

Hip Arthroscopy and PAO Post-Operative Instructions

Therapy: The first physical therapy visit should be scheduled within 3 days.

Dressing:

- Oozing from surgery site is normal and due to the fluid irrigation from surgery, if the dressing appears soaked with bloody fluid, please change the dressing as needed. This normally will resolve within 24-48 hours.
- You may remove the dressing on post-op day #6.
- Apply Band-Aids to small wound sites and change them once a day. Keep the wound clean and dry.
- Please do not use bacitracin or other ointments under the bandage.

Showering:

- Showering is allowed on post-op day #3 if the wound is dry. You may leave the small incisions uncovered during the shower. **DO NOT** scrub incisions. Pat dry and then replace Band-Aids
- **DO NOT** soak the hip in water in a bathtub or pool until the sutures are removed. Typically getting into a bath or pool is permitted around 3 weeks after surgery

Icing: Very important for the first 5-7 days postoperative, and ice is applied (ice packs or ice therapy) as often as possible or at least for 20-minute periods 3-4 times per day. Ice should not be applied directly on the skin.

Driving: Is permitted 4-6 weeks after surgery, if narcotic pain medication is no longer being taken and you feel comfortable getting into and out of a car. Driving a manual car may take up to 6-8 weeks.

Post-operative course:

- You will be admitted to the hospital for a length of stay from 2-5 days.
- If indicated, you will receive an Epidural Catheter for the first day and night. This will be removed Post-operative day #1 and your pain will be controlled with Oral and IV pain medications.
- Physical therapy will see you in the hospital. Your progress to home discharge will depend on ambulation, pain control and your comfort.
- Outpatient therapy will not formally begin for 4-6 weeks after surgery. Do not fear! Your recovery depends on regaining motion, osteotomy healing and muscular control.
- Most patients find their pain improving substantially during the first 4-5 days after surgery

Weight bearing: You may bear weight with both crutches or walker as tolerated and this lasts for 6-8 weeks. Crutches will be necessary to assist with walking. Extremity elevation for the first 72 hours is also encouraged to minimize swelling.

Prescriptions (not all patients will receive all medication):

- **EC-Naprosyn 500mg**, 1 tablet by mouth every 12 hours for 30 days. *Take 1st dose on the evening of surgery*. This medication helps with pain, swelling, and also prevents excess bone formation after surgery
- **Oxycodone 5 mg (or alternative if needed)** 1 to 3 tablets by mouth every 3-4 hours as needed. PLEASE also take **Tylenol** in addition to the oxycodone, 650mg by mouth every 4-6 hours as needed. This will decrease the amount of narcotic pain medication that is needed
- **Aspirin 325mg** by mouth daily for 30 days. This is to help prevent formation of a blood clot
- **Zofran 4mg** take 1 by mouth every 6 hours as needed. This is treat nausea that can be present from anesthesia or as a result of the use of narcotics. Only fill or take if experiencing nausea
- **Zanaflex 4mg**, 2 tablets by mouth every 6 hours as needed. This is to treat muscle spasms, if present.
- **Neurontin 300mg**, 1 by mouth 3 times a day.

Follow-up: If you do not already have an appointment scheduled, please call the office to schedule a follow-up appointment for wound check about 10-14 days after surgery.

Please call the office if:

- Develop a fever (101.5F), redness, or yellow/brown/green drainage from the surgical incision site, or the incisions come open
- If you develop severe calf pain or significant swelling of the calf/ankle OR proceed to the Emergency Department as this can be a sign of a blood clot.
- You develop a rash.
- You experience shortness of breath, difficulty breathing, or chest pain.
- You have any allergic problems.
- You develop any reaction or side effects to medications given.

Office calls:

- Please feel free to call with any questions that you may have.
- Please try to call as early in the day as possible in order for us to have time to help with any problem that you may have.
- Please try to make any non-emergent calls during the day as our ability to handle non-emergent issues after hours is very limited.
- Please try to give 48 hours' notice (if local) 1 weeks' notice (if out of town) if you need refills of narcotic pain medications as they cannot be called/faxed to your pharmacy. They will need to be picked up or mailed.

Important Contact Information

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Hip Arthroscopy and PAO Owner's Manual: A patient guide for post-operative recovery and rehabilitation.

The following guide is an overview of what our patients should expect during the weeks and months following Osteotomy. This guide may help to answer common questions or concerns that come up after this major surgery. Please refer to your Surgeon and physical therapist for specific questions and exact guidelines of your recovery. More detailed instructions will be given to your therapist

Day one: You just came out of recovery. At this time, you have not quite gotten back to yourself and the recovery team is placing a brace on your hip and giving you 2 crutches to walk with. Your hip needs protected, which is accomplished with crutches, the brace, and avoiding excessive activity.

THE BIGGEST RULES AFTER SURGERY ARE:

- 1. DON'T LIMP**
- 2. DON'T LIMP**
- 3. DON'T LIMP**

Rehab Goals (in order of progression):

1. Protect your repaired hip and improve pain
2. Restore ROM (range of motion) to your hip joint.
3. Restore a normal pattern of gait, **NO LIMPING**
4. Regain strength in your hip, core, and pelvic muscles
5. Return of muscle endurance, improve balance and coordination
6. Return to sport or athletic activities

Weight bearing: You are able to put 100% of your body weight on your repaired side with crutch assist. You will need to use crutches or a walker for 6-8 weeks.

Brace: You will be fitted with a brace to help limit your mobility and protect the repair. The locking mechanism should be fixed to the 90 degrees of flexion (or forward bend) and 0 degrees of extension (or backward bending of the leg). The brace should be snug against the belly and thigh.

Week 4: Around week 4 you will have your first Physical Therapy (PT) session. You may be a little out of it at this point, and may be experiencing a significant amount of pain. The therapist will help you move your hip through safe range of motions and start performing very gentle exercises. You will also be given a written protocol so you will know what to expect. We recommend avoiding active hip flexion (lifting your leg up at the hip) until 3-4 weeks after your surgery. This precaution is to prevent excessive hip flexor tendonitis after your surgery.

Aqua Therapy (can be started as early as 3 weeks if your incisions are healed): You are encouraged to utilize pool therapy if available as this helps to decrease stress across the hip and helps many of the strengthening exercises to progress

Week 4-8: This is an exciting time as you will be able to stop using your crutches and the brace. It is important to remember the rules at this point, **DON'T LIMP**. You may need to wean off the crutches, going from using both to using one, then to none. It's important at this phase is to use the crutch in the **opposite** arm of your surgery. Contrary to popular belief, using the crutch in the opposite side reduces the stress at the hip. Your hip should be feeling much better at this point, but be careful to avoid stressing the repaired labrum and hip muscles.

Exercises: You will start gentle hip flexion at this point, but do not over-do it because you may cause tendonitis at this area. Your therapist will start more exercises at this point to strengthen your hip and core muscles. These should all be tolerated well and cause little to no stress on the surgery site. You will receive more home based exercises at this point to progress your mobility. Gait training (walking training) will also be performed to help get you walking well. You may need work on balance over the newly repaired hip. Balance boards will be used at this point. You will begin to bike with resistance and can also start the elliptical machine during this phase.

Weeks 8-12: At this point, the hip should be feeling pretty good. Some stiffness, tightness or soreness may be experienced especially at the groin area. At this phase, self-stretching becomes more important and you will have more home strengthening to do.

Exercise: This phase of your recovery therapy will add more strength training, balance work and functional training to prepare you for return to your sport, or occupation. You will increase weight, reps and difficulty of the exercises. You will begin working more with bands and more advanced drills. It is important to continue your home exercises for back and hip stretching to avoid stiffening up.

Weeks 12-16: At this stage, the labrum and hip flexors will be well healed and advancement to running, agility and plyometric exercises will be added. With running, you will be encouraged to perform a run/walk protocol to ease into advance work. Your therapist will take you through a program of strength training with jumping, balancing and quick movements. Be careful not to strain the front of your hip.

Sport/work specific therapy: At this you will be taken through specific training for the return to sport and work.

Goals for Discharge: At the end of therapy and home exercise you may undergo a test to see if your hip strength and motion has been fully restored. A series of strength testing, single leg testing, step testing and agility training may be performed. You should have full hip motion, ability to run/walk and perform sport activities.

Note: Good luck with your newly repaired hip! The surgery should make a big difference on the quality of your life! Be careful during the first several weeks to be mindful of your body's healing. **Don't push it too fast** and ask your doctor or therapist any questions that come up. Recurrent hip flare-ups may hinder the post-operative recovery and may actually compromise the outcome of the hip surgery.