

Post Operative Hip Arthroscopy Information

Medications

Percocet (oxycodone/Tylenol) 5/325mg

Take this medication for pain. Maximum frequency: every 4-6 hours. You may find that if you break a tablet in two, and take half a tablet every 2-3 hours this may be beneficial. *DO NOT exceed 4000mg of Tylenol in a 24 hour period.* Take this medication with food (even a cracker will help prevent nausea).

Valium (diazepam) 10mg

This medication is 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 ½ or 1 tablet every 6-8 hours as needed. Using Valium may decrease your need for pain medications. Beware: Valium may make you feel drowsy. Patients also find it helpful to take Valium at bedtime for nighttime spasms, pain, or difficulty falling asleep.

Zofran (ondansetron) 4mg

Zofran helps suppress nausea. Some patients feel nauseous from the surgical anesthesia or other medications. Take 1 tablet at the first sign of nausea and every 6-8 hours as needed.

Tylenol (acetaminophen)

Tylenol may be used to replace your pain medication, as your pain improves. *DO NOT exceed 4000mg of Tylenol in a 24 hour period.* Please note your pain medication contains Tylenol.

Per Dr. Adickes's regimen:

Indocin (Indomethacin) 75mg ER once daily.

Take this medication with food from post-op day one for 30 days. Do not use any NSAIDs while taking this medication. This includes: Advil, Ibuprofen, Celebrex, and Aleve.

Recommended Supplements:

For enhanced joint health, Dr. Adickes recommends taking the following three supplements: Fish oil, Vitamin C, and glucosamine.

Different preparations may present different daily doses. For vitamin C and glucosamine, take the dose recommended on the package. When taking fish oil, we recommend to start with 3 grams daily for the first 6 months, then decrease to 2 grams long term.

Traveling

When flying in an airplane, do your best to move your legs and ankles while sitting. Do not cross your legs, do pump your ankles up and down, and at least every hour, do get up and use your crutches to walk down the aisle to help increase your circulation.

Physical Therapy

Physical Therapy (PT) begins within the first few days after surgery. You may ride a stationary bike on post-op day #1 to maintain good range of motion in your hips. You will be instructed in a number of exercises which will help you heal properly and quickly. Some of these exercises will be part of your home exercise program (HEP). Refer to the protocol you received on the day of your surgery. Your PT prescription will be provided post-op day #1. If you or your therapist has questions, please call our staff at 713-486-1880.

Dr. Adickes has set strict requirements for weight bearing. You will be “flat foot weight bearing” while using crutches. We want you to limit the amount of weight you place on your surgical leg to twenty pounds. A great way to learn what twenty pounds of weight bearing feels like is to crutch up to a bathroom scale, place your surgical leg on the scale, and slowly shift your weight onto the scale until you register twenty pounds. These limitations allow your hip joint to adapt to the pressure of weight bearing, while keeping enough weight off to allow optimal healing of the tissues. After the prescribed amount of time has lapsed, you may begin weaning off your crutches under the supervision of your physical therapist. You will not be physically able to immediately walk without crutches, or bear 100% of your weight on your surgical leg. Allow yourself time to make the transition

gently. Please call us at the clinic with any questions or concerns at 713-486-1880.

Equipment

Bledsoe Hip Brace (will be fitted day after surgery) 14 Days

Constant Passive Motion Machine 21 days

- Most insurances do not cover the cost of this device.
- This machine is delivered to your home and instruction provided.
- Start the CPM on post- op Day #1.
- Start the range of motion (ROM) from 0-30 degrees and progress as tolerated to 90 degrees. The goal is to build up to 6 hrs/day.
- If you are using the CPM at night, then you do not have to sleep in the booties.

Anti-rotation Boots (will wake up in these) 10 Days

- These are used for sleep to maintain a neutral foot position.
- If you are sleeping in the CPM, then you will not need the booties.

Crutches (provided day of surgery) up to 21 days

Dressing Changes

The original dressing should be removed approximately 24 hours after surgery. Generally, your dressing is changed in the office on post-op day #1. If you are unable to attend this appointment, please clean around the incision sites with gentle soap and water, then pat dry. Apply a new dressing over the incision site. Do this daily or as needed through out the day if the dressing becomes soiled or wet. TegaDerm or a band-aid may be used as a new dressing. The stitches should be removed between 2-3 weeks after surgery at your post-op visit.

Showering

As long as there isn't any drainage from the incision sites, you may resume regular showers after the initial dressing is removed. Water may run over the incision. You may also shower immediately after surgery with an TegaDerm bandage in place. When complete, pat the incision dry, and re-apply a clean dressing.

Returning to Work or School

You may return to work or school one week after surgery 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.

Follow-up Appointments

Please call immediately to make a follow up appointment with us in the office if you have immediate concerns. Let the office know that you are a post-operative patient and must be added on the schedule. If you are from other areas outside of Houston please call the office and request to schedule a follow-up appointment in 4-8 weeks. Desired appointment times for Dr. Adickes' patients are post-op Day#1, Day #15, 4 weeks, 12 weeks, and 6 months.

Risk

There are several risks to any surgery that must be taken into account.

Infection: Infection is decreased with sterile operating environment and antibiotics and careful handling of the incision sites following surgery.

DVT: (deep vein thrombosis, blood clot) Clots are decreased through instituting early motion (CPM), mechanical means (foot pumps and Ted Hose) and medication.

Pain: All surgical procedures may cause pain. Additionally, there is a potential complication of pain. Medication, ice, rest, compression, elevation, and therapies reduce pain.

Numbness: Hip arthroscopy may cause numbness. There is a small chance of numbness in the genitalia region briefly post-operatively. Also, you may experience some numbness of the upper outer portion of the thigh on the operative leg after surgery, this is due to the Lateral Femoral Cutaneous nerve which 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.

Call our office at 713-486-1880 and/or go to an emergency room IMMEDIATELY if any of the following occur:

- A. Fever, chills, or sweats
- 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

*** If you become hospitalized for any reason after surgery, please inform the admitting ER physician to call us at 713-486-1880.