

Post-Operative Instructions - Hip Arthroscopy

Diet

- Begin with clear liquids and light food (such as jello, soup, etc)
- Progress to normal diet as tolerated if not nauseated

Wound Care

- Keep your post-operative dressing on for 48 hours after surgery
- It is normal for the hip to bleed and swell following surgery. If blood soaks onto or through the dressing, this is not significant cause for concern. This is common for the first 24-48 hours after surgery. You may simply reinforce the dressing with gauze or change to a new clean dry gauze.
- Remove your surgical dressing after 48 hours following surgery. Do not remove the sutures or Steri-Strips that are now visible. Make sure the wound is dry. Pat-dry if necessary with a clean towel. Cover each incision with a waterproof band-aid.
- Do not apply neosporin, bacitracin, or any ointment to the incisions, dressings, or band-aids.
- You may shower 4 days after surgery, but keep the incisions covered with waterproof band-aids so that the dressing stays dry. Do not get the incisions wet. Make sure the waterproof band-aids cover all of the incisions. While showering, if necessary cover the waterproof band-aids to make sure the incision stays dry. Do not immerse or soak the incision in water until 3 weeks after surgery.

Medications

- Local anesthetic medications are injected into the wound at the end of surgery. These numbing medications wear off approximately 6-12 hours after surgery. It is very common for patients to actually have worse pain on the first or second day after surgery.
- You will receive a prescription for pain medication to be used after surgery only. Most patients will require a short duration of narcotic pain medications (less than one to two weeks). Please take these medications as directed.
- Common side effects of the narcotic pain medications include nausea, drowsiness, constipation. Take these medications with food to decrease side effects. To prevent and treat constipation, take an over-the-counter stool softener (like colace 100 mg twice per daily) or laxative (like dulcolax as needed).
- Do not drive a vehicle or operate heavy machinery while taking narcotic pain medication.
- You will receive a prescription for anti-nausea medication, Zofran (ondansetron). Please take this as needed for nausea or vomiting.
- You will receive a prescription for heterotopic ossification (excess bone) prophylaxis: Indocin SR (indomethacin) 75 milligrams to be taken once daily for 4 days following surgery. Take the first pill with food on the evening of surgery.
- In addition to Indocin SR (indomethacin), please take Prilosec (omeprazole) 20 milligrams once daily for 4 days following surgery. Take on an empty stomach 1 hour before breakfast.
- From 4 days to 35 days following surgery, do not take Indocin SR (indomethacin) anymore. Take Naprosyn EC (naproxen) 500 milligrams, one tablet two times per day.
- You will receive a prescription for Zanaflex (tizanidine) 4 milligrams, two tablets by mouth every 6 hours as needed to control muscle spasm following surgery only.
- Please take a baby aspirin (81 milligrams) once daily for 3 weeks to help prevent bloods clots following surgery.

Ice Therapy

- It is very important to keep ice on your hip during the initial post-operative period (first 2 weeks). This should begin immediately after surgery.
- Use the ice machine continuously or ice packs (if no machine used) for 20-30 minutes every 2 hours daily until your sutures are removed. Keep leg elevated while icing. Care should be taken to avoid frostbite while icing by making sure the ice is not directly touching the skin.

Activity

- Keep the leg elevated to the level of your chest to reduce swelling
- Begin stationary biking without resistance (level 0) the day after surgery
- Begin physical therapy the day after surgery
- Avoid long distance traveling and long periods of sitting without your leg elevated for 2 weeks after surgery.
- No driving until instructed by Dr. Harris. This is generally at least 1 to 2 weeks after surgery.
- If pain is tolerable, you may return to sedentary work or school 3-4 days after surgery.

Brace

- Your brace should be on, properly fitted, snug against the belly and thigh, to help limit mobility and protect your hip repair. The locking mechanism on the brace should be fixed to 90 degrees of flexion (forward bending) and 0 degrees of extension (or straightening of the leg and hip).

Crutches

- Following surgery, your hip is very fragile. It is very important to know your weight-bearing precautions. You should use two crutches at all times when walking. Typically, following surgery, you are allowed to put a little weight on your foot (about 20 pounds). Use a flat foot, not your tip-toes. This actually takes some pressure off of the repaired hip.

Emergencies

- Contact 713-441-8393 if any of the following are present:
 - Unrelenting pain
 - Temperature greater than 101.0 Fahrenheit
 - Redness or drainage around the surgical incision
 - Color change in foot or ankle
 - Painful calf swelling or numbness in foot, ankle, or calf
 - Continuous bleeding or drainage from incision (a small amount is normal and expected)
 - Difficulty breathing
 - Nausea and vomiting
- If you have an emergency after-hours or on the weekend, contact the office at 713-441-8393 and you will be connected to our answering service. This will connect you to either Dr. Harris or the physician on-call.
- If you have an emergency that requires immediate attention, call 9-1-1 or go to your local emergency room.