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630-978-3800 (option 3, then option 1)

Surgery Coordinator: Susan Forss 630-978-3800 (option 6)
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Hip Arthroscopy Post-Operative Instructions

Pain Medications:

A prescription for pain medication (usually a mild-moderate narcotic) will be sent to your pharmacy or provided to you day of surgery, usually along with an NSAID. Per practice policy, narcotic refills are not allowed to be given over the phone on weekends or after office hours.

Nausea/Vomiting:

The anesthetic drugs used during your surgery may cause nausea for the first 24 hours. A medicine has been prescribed for this. If you do not have nausea or vomiting, you do not need to have this prescription filled. If nausea is encountered, drink only clear liquids (i.e. Sprite or 7-up). The only solids should be dry crackers or toast. If nausea and vomiting become severe or the patient shows sign of dehydration (lack of urination) please call the doctor or Castle Orthopaedics.

Diet and Comfort:

Return to your regular diet as tolerated. Begin with light or bland foods. Drink plenty of fluids.

Home Medications:

Resume medications you were taking prior to surgery unless you have been told to discontinue them.

If you smoke (or have smoked within the last year), we strongly recommend that you do not smoke.

Activity:

The nurses in the recovery room will advise you on your specific weight-bearing status. These guidelines should be strictly followed in order to appropriately protect the surgical site. Typically, a set of crutches or a walker will be dispensed to accommodate these restrictions and improve your mobility, which is important in preventing complications, such as a blood clot. The nursing staff will ensure that you are safe to go home with the appropriate instructions on ambulation and crutch/walker use. Extremity elevation for the first 72 hours is also encouraged to minimize swelling.

Ice:

Ice, similar to elevation, helps to control post-op swelling and reduce pain. Frozen bags of peas, commercially-available cold packs, or ice placed into an air-sealed bag are effective ways to cool your hip. Icing should be performed 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.

Dressing Care:

If oozing from surgery site occurs, and the dressing appears soaked with bloody fluid, please change the dressing as needed. This normally occurs after fluid irrigation during surgery and will resolve within 24-36 hours. You may remove the dressing on post-op day #3. Apply Band-Aids to 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 is allowed on post-op day #4 if the wound is dry. MAKE SURE EACH INCISION IS COVERED WITH A WATERPROOF BANDAID DURING SHOWER ONLY! All dressings should be kept clean and dry. If for any reason your dressing becomes wet or excessively bloody or feel that it is too tight, please contact our office to discuss and we can get you into clinic sooner for a new dressing if needed.

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 2 days after suture removal unless otherwise instructed by Dr. Akoh. Please call if any questions.

Physical Therapy:

The first physical therapy visit should be scheduled within 3 days. If you surgery was Friday, Monday is appropriate for your first appointment.

Blood Clot Prevention:

1) If ok by your primary care doctor, **we generally advise taking an enteric-coated aspirin 325 mg daily during the first 2 weeks following surgery**. Dr. Akoh will discuss this individually with each patient in regards to exact dosage recommended. If you were already taking blood thinners (anti-platelet or anti-coagulant) before surgery, then these medications will be restarted when appropriate post-operatively. If you have a history of prior blood clot or significant risk factors, then Dr. Akoh may decide to prescribe Lovenox or other agent for prophylaxis.

2) If you smoke, stop smoking! Smoking makes blood clot formation more likely, impedes bone and soft tissue healing, and increases your infection risk.

3) Keep your leg elevated at least to the level of your heart for the first 48 hours.

4) Try to change position every 2 hours or so.

5) Do not cross legs.

6) Work on range of motion exercises every 30 minutes while awake, including at the hip and knee (above where your surgery was).

7) If you are riding in a car for a prolonged period, take a break every hour to get out and move around (with use of crutches/walker as directed).

8) Report any of the following signs/symptoms to our office:

- Pain, redness, or swelling in the leg/calf

- Sharp, stabbing pain in your side, back, or chest

- Shortness of breath

- Fever > 101.4 F or chills/sweats

- Bloody mucus with cough

- Severe headache

Infection:

Infection is uncommon, especially during the first week after surgery. A low-grade fever (temperature < 101.4 F) is very common following surgery and is not a sign of infection. Infection is typically characterized by streaking redness up the leg, a foul smell from the operative area, excessive drainage, and high fevers (> 101.4 F). If any of these events occur, please contact our office immediately.

Driving After Surgery:

The ability for someone to resume driving after surgery is seldom a medical question, but usually a legal question. It is the responsibility of all licensed drivers to drive safely at all times, no matter what their permanent or temporary impairment may be. Reaction time following surgery may be compromised, secondary to medication and/or pain. The ability to fully use all extremities may be impaired after surgery, especially if surgery involved your right hip. Driving should not be performed while on narcotics. Driving a manual car may take up to 3-4 weeks.

MEDICATIONS

Heterotopic Bone Formation Prevention:

- Naprosyn 500mg, 1 tablet by mouth every 12 hours,
- *Take 1st dose on the evening of surgery*
- Prilosec (Stomach Prophylaxis) 20mg, 1 tablet by mouth daily (take on an empty stomach
- 1 hour before breakfast for 14 days only)

Pain Medication:

- Norco 1 to 2 tablets by mouth every 3-4 hours as needed.
- Local anesthetics (i.e. lidocaine) are put into the incision after surgery. It is not uncommon for patients to encounter more pain on the first or second day after surgery. This is the time when swelling peaks. Taking pain medication before bedtime will assist in sleeping. It is important not to drink or drive while taking narcotic medication. You should resume your normal medications for other conditions the day after surgery.

Blood Clot Prevention;

- Aspirin 325mg by mouth daily for 2 weeks
- You will take aspirin (325 mg) daily until the sutures are removed in the office. This may lower the risk of a blood clot developing after surgery. Should severe calf pain occur or significant swelling of calf and ankle, please call the doctor.

Anti-Nausea (if applicable): Zofran 4 mg, 1 by mouth every 6 hours as needed.
You will be given a prescription, but it is optional to fill it.
Anti-Spasm (if applicable): Zanaflex 4mg, 2 tablets by mouth every 6 hours as needed.

Follow-Up Instructions:

1. **Follow up in clinic with your surgeon as scheduled**. If your appointment has not already been made at the time of discharge, you will need to call to make the appointment in 10-14 days.

2. The general scheduling number is 630-978-3800.

3. Contact your physician's office during office hours or the Rush Copley operator at all other times at 630-978-3800. The orthopedic staff on-call can be reached through this method if a medical emergency arises.

When to Call the Office?

Do not hesitate to contact our office if any concerns arise. We make every effort to return phone calls in a timely manner. During normal business hours please call the office at 630-978-3800. If after hours, please use the same number, but your call will be routed to one of the physicians on call for our group

Important Contact Information

Starlyn Nadeau, RN, BSN 630-978-3800 (option 3, then option 1)
Fax Number: 630-862-3085
After Hours: 630-978-3800 (follow the prompts to the emergency line)

Hip Arthroscopy Labral Repair 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 Hip Labral Repairs. 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.

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 is very fragile, and it is very important to know your "weight bearing precautions".

Weight bearing: Typically you are able to put about 20 pounds of pressure on your repaired side. A little weight on your foot actually takes some of the pressure off the repaired hip.

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 0-3: The next day or two after surgery 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. This first session you should expect to have your bandage removed and a smaller one put in its place. (Remember to keep the surgical site dry! Water from your shower may cause the incisions to become infected). You will also be taught, in more detail, how to use your crutches, brace and the precautions. The therapist will also 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. At home, you will be instructed to use the CPM or a leg bending machine and encouraged to use a bike to help keep the muscles moving. This phase is very important to protect your hip repair. Avoid putting too much weight on your leg and lifting the leg up. Your surgeon recommends avoiding active hip flexion (lifting your leg up at the hip) until 2-3 weeks after your surgery. This precaution is to prevent excessive hip flexor tendonitis after your surgery.

Week 0-3 continued: In therapy, you will receive specific stretching and muscle work to the front of your belly (where some of the hip muscles start) and to the front, inner and back side of the hip complex. You will also start some gentle strength exercises for the muscles around the hip complex. The goals of this stage are to restore the function of the hip, back and leg muscles to prepare them for use once you start walking on them.

Week 3-5: This is an exciting time. Depending on what your surgeon states, you usually stop using the brace and crutches. You may need to wean off the crutches, going from using both to using one, then to none. It's important at this phase 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. Using the crutch on the same side causes more stress. 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 the gluteus muscles (muscles that make up your buttocks), hip inner and outer thigh muscles and back (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. Bicycling is also encouraged now.

Manual therapy: This will continue to help stretch out your muscles, loosen them up and help with strength training. Work will also progress on your scar sites to make them move more easily. Gentle hip joint stretching may be used early in the recovery, with more advanced stretching used later in the recovery.

Aqua Therapy: When your surgical sites are fully healed, you may be encouraged to begin pool therapy for cardio vascular exercises.

Weeks 6 -9: 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. Your walking should be without a limp, or you should be working on walking smooth.

Manual therapy: Your therapist will generally continue to perform deep muscle stretching and add more aggressive joint stretching. This may include using a strap or belt to help pull the socket and restore full functional mobility of the hip. You will most likely have your hip stretched in several different directions to restore the legs ability to move well. Mild soreness may be experienced, but sharp pain should not. Full hip range of motion is the goal at this point.

Exercise: You will advance your activity with leg and hip strength training. These exercises will include Pilates type training, Closed chain exercises (like leg press, step training and balance work), and open chain exercises such as PNF hip patterns to help work on your hip flexors (which we have been avoiding strenuous exercises to this point). More advanced leg stretching will be prescribed by your therapist to help restore full motion to your hip.

Cardiovascular: Advancing training on the bike will continue at this point.
Weeks 9-12: The goals of this stage are to restore full range of motion of this hip through stretching, strength training and "functional training.

Manual Therapy: As noted above, you will continue to have skilled manual therapy applied to ensure your hip is moving as well as it should. End range stretching will be advanced so your tightness in the hip is resolved.

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 may begin elliptical (10 weeks) and Treadmill (12 weeks). 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.

Manual Therapy: At this point your joint should be moving well, but your therapist may need to stretch the hip out a bit to promote full recovery of the leg.

Sport/work specific therapy: At this time, 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 compromise the outcome of the hip surgery.