

## Hip Arthroscopy – Postop Instructions

### **PRESCRIPTION MEDICATIONS**

#### *Aspirin:*

This medication is to help prevent blood clots after surgery.  
Take one 325 mg tablet twice per day with food for 30 days.

#### *Colace (Docusate Sodium):*

This medication is to help with constipation, a common side effect after taking narcotic pain medications (like Norco) 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.  
We highly recommend having prune juice on hand to help assist with bowel movements.  
If you have not had a bowel movement in 3-4 days, you may add milk of magnesia or miralax

#### *Hydrocodone/Acetaminophen (Norco):*

This is a narcotic medication for pain.  
This medication is to be taken AS NEEDED.  
Plan to stay on a scheduled dose of 1-2 tablets every 4-6 hrs for the first 1-2 days.  
After 2-3 days you should be able to space out or discontinue the medication and transition to Acetaminophen (Tylenol). DO NOT exceed 4,000 mg of Acetaminophen in a 24-hour period.  
Do not drive, drink alcohol, or take Acetaminophen (Tylenol) WHILE taking this medication.

#### *Indomethacin (Indocin):*

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 75 mg tablet once per day with food for 10 days.  
If you are unable to tolerate this medication, please discontinue and stay diligent with an icing and motion regimen.  
DO NOT take ibuprofen, Motrin, Advil, Aleve, Naproxen, Naprosyn, Celebrex, Meloxicam or other anti-inflammatories while taking this medication. Once you have completed the 10-day course of this medication, you can take other anti-inflammatories as needed for pain.

#### *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, was 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, but **LEAVE STERI-STRIPS** (white tape) **IN PLACE**.

You may shower at this point.

Cover incision sites with waterproof bandage prior to getting into the shower.

Should the incisions accidentally get wet, pat them dry with a clean towel. **DO NOT SCRUB**.

Keep incisions dry, open, and exposed to air

Wear loose fitting clothing while the incisions are healing

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.

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 4 weeks after surgery.

## **PHYSICAL THERAPY**

Physical therapy should start ideally on day 1 or 2 post op.

If your surgery is on Thursday or Friday it is okay to wait until early the following week.

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.

PT will be 2x/week for roughly 3 months, then 1x/week between 3-6 months post-op

Please bring your prescription for therapy and physical therapy protocol (provided on surgery day and also on the website) to your first appointment.

## **WEIGHT BEARING**

If you received **REGIONAL** anesthesia (a "block" to the leg), **DO NOT** attempt to weight bear for the first 24-36 hours.

After the feeling has returned to my leg, you may be flat-foot weight bearing.

This is not our preferred form of anesthesia, and only performed if requested for medical reasons. We typically do **GENERAL** anesthesia for this surgery.

Foot Flat Weight Bearing otherwise

Walk with your foot flat 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 4-6 weeks)  
Take your time and don't try to rush yourself to get off of the crutches.

### **BRACE**

You should be fitted for the hip brace prior to surgery (at our DME store) and will be given the brace to bring to surgery or will have it delivered to the hospital on the day of surgery.

Over the first few days, concentrate on icing the hip and wear the brace when you are up and about.

The brace should be worn until you are off the crutches (Generally at about 3-4 weeks)

You do NOT need to wear the brace:

While sleeping

On the CPM machine

Laying on your stomach

Using the upright bike

Using the ice machine

Showering and using the bathroom

The lateral (outside) post on the brace should be positioned over the lateral aspect (outside) of the leg

The Velcro on the distal (lowest) strap can wear out quickly

You can call Miomed to get a replacement strap if this happens (Number listed on the last page of the packet).

The point of the brace is to prevent hyperflexion and abduction (bringing the leg too close to the chest or bringing the leg too far away from the body).

### **NIGHT TIME PADDING:**

Wear the padding at night time.

The point is to make your toes point straight up (no rotation).

Use this padding for 2 weeks post-op.

If you cannot sleep, alternatives are:

Take your non-operative leg out of the boot/padding .

Sleep in the brace.

Take the post out of the middle and sleep with just the feet strapped together.

Use pillows in bed to prevent rolling/rotating

### **ICE MACHINE**

Options:

1) Regular, moldable ice packs (purchase in stores or online)

2) Icing units at MOR DME stores:

Visit or call for more information

312-432-2482 for the 1611 W. Harrison St. location

708-2738426 for the 2450 S Wolf St. location

Do not wear the brace over the ice machine pad.

### **CONTINUOUS PASSIVE MOTION MACHINE**

Selective option for postoperative passive motion. This is NOT mandatory. This machine will provide passive motion in the hip to prevent excess joint stiffness and scarring postoperatively.

We will order this device for all patients and the vendor will contact you a few days prior to surgery

How to use:

You may start the machine on the day of surgery for even a short amount of time. Otherwise, starting the day after is okay.

You may use the machine for up to 4 hours per day, split in time increments to prevent soreness or fatigue.

The initial settings of the machine should be at 30 degrees extension and 70 degrees of flexion.

You may increase by 7-8 degrees per day as tolerated.

Example:

Day 1: 30 degrees of extension and 70 degrees of flexion.

Day 2: 22 degrees of extension and 78 degrees of flexion.

Day 3: 14 degrees of extension and 86 degrees of flexion.

The device is often not covered by insurance. Please be in touch with the vendor to discuss insurance approval/denial, out of pocket costs for purchase or rental, and pick up/drop off dates/times

Our office will not complete any letters of medical necessity, peer reviews, or other correspondence with the insurance company regarding this device. All correspondence will have to go through the vendor should you choose to accept the device.

You will be contacted by the CPM machine Vendor prior to your surgery (Patient Care Phone Number 312-392-2512)

REMINDER:

\*\*\*These machines are indicated for use by Dr. Chahla's patients but are entirely elective. Dr. Chahla's office does not assume responsibility if the equipment is not covered by your insurance. Questions about equipment use and insurance coverage should be directed to the company that provides the equipment. These companies should outline a payment plan for you in the event that your insurance does not cover the equipment. \*\*\*

### **BIKING**

You may start biking on post op day 1

You may use the upright bike ONLY, no recumbent bike!

No use of the Nustep!

No resistance while on the bike

Use your non operative leg to push the operative leg around

20 mins on upright bike = 1 hour on motion machine

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.

### **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 30-45 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 on your stomach (you can take the brace off for this) to help keep the hip straight

Laying around too much will make you stiff, so feel free to move around your home as you can tolerate.  
Perform ankle pumps (like pushing the gas pedal) and elevate the legs to help prevent blood clots.

### **FOLLOW UP**

You will need to follow up in clinic with the PA or Dr. Chahla in 1 week for suture removal and to review the progression with PT.

A new physical therapy prescription will be given to you at that time.

Please call central scheduling to make an appointment (contact information below).

If you have any questions please email [chahlapa@rushortho.com](mailto:chahlapa@rushortho.com)

### **WHEN SHOULD YOU CONTACT THE OFFICE?**

If you have a fever >100.4 degrees F.

A low-grade temperature (even up to 100 degrees) is expected after surgery but let us know if it gets this high!

If you develop chills or sweats.

If you have pus, significant pain, or redness surrounding the incision sites.

If you are unable to urinate >1-2 days after surgery.