Dr. Bhatia Hip Arthroscopy Post-Operative Instructions

Prescription Medications

**Indocin/Indomethacin:**
- This medication helps to prevent excessive bone growth after surgery, which can occur with any surgery involving the hip joint.
- Take 75 mg tablet once per day for 10 days in the evening, with food. This medication can cause stomach upset, so be sure to take it with food.
- If you are unable to tolerate this medication, please let the office know so we can put you on an alternative medication.
- Once you have completed the 10 day course of this medication, you can take ibuprofen or aleve as needed.

**Aspirin:**
- This medication is given to help prevent blood clots after surgery. This may also cause stomach upset so try to take this with food as well.
- Please take 325mg daily.
- You will take this medication for a total of 30 days after surgery.

**Norco or Percocet:**
- This medication is for pain.
- This medication is to be taken AS NEEDED.
- Plan to stay on a scheduled dose of 1-2 tablets every 4-6 hours for the first 2-3 days after surgery.
- After 2-3 days you should be able to space out or discontinue the medication.
- Do not drive, drink alcohol, or take Tylenol/Acetaminophen while taking this medication.

**Colace:**
- Take 1-2 pills throughout the day to prevent constipation, which is common after surgery and while you are taking narcotics for pain control.
- It is normal to take several days to have a bowel movement after surgery.
- Drink plenty of clear liquids as the anesthesia can cause dehydration and constipation.

**Flexeril:**
- Take this medication to help prevent muscle spasm postoperatively.
- Take 1 tab (10 mg) every 8 hours as needed for muscle spasm; do not take more than 30 mg (3 tablets) in one day.

**Protonix (Pantoprazole):**
- Take this medication to help with stomach upset postoperatively.
- Take 1 tab (40 mg) daily.
Wound Care and Showering

• Leave the big surgical bandage on and do not shower for 48 HOURS.
• After 48 hours, remove bandages and gauze, but LEAVE STERI STRIPS (white tape, similar to white band-aids) in place during showers.
• It is normal to see bloody soaked fluid on the bandages.
• Apply waterproof band-aids to each incision prior to showering. If the wounds get wet while showering, this is OK; however, we prefer to keep the wounds dry during the first 5 days after surgery.
• In between showers, leave open to air.
• Do not apply lotions or ointments to the incisions.
• Your stitches will absorb over time and are buried under your skin.
• Do not soak in any pool/bath water until 4 weeks after surgery.
• Do not allow pets to sit on your lap or sleep in your bed for at least 6 weeks following surgery. Pets may harbor fleas or mites or other organisms that may cause a wound infection.

Physical Therapy

• Physical therapy should start ideally on the first day after surgery.
• If your surgery is on Friday it is okay to wait until early the following week.
• Choose a PT clinic close to your home so that you are compliant with your program, and schedule your first appointment for the day following surgery (be sure to call and schedule the surgery PRIOR to your surgery). For at least the first few weeks, it is recommended to go to a physical therapist who has experience with post-operative hip arthroscopy patients.
• For your first visit, please bring your prescription for physical therapy, as well as any protocols provided to you at your preoperative clinic visit. Your therapist should hopefully also have a copy of the protocols and have familiarity with the program. Protocols are also available online at www.cincinnatisportsmed.com ➔ Dr. Bhatia ➔ FAI Hip Arthroscopy PT protocol or through the Hip Preservation section of the website.
• At your first physical therapy visit, your PT should instruct you on proper weight bearing and teach your family member how to perform passive, light circumduction of the hip.

Weight Bearing

• You will be flat foot weightbearing (20 pounds) for a total of ____ weeks. Use crutches throughout this time period while walking.
• If you received SPINAL anesthesia, do not attempt to bear weight or walk
until the anesthesia has completely worn off. The nurses in the postoperative recovery unit will help you determine when it is safe to get out of bed.

- After the feeling has returned to your leg, you may put 20 lbs of weight on that side.
- Please walk with your foot flat and mimic normal gait.
- Once you are 2-3 weeks out from surgery, you may begin to progress your weight bearing slowly as directed by your therapist, unless you undergo a microfracture procedure as well (this will delay the time until you may begin full weight bearing, usually maintaining TTWB for a total of 7 weeks following surgery).
- Getting off the crutches takes each patient a different amount of time.
- Don’t try to rush yourself to get off the crutches.

**Brace**

- You will be provided with a hip brace to be worn for the first couple weeks following surgery, or until you are off crutches (usually 3-4 weeks). Always use crutches while wearing the brace and walk with flat foot weightbearing (20 pounds).
- If you had a microfracture procedure performed, you will wear the brace for 21 days following surgery (instead of 17).
- **Brace Settings:**
  - 0 degrees extension – 70 degrees flexion
  - Neutral rotation
  - 10 degrees abduction
- The brace is worn only when ambulating (walking), and is worn on the outside of your clothing.
- The purpose 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).
- You will be fitted for your brace either before your surgical day or on your surgical day.
- The first few days, concentrate on icing the hip and wear the brace when you are up and about.
- You do NOT need to wear the brace while you are sleeping, on the CPM machine, laying on your stomach, using the upright bike, or icing your hip.
- You can remove the brace for showering and using the bathroom.
- The lateral post on the brace should be positioned over the lateral aspect of the leg.

**Ice**
• If using the ice machine, it will cycles on and off on its own.
  o Use it as much as you can for the first 72 hours.
  o Try to use it 4-5 times per day after the first 72 hours for the first two weeks after surgery.
  o You do not need it after 2 weeks.
  o You will receive information about picking up the ice machine at your preoperative visit.
  o Do not wear the brace over the ice machine pad.
• If using simple ice packs, ice the hip as much as you can for the first 72 hours – 20 minutes on, 20 minutes off.
  o Use 4-5 times per day after the first 72 hours.
  o Place the ice over the brace onto the hip, but never directly onto the skin.
  o Use as needed for the first 2 weeks.

**Continuous Passive Motion (CPM) Machine**

• The use of CPM has been shown to promote early healing following surgery and decrease the risk of scar tissue or adhesions post-operatively.
• Start on the day of surgery if you have time and feel up to it, otherwise the day after.
• Use this for a total of between 4 and 6 hours per day for a total of 2 weeks.
• You can split up into increments if you get sore/tired. You will need assistance to get into the CPM for the first couple of days after surgery.
• **Settings:** Start with the settings at 20 degrees extension and 55 degrees of flexion
  • Increase by 7-8 degrees per day as tolerated
  • Example: Day 1, 20 of ext and 55 of flexion. Day 2: 12 degrees of extension and 73 degrees of flexion, etc.
  • Do not go past 0 – 90 degrees.
• Use for a total of 2 weeks.
• To help in the prevention of lower back pain try and maintain proper spine alignment while in the CPM, you may roll a towel or use a small pillow behind your lower back.

**Biking**

• Gentle, no resistance, upright, stationary biking can begin the day after surgery.
• Do NOT use a recumbent bike! NO Nustep!
• Use non-operative leg to push the operative leg around gently.
• 20 mins on upright bike = 1 hour on motion (CPM) machine.
• You do not have to go out and buy a bike; rather, just use the bike while at PT.
Ted Hose

• You will be given a pair of ted hose (stockings) to wear after surgery. These help in the prevention of blood clots postoperatively.
• Please wear these at all times for the first 2 weeks following your surgery.

General Activity Levels

• It is beneficial to change positions often after hip arthroscopy. Alternate sitting, reclining, and lying down approximately every 30 minutes. Feel free to move around your home as much as you can tolerate, as you do not want the hip to get stiff following surgery.
• Spend 2-3 hours per day on your stomach (you can take the brace off for this).
• You will be permitted to drive (automatic transmission) 4 days after surgery as long as you are not taking any narcotics and you feel comfortable doing so.

Follow-Up

• You will need to follow up in clinic with Dr. Bhatia 2 weeks following your surgery.
• Please call centralized scheduling at 513-347-9999 or 513-232-BONE to make an appointment.
• Routine post-operative follow up appointments will be made 2 weeks, 6 weeks, and 3 months following surgery.

When should you contact the office

• You have a fever > 101.4 (a low grade temp is expected after surgery, but let us know if it gets this high!)
• You develop chills or sweats
• You have pus, pain or redness surrounding the incision sites
• You develop calf swelling, redness, pain or warmth after surgery
• You experience any chest pain or difficulty of breathing
• You can call the office at 513-985-1277 or call the Cincinnati SportsMedicine After Hours hotline at 513-891-3200

Possible Post-Operative Complications / Risks of Surgery

• Infection: The risk of infection is decreased with a sterile operating environment and antibiotics. For three days to your surgery, be sure to keep the skin of your hip as clean as possible using soap and water. Following surgery, careful handling of the incision sites reduces the risk of infection.
• DVT: (deep vein thrombosis, blood clot) is decreased through instituting early motion (CPM), mechanical means (TED hose) and medications (Aspirin).
Following the pre-operative and post-operative instructions will reduce the risk of blood clot formation.

- **Pain:** With any surgical procedure, there is a potential complication of pain. Medication, ice, rest, compression, elevation and therapy reduce post-operative pain.

- **Numbness:** With hip arthroscopy, there is a small chance of numbness in the genitalia region briefly postoperatively. Also, you may experience some numbness of the upper outer portion of the thigh on the operative leg after surgery. This is due to stretching of the lateral femoral cutaneous nerve, a sensory nerve that is close to the surgical area. This nerve may be stretched or bruised during the procedure. This is normal and the numbness will resolve over time.

- **Heterotopic Ossification:** Any time we operate around the hip joint, there is a small chance of heterotopic ossification, which is abnormal bone growth in the surrounding muscles. We give you Indomethacin for the first 10 days after surgery to help prevent this complication. Please make sure to take the Indomethacin after surgery.