



What to Expect around Hip Arthroscopy Surgery

**Please read this packet in its entirety; for additional questions, please contact our office*

Phase 1	Phase 2
<i>First 2 weeks</i>	<i>Next 6-8 weeks</i>
Improvement on a day-to-day basis	Improvement on a week-to-week basis
First post-operative visit at 7-14 days from surgery	Second post-operative visit (for labral repairs) at 6 weeks from surgery

- ❖ **WOUND CARE:** The hip will be covered with a dressing applied to the front and side parts of the hip. You may remove the dressings after 72 hours and apply a simple Band-Aid (which can then be changed daily). Due to the fluid irrigation during surgery, oozing from the incision may occur, and the dressing may spot with blood-tinged fluid. This generally resolves within 48-72 hours, but some oozing and redness may persist for the first week after surgery. Please do *not* use Bacitracin or other ointments under the bandage.
- ❖ **HIP WRAP (HipRap™):** You may receive this after surgery. This is a washable, compression girdle around the hip. Please wear as much as possible for 2 weeks after surgery. If you feel like swelling has resolved around the hip, you can stop wearing. If the HipRap girdle dressing feels too tight, you can adjust the Velcro straps (gentle compression will be helpful to keep swelling to a minimum).
- ❖ **COMPRESSION STOCKINGS** (*i.e.* T.E.D. Stockings): These white stockings help prevent blood clots. Please wear for at least 2 weeks after surgery. These are machine washable. After two weeks, if you have no swelling in the legs, you can begin to wear from them. If swelling returns during the day, please resume use of stockings, along with leg elevation.
- ❖ **SUTURES:** If incisions are closed with sutures outside the skin, these sutures will be removed 7-14 days following surgery (at the first post-operative visit).
- ❖ **BATHING:** Do not get the incision wet for 72 hours after surgery. You may shower at 72 hours after surgery. Use light water pressure to the incision area. Pat the wound dry and re-cover with a dry dressing/ *regular* Band-Aids, and then replace the HipRap if this was given to you at surgery. Do not scrub the incision. Avoid shearing/ rubbing of clothing against wounds (*i.e.* wear loose-fitting clothing).
 - Do not sit in a tub, pool, hot tub, or ocean water with the wounds submerged until the incisions are completely healed (generally at least 3-4 weeks following your surgery).
- ❖ **ICE & ELEVATION:** Icing is very important to decrease swelling and pain, and to improve mobility. You may use ice 3-4 times per day for 15-20 minutes at a time on your hip. Elevate your leg with the knee above the level of your heart as necessary to decrease swelling. Be sure not to apply ice directly to the skin. Please keep your leg elevated as much as possible for at least 2 days after surgery. Elevation reduces swelling and your healing may be delayed if too much swelling develops. An ice machine may be ordered and used (usually this is an out-of-pocket expense).
- ❖ **MEDICATIONS:**
 - Narcotic pain: Take on an “as-needed” basis as prescribed. Many pain medications, such as **Vicodin** and **Percocet**, contain Tylenol. Please avoid taking more than 3000 mg of Tylenol in a 24-hour period. In general, narcotic medication should be stopped within 2-5 days after surgery.

- **Refills:**
 - ◆ You may be permitted ONE prescription refill if necessary
 - ◆ If you feel that further pain medication is required, we request that you contact your Primary Care Provider for further pain management

- **Anti-inflammatory:** You can take over-the-counter **Naprosyn 500mg** twice a day for 2 weeks after surgery; take this with meals and use a gastric protection medication (see below). This is for reducing inflammation.

- **Deep venous thrombosis (DVT/ clot) prophylaxis:** You will be given a blood-thinning medication, **Aspirin** to be taken once a day for up to 6 weeks from the time of surgery. Please also wear your T.E.D. Anti-Embolism Stockings during this time.

- **Gastrointestinal/ulcer prophylaxis medication:** Your stomach lining can become sensitive with the aspirin & naprosyn regimen. While taking the above medications, please also take one of these over-the-counter anti-acid medications: **Zantac (ranitidine) 150mg** once a day, **Pepcid (famotidine) 20mg** once a day, or **Prilosec (omeprazole) 20mg** once a day. If you are already on an anti-acid medication, continue your home dosage.

- **Infection prevention:** If you are diabetic or susceptible to infections, you may be given an antibiotic such as **Duracef (cefadroxil)** or **Clindamycin**; please begin taking this the day after surgery and take as prescribed until completion. This is not a standard medication for all patients.

- ❖ **WEIGHT BEARING & ACTIVITY:** Activity and weight bearing restrictions will be dependent on what was performed at the time of your surgery:
 - **Labral Debridement:**
 - Weight bearing: you will be **weight bearing as tolerated** after surgery
 - You may use crutches for the first 2 weeks, but may wean earlier as tolerated
 - Range of Motion (ROM):
 - Please be careful when walking and with transfers
 - Avoid sharp twisting, hyperextension/ flexion motions, or heavy loading of the hips while you are in the recovery/ healing phase (2-4 weeks after surgery)

 - **Labral Repair/ Micro-fracture:**
 - Weight bearing:
 - You will be **non-weight bearing with crutches for 3-4 weeks** from surgery
 - ◆ You will be able to gradually progress to full weight bearing from 4-6 weeks after surgery if doing well
 - ◆ You are allowed to gently rest your foot on the ground while standing (e.g. during teeth brushing) and for transfers right after surgery
 - Range of Motion (ROM):
 - **Do not bend the hip past 90 degrees (right angle) for 4 weeks after surgery**
 - Avoid sharp twisting, hyperextension/ flexion motions, deep rotation of the hip, or heavy loading for the first 6 weeks after surgery

- ❖ **PHYSICAL THERAPY:**
 - **Labral Debridement:**

- No formal physical therapy is necessary for the first 2 weeks. The need for PT will be determined at your first post-op appointment.
- **Labral Repair/ Micro-fracture:** If you have had a labral repair, please schedule your first physical therapy appointment **within 3-5 days after surgery**. It may be preferred to schedule this appointment *prior* to surgery.
 - **PT script:** The printed discharge instructions given to you at the time of discharge from the surgical center is to be used as your physical therapy prescription. You may go to any physical therapy facility you choose.
 - It is best to connect with a physical therapist who is experienced in treating hip arthroscopy/ sports injury/ hip preservation patients; the PT should closely follow Dr. Kamath's Hip Arthroscopy protocol
- ❖ **HIP ABDUCTION BRACE:**
 - Abduction bracing is usually not necessary after hip arthroscopy. If a hip brace is ordered for you by Dr. Kamath for a specific surgical indication, you will be given specific instructions on its use. Your brace should be fitted prior to the surgery.
- ❖ **Continuous Passive Motion (CPM) MACHINE:**
 - This is optional and reserved for labral repair or micro-fracture procedure.
 - If CPM use is warranted, a representative from our medical device company will contact you likely prior to the surgery
 - Price: CPM is usually not covered by insurance; it may cost as much as \$250-\$500 for a 3-4 week rental.
 - Because of this cost, CPM is only recommended and **IS NOT MANDATORY** for your recovery after surgery. If you elect not to rent the CPM machine, please connect with a physical therapist early after surgery for gentle ROM activities and guidance.
 - Delivery: CPM will be delivered to your home either before or shortly after your date of surgery. Instructions on how to use your device will be given at the time of delivery.
 - Usage:
 - You are recommended to use CPM for 2-4 hours a day (30 minutes at a time) for the first 3-4 weeks after surgery
 - Further instructions will be provided at the time of discharge.
- ❖ **COMMON Post-operative Symptoms:**
 - **Pain and swelling:** You should expect some pain and swelling at the incision site, groin and lower leg in the first several weeks after surgery. However, your hip should feel better each week. If pain or swelling becomes severe, please call immediately.
 - **Numbness/ nerve symptoms:** You may experience numbness or tingling (pins and needles) at your incision sites, groin, thigh, and/or foot. The symptoms usually resolve in a few days after surgery, but some numbness may take several months to resolve.
 - **Clicking/ popping/ sharp sensation:** All three of these are common immediately after surgery, especially with initial phases of range of motion. They are due to the work performed during surgery and the healing required of the multiple layers of tissue (labrum, capsule, muscles) around the hip. These symptoms generally resolve towards the end of the first phase of healing phase (6-8 weeks after surgery).
 - **Changes in color/ temperature of the limb:** You may also experience slight discoloration or change in temperature of the lower extremities that resolves with rest and elevation. These symptoms are normal in the early stages of recovery and will gradually improve with increased activity and mobility of the surgical limb.

Note: If any of the above symptoms worsen instead of improve with time, or are preventing you from performing your recommended activity/ Physical Therapy, please contact the office.

- ❖ **DRIVING** is permitted a week after surgery (automatic car, non-driving leg) if you meet the following criteria: Off narcotic pain medications, and can safely get in and out of your car. If you have a manual vehicle or surgery has been performed on your driving leg, please do not drive for at least 3 weeks after surgery. If a debridement was performed on the side of your driving leg, you may begin driving as soon as you are off narcotic pain medication.
- ❖ **Spinal Anesthesia:** if administered for your surgery, spinal anesthesia can cause low back pain/ muscle spasm and headaches. Please apply a heating pad to the low back, and hydrate and drink caffeinated beverages to resolve the headache. For severe headaches, contact the office.
- ❖ **Call our office immediately if you are experiencing any of the following symptoms:**
 - Fever greater than 101.5 degrees Fahrenheit (F)
 - Thick or colored drainage from the surgical incision site
 - Persistent sharp pain not relieved by pain medication, rest, icing, and leg elevation
 - Persistent and increasing swelling and/or numbness of the hip/leg not relieved by pain medication, rest, icing, and leg elevation

Your **first post-operative visit** will be about **1-2 weeks** after surgery with a member of Dr. Kamath's team (Nurse Practitioner, Physician-Assistant, or Nurse); Dr. Kamath will be in close contact with the care team for this visit. You can expect to see Dr. Kamath for a formal post-operative clinic visit around 6 weeks after surgery (you may need a routine X-ray at this visit).

Contact information:

Monday through Friday, 8 AM to 5 PM: 440-709-1945 - Dr. Kamath's administrative assistant/ team

Weekends and Evenings: 440-709-1945 (Orthopedic Provider on call); report to Emergency Room for urgent issues

