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Sports Medicine and Shoulder Specialist

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POST-OPERATIVE EDUCATION: HIP ARTHROSCOPY

WEIGHT BEARING & BRACE: This is dependent on the procedure performed:

Labrum Debridement, Psoas Lengthening and/or Chondroplasty: Crutches may be used for up to 6 weeks following surgery. During this time you will put up to 50% of your weight on your operative leg. You should NOT hold your foot in the air while you walk with crutches; rather put up to half of your weight as tolerated on your leg with your foot flat on the ground. Your surgeon will discuss further advancement of weight-bearing status at your follow-up visits. If you were dispensed a brace, this should be worn at all times for walking, even at home. We DO want you to be up and around at home as much as possible after surgery.

Labrum Repair or Reconstruction, and/or Osteoplasty: Restrictions as above.

Microfracture: You may NOT put your weight on your operative leg. That means that you MUST use crutches or a walker EVERY TIME you walk for 6 weeks. We DO want you to be up and around at home as much as possible after surgery. You will be “toe-touch” weight-bearing, which means you will place your foot flat on the ground to “hold your place,” but will not put any weight on the foot. If you are doing this correctly, all muscles in your hip and leg will be relaxed.

MOVING YOUR HIP:

It is OK for you to start moving your hip right away. You should not push past the points of pain, bend at the waist past 90°, or extend your leg behind you. The brace will help protect from undesired motion. You should begin using the continuous passive motion machine (CPM) the day of surgery as directed. If you have learned how to do circumduction exercises prior to surgery, you may begin these immediately as tolerated. You will learn to do them at your first therapy visit or postoperative clinic visit. Use the wedge pillow, a strap around your feet, or the brace to prevent your foot (and hip/leg) from rotating out following surgery, even at night.

LEG EXERCISES:

You will learn exercises in Physical Therapy, which should start within 3 days of surgery. If you do not have an appointment, please call your therapist or our office at (480) 964-2908. Your surgeon may choose to have you hold therapy depending on the procedure performed.

ICE:

Please note that with the dressings placed during surgery, you may notice decreased benefit from the ice. Use as needed and if you notice benefit. Ice is most helpful in the first 3 days after surgery, but can help up to 2 weeks after surgery. We do not recommend that you use heat, as this can increase swelling.

If you chose to purchase a commercial ice machine, please use it according to manufacturer’s recommendations.

If you chose not to purchase an ice machine, you may use a commercially available ice bag or fill a large plastic bag with ice and water. (Do not place a plastic bag directly on your skin, but place a towel on your hip in between

your skin and the ice bag.) You can ice your hip 20 minutes on and 20 minutes off throughout the day. Do not ice your hip longer than 30 minutes at a time, as this can cause frost bite.

BANDAGES:

You may remove your bandages and shower three days after surgery. If you have white Steri Strips, DO NOT remove them. It is OK to get your incisions wet after the bandage is removed, but it is very important not to soak the incision underwater (no bath, pool, hot tub etc...) for 3 weeks. It is OK to wash the incisions gently with soap and gently pat dry with a towel. Do not place any lotion or other ointment on your incisions. Cover them with Band-Aids.

MEDICATIONS:

Required Medications:

Diclofenac: This anti-inflammatory may assist in pain control, but more importantly prevents your body from forming abnormal bone around the hip as a result of the surgery and helps prevent blood clots.

Ecotrin (stomach-protective aspirin): To be taken for 4 weeks *upon completion of diclofenac* (day 15 after surgery) for ongoing prevention of blood clots.

Doxycycline: An antibiotic that improves healing of the hip joint.

Losartan: Often used for blood pressure; it has also been shown to help healing of the hip joint.

Additional medications:

Narcotic pain medicine (such as Percocet – oxycodone, Norco – hydrocodone, or Tylenol#3 - Codeine): We will prescribe a different medication if you cannot take these. Take this AS NEEDED only. Do not take additional Tylenol (also called acetaminophen) with these medicines, as they already have Tylenol in them. You may SUBSTITUTE Tylenol for a narcotic pill if you choose to. Be certain that you do not exceed the maximum Tylenol dose as noted on the Tylenol bottle.

Stool softener: Pain medicines often cause constipation. It is best to take this medicine when you start taking narcotics and before you have a problem.

Zofran (ondansetron): You may take this medication if you are having nausea or vomiting.

Robaxin (methocarbamol): This muscle relaxer may help with spasms experienced commonly after hip arthroscopy.

Omegapure, Synovx, Xcellent C: These medications aide in joint and cartilage health and recovery. Please refer to your surgeon's recommendations for pharmacy locations.

FOLLOW-UP APPOINTMENTS:

You should have a **follow-up appointment** with your surgeon in about 2 weeks. You will also have an additional visit with the Physician's Assistant within a few days of your surgery. Call (480) 964-2908 right away if you do not have an appointment already scheduled. We will check your incisions and remove any sutures at the 2-week visit. We will also answer any specific questions you may have about your surgery. You should start Physical Therapy within 3 days of surgery, as patients benefit from PT after hip arthroscopy.

CALL OUR OFFICE at (480) 964-2908 with any urgent or emergent questions or concerns that you may have, or if you develop swelling in your leg with calf pain, swelling that will not go away when you elevate your leg, a temperature above 101.4, or drainage from your incisions.

If you experience any of these symptoms: go to an **Emergency Department** close to your house: High fever (above 102.5), chest pain, difficulty breathing, fainting, or bleeding.