



## **POSTOPERATIVE INSTRUCTIONS**

### HIP ARTHROSCOPY / LABRAL REPAIR

#### **DIET**

- Begin with clear liquids and light foods (jellos, 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.
  - Should the incisions accidentally get wet, pat them dry with a clean towel. DO NOT SCRUB.
- 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 SITE
- 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.

#### **MEDICATIONS**

*\*Do not drive a car or operate machinery while taking the narcotic medication\*, and increase the time intervals between narcotic pain medication usage*

#### **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 AS NEEDED.
- Plan to stay on a scheduled dose of 1-2 tablets every 4-6 hrs 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.



## **Physical Therapy**

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.

- 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. 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.
- 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 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
  - 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 (If Prescribed)

- Wear the padding at night time.
- The point is to make your toes point straight up (no rotation).
- Use this padding for 4 weeks postop.
- If you cannot sleep, alternatives are :
  - Take your nonoperative 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.

## Ice Machine (If Prescribed)

- Cycles on and off on its own
- Use it as much as you can for the first 72 hours
- Try to use it 4-5 times per day after the first 72 hours for the first two weeks after surgery.
- You do not need it after 2 weeks.
- Do not wear the brace over the ice machine pad.



### **Continuous Passive Motion Machine (If Prescribed)**

- 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.

**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.

*\*\*\*These machines are indicated for use by Dr. Waterman. Dr. Waterman 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. Medicare and Medicaid DO NOT cover the vascultherm (ice) machine. If you carry this insurance the ice machine will NOT be ordered for you\*\*\**

### **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.

### **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 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)
- Laying around too much will make you stiff, so feel free to move around your home as you can tolerate.



### **EMERGENCIES\*\***

Contact Dr. Waterman or his nurse at 336-716-8091 if any of the following are present:

- Painful swelling or numbness
- Unrelenting pain
- Fever (over 101° - it is normal to have a low grade fever 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

*\*\*If you have an emergency after office hours or on the weekend, contact the same office number (336-716-8091 and you will be connected to our page service – they will contact Dr. Waterman or one of his fellows if he is unavailable. Do NOT call the hospital or surgical center.*

*\*\*If you have an emergency that requires immediate attention, proceed to the nearest emergency room.*

### **FOLLOW-UP CARE/QUESTIONS**

- A member of Dr. Waterman's team will call you 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 336-716-8091.
- If you do not already have a postoperative appointment scheduled, please contact the office during normal office hours (336-716-8091) and ask for appointment scheduling.