

Postoperative Instructions: Hip Arthroscopy

❖ GENERAL

 Your surgery was performed through an incision on your hip. It is normal to experience some sharp pain in the hip when working on moving your hip. You are not doing any damage by moving the hip or feeling this pain.

❖ DIET

- Begin with clear liquids and light foods (jellos, soups, etc.)
- Progress to your normal diet if you are not nauseated.
- If you develop nausea you can try over the counter medications such as Dramamine, Bonine, or Nauzene.

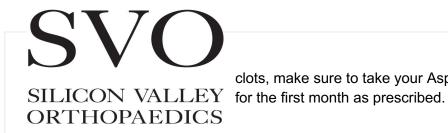
❖ WOUND CARE

- Keep your post operative dressing on until your first post operative visit with your doctor. You will have a gauze over surgical site that will be secured with clear film bandage.
- You may now shower and get surgical site wet but do not submerge operative site (i.e. bath/pool) and do not scrub clear film bandage. Simply pat dry after shower.
- If you note increasing drainage on the gauze, increased redness around the wound (spreading), or milky drainage from the wound, please call the office.

❖ MEDICATIONS

- The incisions are injected with a medication that makes the area numb; however, this will wear off in 8-12 hours. We recommend that you start pain medications when you get home so that it's in your system before this wears off.
- Most patients will require narcotic pain medications for a short period of time (max. 6 weeks)this must only be taken as prescribed/written on the bottle.
- Common side effects of the pain medication are nausea, drowsiness, and constipation- to decrease the side effects, take medication with food- if constipation occurs, consider taking an over-the-counter laxative.
- If you are having problems with nausea and vomiting, please contact the office at (510) 739-6520 and speak with a staff member about possible medication changes.
- **Do not** drive a car or operate machinery while taking the narcotic medication.

To prevent blood 325 mg twice a day



clots, make sure to take your Aspirin

❖ ACTIVITY

- Elevate the operative leg ABOVE chest level whenever possible to decrease swelling. This involves lying completely flat with the leg elevated. The first 48 hours is a balance between mobilization (which is encouraged) and elevation (to be done whenever possible).
- DO NOT PLACE A PILLOW UNDER THE BACK OF YOUR KNEE (i.e. do not maintain knee in a flexed or bent position). Pillows should be under the ankle which will keep the knee straight when elevating. You will feel a pull at the back of the knee when you perform this, this is normal.
- You can put full weight on your leg as can tolerate. Use your crutches for support at the least for the first couple days after surgery then transition to walk without the crtuches as soon as you believe you can safely do so.
- Do not engage in activities which increase hip pain/swelling (prolonged periods of standing or walking) over the first 7-10 days following surgery.
- Avoid long periods of sitting (without leg elevated) or long distance traveling for 2 weeks.
- NO driving until instructed otherwise by physician and no driving while taking narcotic pain medications.
- May return to sedentary work ONLY 3-4 days after surgery, if pain is tolerable. If any work notes are needed, please contact Becca or your designated clinic (U.S. Healthworks).

❖ ICE THERAPY

- Begin immediately after surgery.
- Use ice machine or ice (if machine not prescribed) every 2 hours for 20 minutes daily until your first post-operative visit. Icing is a perfect time to also perform elevation.

❖ Physical Therapy

Please schedule your physical therapy any time after your first post operative visit with your doctor. It will be prescribed for twice a week for 6 weeks initially.

❖ EXERCISE

- IMMEDIATELY AFTER SURGERY: While you wait to meet your home therapist you can start straight leg raises, quad sets and ankle pumps directly after your surgery per tolerance. Try to do sets of 10-30 three times a day. (See demonstrations at the end of packet)
- You cannot do too many ankle pumps (another good reminder to do them during commercials on TV).
- Discomfort and hip stiffness is normal for a few days following the surgery.



❖ Travel

Please discuss any travel plans soon after surgery with your surgeon. Typically we prefer you postpone any flights for 2 days post op for which you should take Aspirin 325 mg day of flight.

❖ EMERGENCIES**

- Contact Becca (cell phone: 408-707-0613) if any of the following are present:
 - Painful swelling or numbness
 - Unrelenting pain
 - Fever greater than 101.5° at least 48 hours after surgery or chills
 - Redness that is spreading around incisions
 - Continuous drainage or bleeding from incision (a small amount is expected)
 - Excessive nausea/vomiting
 - Difficulty breathing/chest pain- Call 911 or go to the nearest emergency room.
- **If you have an emergency after hours or on the weekend, contact Becca on her cell number. She can connect you with me.
- *Do NOT call the hospital or surgery center.
- **If you have an emergency that requires immediate attention, proceed to the nearest emergency room.

❖ FOLLOW-UP CARE/QUESTIONS

- You will receive a call within 48 hours of your surgery to check on your status.
- If you have additional questions, please feel free to email them using passport or to becca.lopez@formortho.com
- If you do not already have a postoperative appointment scheduled, please contact the office during normal business hours (8:00am-5:00pm) and ask to schedule one week postop for Dr. Reynolds patients and two weeks post op for Dr. Gay patients.

