

Post Operative Hip Arthroscopy Information Packet for Patients of John McDonald, M.D.

This Packet is for: _____

Allergies: _____

Medications

Indomethacin ER 75mg

First dose to be taken the day after surgery. Take once daily for a total of four (4) days.

Aspirin 325mg

First dose to be taken the day after completion of indomethacin. Take once daily for a total of three (3) weeks or until off crutches. This helps prevent blood clots.

On an as needed basis:

Norco (hydrocodone)

This medication is prescribed for pain control. Maximum frequency: every 4-6 hours. *Do not exceed 12 tablets in one 24-hour period.* Take this medication with food (even a cracker will help prevent nausea). For mild pain that does not warrant these medications, you may take acetaminophen (extra-strength Tylenol) instead. Nonsteroidal anti-inflammatories (otherwise known as “NSAIDs”) such as Advil or Aleve are actually the best medication for musculoskeletal pain, and taking these postoperatively will help you take fewer narcotics. We recommend that you do not take any NSAIDs until you have completed the 4-day course of indomethacin, as this is also an anti-inflammatory medicine. We expect you to transition to over-the-counter pain medications (Advil/Aleve/Tylenol) within 5-6 days postop.

Robaxin (methocarbamol)

This medication is a “muscle relaxant” and helpful in reducing muscle spasms. Muscle cramping usually begins within the first 48 hours following surgery. If you feel muscle spasms or cramping in your thigh or low back, take Robaxin 750 mg every six hours as needed. Using Robaxin may decrease your need for pain medications. Beware: Robaxin may make you feel drowsy. Patients also find it helpful to take Robaxin at bedtime for nighttime spasms/pain/difficulty falling asleep due to hip soreness.

Zofran (ondansetron)

Zofran helps suppress nausea. Some patients feel nauseous from the surgical anesthesia and other medications. Take 1 tablet at the first sign of nausea and every 4-6 hours as needed.

For post-operative constipation:

It is very common for patients to experience constipation after surgery because of the use of pain medications, etc. It is important to drink plenty of water and cut back on diet drinks and soda after surgery. Adding leafy green vegetables, whole grains, and other fiber-full foods such as prunes to your diet can also be of help. As a daily stool softener, we suggest **Colace** 100 mg tablets twice daily for the first week post-operatively or as long as you experience constipation. You can purchase this over-the-counter (OTC) at your local pharmacy. For severe constipation, one 8 oz. bottle of **magnesium citrate** should resolve this problem. This is also available over-the-counter. If this does not work, an OTC Fleet's enema may be used.

After Surgery Care and Information

Many questions arise during the first week after surgery. There are many new sensations felt in the body, especially in the operative hip and leg. The following will help answer many of your questions to help relieve normal anxiety.

Crutch use:**Flat Foot Weight bearing for _____ Weeks**

After surgery, you will be flat foot weight bearing with 20 pounds of pressure with the aid of crutches. Foot flat weight bearing actually puts less stress across the hip joint than non-weight bearing. The length of flat foot weight bearing status will be determined by what procedure/s you have done. *Proper flat foot weight bearing assists in decreasing your risk of developing a DVT or blood clot.*

Hip brace:

You will need to **wear the hip brace** for 21 days. Place it securely around your waist and thigh, this serves as a reminder to control Hyperextension and Abduction. You will need to wear this brace when you are walking and do not need in when you are sitting or lying down. Once the brace is on, use your crutches and walk with *flat foot weight bearing*.

CPM (Continuous Passive Motion): _____ Weeks _____ hrs/day

You will be given a **CPM** at the surgical facility on the day of your procedure or it will be delivered to your home. This will be arranged directly between you and the DME company typically 1-2 weeks prior to surgery. You will use this machine up to the required amount of hours per day. Do not go over the required time per day. More time in the CPM machine is not better. If you are a smaller person, it is recommended to roll up a towel and place it on the lateral side of your knee while in the machine. This will prevent you from turning out into external rotation. **You will need assistance to get into the CPM for the first couple of days after surgery.**

****To help in the prevention of lower back pain try and maintain proper Spine alignment while in the CPM. Additionally, you may roll a towel or use a small pillow behind your lower back. Additional Tips: Place the CPM unit in the middle of the bed to aide in the prevention of the machine and your leg falling off the bed. Avoid placing the unit on a couch or narrowed place for reclining.**

Physical Therapy (“PT”):

Of all the orthopedic surgeries Dr. McDonald performs, hip arthroscopy is the most rehab-dependent. There are very specific protocols that Dr. McDonald has developed for your physical therapist to follow to ensure the most successful recovery. The therapists at Texas Orthopedics have already been educated on these protocols. However, if you are seeing a therapist outside of Texas Orthopedics, they most likely are not familiar with the specifics of Dr. McDonald’s protocols. Please make sure to notify Dr. McDonald and/or his physician assistant at the time of your preoperative appointment so that they can give you the necessary documents regarding protocols, which you can bring to your outside PT appointment. Your first physical therapy appointment should be scheduled for the day after your surgery, and this will be with a Texas Orthopedics therapist (regardless of whether you plan to see an outside PT for your postop rehab). This appointment should be scheduled at the time that you schedule the date of your surgery. If you are seeing an outside therapist, please be aware you will likely need to call 1-2 weeks in advance to ensure you can have your first PT appointment at that facility around 2-3 days after surgery.

Range of Motion Restrictions (discuss with your PT):

Abduction range 0-45 degrees for two weeks

Flexion 0-120 degrees for 15 days

Extension goal is to gain full extension to 0 by the end of the 1st week.

Extension greater than 0 allowed after day 21.

Avoid the hip resting at 90 degrees for the 1st two weeks.

Other Activities:

Tummy time: 2 hours a day for two weeks.

Circumduction: 10 minutes at 0 degrees and 10 minutes at 70 degrees of hip flexion both two times a day for a total 20 minutes per day for eight weeks. This will require assistance from a family member or friend.

Bike: no resistance for 1st six weeks and helpful to have seat raised so there is not as much hip flexion.

Anti-Rotational Boots:

When you are not in the CPM machine, either sleeping or lying down, you will need to be in these black boots. They prevent you from externally rotating your hips, which puts extra stress on your capsule and labral repair. If you prefer to sleep on your side, it does not matter on which side you choose to sleep. However, most patients feel more comfortable sleeping on their operative side with a pillow between their knees. These boots are placed on you at the time of surgery and are an item provided by the surgery center/hospital on the day of your surgery.

Use the Boots for 14 days.

The First Few Days:

It is quite helpful to have help at home during the first 7-10 days immediately following surgery. You will need to get to and from your physical therapy appointments, which typically begin the day after surgery and occur twice weekly. There are also important postoperative activities that will require an additional person, primarily the daily circumduction exercises. In addition, it is helpful to have another set of hands using the equipment as instructed (i.e. anti-rotational boots and CPM).

Icing:

We recommend you use ice to help with the postoperative pain. You have the option of using a Polar Care machine, which is a device that continuously circulates cold water to a pad that is placed on the hip. However, you may also use ice packs, gel packs, or even a large frozen bag of peas. Regardless of what you choose, you should ice the hip area for 20 minutes at a time, several times per day. Please note that direct contact between your skin and the ice source can result in frostbite. Place a thin towel or pillowcase between your skin and the ice/polar care pad, as to prevent skin injury/damage.

Tips on avoiding prolonged hip flexion at 90 degrees for the 1st two weeks:

Use a higher chair, a recliner chair, or you can slouch forward or backward while sitting. Please do all circumduction exercises in **70 degrees** of flexion and full extension. You are allowed to bend your hip deeper than 90 degrees, but do not spend time resting at 90 degrees, as this is when the labrum is loaded the most.

Active Calf Pumps:

Do 10 up and down pumps of your feet every hour while awake. Foot pump and calf pump rationale: Compression of plantar venous plexus causing return of the blood in your lower legs to your heart to reduce your risk of a blood clot.

Follow up Appointment:

You will see Dr. McDonald's PA-C approximately 10-14 days after your surgery for a wound check with suture removal and new x-rays.

Pain Control:

A prescription for pain medication will be given to you at your preoperative appointment. Pain medication should be taken as prescribed until your pain is under control. **It will help to take your pain medication thirty minutes before therapy** if you are experiencing any pain. Prior to your first postoperative appointment with his PA-C, you should be able to discontinue the use of the narcotic pain medication that you were prescribed. Addiction to narcotics should not occur during the initial phase post-operatively unless there has been an abuse prior to surgery. Ideally patients have completely stopped all narcotics within 5-6 days postoperatively and are using over-the-counter NSAIDs and/or Tylenol as primary pain reliever. Applying ice and elevating the leg as much as possible will help with the pain. Try to relax and allow other people to help you out as much as possible the first week.

Incision Care:

The original dressing should be removed 48 hours after surgery. Clean your incision sites with soap and water, and then pat dry. Apply an Op-site, water-proof dressing over the incision site until you have stopped draining. After, apply band aids or tape and gauze over the incisions so your sutures do not catch and pull on your clothing. Do this daily or as needed throughout the day if the band-aid becomes soiled or wet. Do not put any ointments or lotions over the incisions until 3 weeks postop. By day 3 if no drainage is present, the incision should remain uncovered with clean clothing or with Band-aids covering the sites.

***** 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!**

If you should have any questions or concerns regarding your incisions, the best thing to do is to call Dr. McDonald's office.

Suture Removal:

Keep your sutures clean and dry. They should be **removed about 10-14 days after surgery by Dr. McDonald's office.**

Showering:

You may resume regular showers after the initial dressing is removed on postop day #2. While the wound is draining, please keep an Op-site over the incisions in the shower. After drainage has stopped, you may allow water and soap to run over the incision sites. When complete, pat the incision dry.

Driving:

Following surgery, there are certain criteria in order to safely resume driving:

- If your procedure was on your **RIGHT** leg, you must be able to walk without a limp and no longer using your crutches (which will be **AT LEAST** three (3) weeks postoperatively). If your procedure was on your **LEFT** leg, you **MAY** be able to drive sooner, pending approval from Dr. McDonald or his PA-C.

AND

- You are no longer taking a narcotic medication for pain.

Returning to work or school:

You may return to work based upon the timeframe that Dr. McDonald has laid out for you (typically 5-7 days if pain is tolerable). You must take the time to honor your commitments to physical therapy and office visits. Returning to heavy labor will be determined by your progression through physical therapy and the cartilage condition on the acetabulum and femoral head.

Risks

There are several risks to any surgery that must be taken into account. Dr. McDonald will review a detailed list of risks at your preoperative visit.

Infection: is decreased with a sterile operating environment and antibiotics given in an IV at the time of your operation. Also, careful handling of the incision sites following surgery reduces the risk of infection.

DVT: (deep vein thrombosis, blood clot) is decreased through instituting early motion (CPM), mechanical means (foot pumps) and medication. Following the pre-operative and post-operative instructions will reduce the risk of deep vein clots.

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 briefly after surgery which can occur in the genitalia, inner thigh, and top of the foot. This is uncommon and the numbness will resolve

over time, usually within 2 weeks postoperatively. It is possible to get numbness down the side of the thigh that is permanent but this is exceptionally rare.

Call our office 512-439-1000 or present to your private doctor's office or an emergency room IMMEDIATELY if any of the following occur:

- A. Fever greater than 101 degrees Fahrenheit.
- B. Redness and warmth around the incision(s), non-clear drainage from the incision, or increased pain in or around the incision.
- C. Calf swelling, redness, pain or warmth
- D. Chest pain, difficulty of breathing, or cough