



POSTOPERATIVE INSTRUCTIONS

HIP ARTHROSCOPY

DIET

- Begin with clear liquids and light foods (jello, soups, etc.)
- Progress to your normal diet if you are not nauseated

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.
 - If incisions accidentally get wet, DO NOT SCRUB – gently pat them dry with a clean towel.
 - It is normal to see a lot of blood-tinged soaked fluid on the bandages. It 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.

BRACE

- You will get a brace on surgery day.
- 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 4 weeks).
- You do NOT need to wear the brace:
 - While sleeping
 - On the CPM machine
 - Laying on your stomach
 - Using the upright bike
 - While icing
 - 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).

GENERAL ACTIVITY LEVELS

- Laying around too much will make you stiff, so feel free to move around your home as you can tolerate.
- It is beneficial to change positions often after hip surgery. 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 leave your desk/workspace, we can provide one.
 - Spend 2 – 3 hours per day on your stomach (you can take the brace off for this).

ICE THERAPY

- Begin icing immediately after surgery.
- Use icing machine for up to 20 minutes out of every hour until your first post-op visit.
- If you do not purchase an ice machine, please use ice packs to ice the surgical site. Ice packs can be applied for up to 20 minutes out of every hour until your first post-op visit.
- If braced, loosen brace to avoid added pressure.

PHYSICAL THERAPY

- Choose a physical therapy clinic close to your home so you can be compliant with your program.
- Physical therapy should start ideally on day 1 post-op. If your surgery is on Thursday or Friday it is okay to wait until early the following week.
- Please bring your prescription for therapy and physical therapy protocol (provided on surgery day and also on the website) to your first appointment.
- 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)

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 nonoperative 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.

WEIGHTBEARING

- 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 your leg, you may be flat-foot weight bearing.
- Walk with your foot flat to the ground, and “mimic” a normal gait (walking pattern).
- Once you are 2-3 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.

CONTINUOUS PASSIVE MOTION MACHINE (CPM) (if applicable)

- Start on the day of surgery if you have time and feel up to it, otherwise, start the day after surgery.
- Use the machine for a total of 4 hours per day for the first two weeks after surgery.
- You can split up the time into increments if you get sore or tired.
- 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:
 - 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.

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.
- Hydrocodone/Acetaminophen (Norco)
 - This is a narcotic medication for pain.
 - This medication is to be taken only AS NEEDED.
 - Plan to stay on 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 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 in the evening with food for 10 days.
 - 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, 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, 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.

FOLLOW-UP CARE/QUESTIONS

- Dr. Collon will call you (typically on your first day after surgery) to address any questions or concerns. If you have not been contacted within 48 hours of surgery, please call the office at 323-442-5860.
- If you do not already have a post-operative appointment scheduled, please contact the office during normal office hours and ask for appointment scheduling at 323-442-5860.
- For any other questions or concerns please contact Dr. Collon via email (kevin.collon@med.usc.edu, or at the office (323-442-5860).

****EMERGENCIES****

Contact Dr. Collon at the office (323-442-5860) if any of the following are present:

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

Proceed to the nearest emergency room if you have an emergency that requires immediate attention.