



POST-OP PATIENT INFORMATION FOLLOWING HIP ARTHROSCOPY

PRESCRIPTION MEDICATIONS

Prescribed Narcotics: (commonly uses are oxycodone, hydrocodone or tramadol)

- These medications are to be taken AS NEEDED.
- Plan to stay a scheduled dose of 1-2 tablets every 4-6 hours 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 drive or drink alcohol, WHILE taking these medication.

Acetaminophen (Tylenol)

- These medications are to be taken AS NEEDED.
- Please use as directed
- DO NOT exceed 4,000 mg of Acetaminophen in a 24 hour period.

Naproxen:

- This is an important medication to help prevent bony overgrowth (called heterotopic ossification) that can be a potential side effect after surgery and to help with inflammation.
- Take 500mg tablet twice per day in morning and in the evening with food for 4 weeks.
 - If you are unable to tolerate this medication, please let the office know so we can put you on an alternative medication.
- DO NOT take ibuprofen, Indocin, Motrin, Advil, Aleve, Naprosyn, Celebrex, Meloxicam or other anti-inflammatories while taking this medication.
 - **You do NOT need to take Aspirin if you are taking Naproxen. This medication will also help decrease the risk of blood clots post-surgery.**
 - Once you have completed the 4 week course of this medication, you can take other anti-inflammatories as needed for pain.

Colace (Docusate Sodium):

- This medication is to help with constipation, a common side effect after taking narcotic pain medications 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.



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Scopolamine patch:

- For some patients, the anesthesia team will put on a scopolamine patch behind your ear to prevent nausea.
- You can leave this in place for 72 hours.
- When you take it off, wash hands thoroughly or it can make your vision blurry.

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 48 hours.
- After 48 hours, remove bandages and gauze, and place Band-Aids over incisions if there is drainage present.
- You may shower at this point.
- It is normal to see a lot of blood-tinged soaked fluid on the bandages.
 - This may appear to be a pinkish-yellow fluid and is normal.
- In between showers, leave the incision sites open to air
 - **DO NOT APPLY LOTIONS OR OINTMENTS TO THE INCISION SITES**
- Your stitches will be removed at your first post op visit. (8-10 days after surgery)
 - You may shower at this point without waterproof bandages over the incision sites.
 - DO NOT scrub the incision sites- you may let soap and water run down the incisions and pat dry with a towel once you're done.
- DO NOT soak in any pool/bath water until 6 weeks after surgery.

WEIGHT BEARING

- Limit your weight bearing on the operative side to 20 lbs. until the end of the second week.
 - You can measure how much weight you are putting down by using a scale.
 - Walk with your heel to the ground, and "mimic" a normal gait (walking pattern).
- 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.
- Getting off of the crutches takes all patients a different amount of time (General time period is 3-4 weeks)
- Take your time and don't try to rush yourself to get off of the crutches.



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MOVEMENT RESTRICTIONS

1. Avoid exercises that have high activity of the iliopsoas (such as straight leg raises, resisted hip flexion, abductor strengthening that incorporates significant co-contraction) as iliopsoas tendonitis can occur easily after surgery.
2. Avoid passive hip extension for the first three weeks.
3. Avoid end-range external rotation for the first three weeks.
4. No limitations on internal rotation of the hip.
5. Very gradually increase hip abduction from 0° to 45° degrees over the first two weeks.
6. Avoid active hip flexion past 90° until cleared to do so by your physical therapist.

PHYSICAL THERAPY

- Physical therapy should start ideally 1 week post-op.
- On the first visit to your therapist you should expect to:
 - Be taught proper weight bearing technique
 - Proper utilization of your crutches
 - Passive 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.

ICING THE HIP

- Ice can be a very effective way to manage pain, however icing for too long or too often can damage your skin. Be sure to place a pillow case or other thin cloth between the ice pack and your skin.
- Apply the ice pack for 30 minutes every two hours, and be cautious of icing around your genitals and in the crease of your buttock.

BIKING

- You may start gentle biking on post-op day 1
- You may use the upright bike ONLY, no recumbent bike!
- NO RESISTANCE while on the bike.
- Use your non-operative leg to push the operative leg around.
- Limit your time on the bike to at most 20 minutes unless your physical therapist states otherwise.
- 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.



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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 flat on your stomach, or with your elbows bent underneath you. **AVOID SINGLE LEG EXTENSION ON YOUR OPERATIVE SIDE.**
 - Laying around too much will make you stiff, so feel free to move around your home as you can tolerate.

EMERGENCIES**

Contact our office at (608) 231-3410 if any of the following are present:

- Painful swelling or numbness (note that some swelling and numbness is normal)
- Unrelenting pain
- Fever (over 101° – it is normal to have a low grade fever for the first day or two following surgery) or chills
- Redness around incisions
- Color change in leg, ankle or foot
- Continuous drainage or bleeding from incision (a small amount of drainage is expected)
- Difficulty breathing
- Excessive nausea/vomiting
- Calf pain

**If you have an emergency that requires immediate attention proceed to the nearest emergency room.

FOLLOW-UP CARE/QUESTIONS

- If you do not already have a post-operative appointment scheduled, please contact our scheduler at 608-231-3410 to schedule.
- Typically the first post-operative appointment following surgery is 8-10 days following surgery
- Your first post-operative appointment will be scheduled with one of the PA-s (Physician Assistants) they will do a wound check, go over physical therapy protocols and answer any questions you may have about the procedure.