vascutherm unit there is no need for the thin sheet next to your skin.
- **Range of motion:** Exercise will help to decrease the amount of swelling. Follow your specific protocol of activities and stay within the limitations outlines in your physical therapy protocol.
- **CPM (Continuous Passive Motion) Machine (or bending maching):** The CPM is helpful for minimizing scar tissue, helping the healing process, and helping midrange of motion. It should be used for 3-5 hrs/day for 2-3 weeks (or a minimum of 6-8 hrs/day for 6 weeks if a microfracture was performed). It can be used at night instead of the immobilizer boots to keep the foot in a neutral position. Advance 3-5 degrees daily as you can tolerate. The goal is to get to 0-70 degrees in 2 weeks. Don't elevate the head of the bed beyond 45 degrees while using the CPM as this will flex your hip more and it may be uncomfortable. You cannot use the CPM too much, but it is wise to come out of the CPM frequently to fully extend your hip. Use the CPM to augment your home therapy exercises, not to replace them. End range, or terminal flexion and extension, is best achieved with other exercises.
- **Sequential Compression Devices ("SCDs"):** You will be set up to have a machine for home use. You should wear them on your calves to help prevent blood clot formation. They should be worn while in bed, or when you are resting and not active, for 2 weeks.
- **If you had a Z-plasty lengthening of your IT band** you will also be given a hip brace to wear when you are ambulating for 6 weeks. You will also need to use the A frame abduction pillow while in bed for 6 weeks. These are both important to prevent abduction (moving your leg out to the side) and adduction (bringing your leg across the midline) of your operative leg, which protects the IT band while it heals.