

**Andrew Zogby, MD**

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**HIP ARTHROSCOPY: POST-OPERATIVE INSTRUCTIONS**

**DIET**

Begin with clear liquids and light foods (jello, soup, etc.).

Progress to your normal diet as tolerated

**APPOINTMENTS**

You will have a phone call or office visit with Dr. Zogby within the first 1-3 days from surgery.

You will have a postoperative visit with Dr. Zogby or PA around 2 weeks after surgery for suture removal.

You will have another visit with Dr. Zogby at the 6-8 week mark post-surgery.

You will begin physical therapy 2 weeks after surgery.

**WOUND CARE**

Maintain your operative dressing until your post-operative visit with Dr. Zogby or postoperative day 3. If your wound has white steri-strips, you can leave these on until they fall off.

It is normal for the wound to have slight bleeding and swell following surgery. If blood soaks onto the bandage, do not become alarmed. Reinforce with additional dressing. If this is persistent, please contact your physician's office.

Initially, you may shower by placing a large garbage bag or plastic cover over your wound after surgery. The operative dressing must be kept dry. After removing the bulky post-operative dressing, you can shower in your bandage below. This dressing is water-resistant.

NO immersion or soaking of operative area (i.e. bath, Jacuzzi, pool) for FOUR WEEKS (until wounds fully healed, no residual scabbing etc)

Do no put ointments or creams on your incisions

**MEDICATIONS**

You will receive **prescriptions** for medication to be used after surgery: these may include a narcotic pain medication, an anti-inflammatory, blood clot prevention (Aspirin) and an anti-nausea medication.

* Tylenol (acetaminophen)
	+ Take up to 975mg every 8 hours as baseline pain control. Can take on scheduled basis then as needed as pain control improves. Do NOT exceed 3000mg total in a 24 hour period, as this can cause damage to your liver. This is your baseline pain control.
* Narcotic Pain Medication: Oxycodone or Percocet
	+ Initially after surgery, you can take 1-2 tablets of the narcotic pain medication every 4-6 hours depending on your pain level. Once your pain is well controlled, you can taper off the medication.
	+ Generally used for 1-2 weeks after surgery
	+ May cause constipation and/or nausea
* Aspirin 81mg tablet
	+ Take every 12 hours (twice daily) starting the morning after surgery for 2 weeks. This is to prevent blood clots.
	+ If you are already on other blood thinner medications please check with Dr. Zogby and your primary care doctor prior to starting Aspirin
* Anti-inflammatory and heterotopic ossification prevention medication: Meloxicam or Naproxen
	+ If you have any difficulty using anti-inflammatory medications or aspirin, or have a history of ulcer disease, do not use.
	+ You may use over the counter ibuprofen (Advil) or Naprosyn (Aleve) instead of the prescription we give you if you prefer
	+ Take daily for 30 days if no side effects develop- this is to help prevent excess bone formation after surgery and also to help with pain and inflammation
* Anti-nausea Medication: Zofran
	+ If you have nausea after surgery, call the office so that we can provide appropriate medication.
* Common side effects of the pain medication are nausea, drowsiness, and constipation – to decrease the side effects, take medication with food – if constipation occurs, consider taking an over-the-counter laxative, such as MiraLax
	+ If you are having problems with nausea and vomiting, contact the office to possibly have your medication changed.
	+ **Do not drive a car or operate machinery while taking the narcotic medication**

**ACTIVITY**

You will use crutches according to the schedule below. You will be able to put about 30lbs of weight on your operative leg while using the crutches for assistance. When you start to discontinue crutch use, begin to do so around the house or for short distances, then progress to public places.

Schedule for Partial Weight Bearing with crutches or walker

 a. Labral debridement – 5-7 days only

 **b. Osteoplasty (bone resection), with labral repair – 2 weeks**

 c. Microfracture – 4 weeks

Formal Physical Therapy (PT) will begin around the 2 week mark after surgery.

Do not engage in activities that increase hip pain/swelling (prolonged periods of standing or walking) over the until otherwise instructed.

Avoid long periods of sitting (without leg elevated) or long distance traveling for 2-4 weeks. If you are planning to travel within this time period, please let us know, as you may need a prescription for a medication to prevent blood clots.

NO driving until instructed otherwise by physician.

 -For right hip surgery, no driving for 6 weeks.

 -For left hip surgery, you can may drive sooner, once you are no longer using your crutches and are ambulating well, usually around 3 weeks post-op. Work with your physical therapist to ensure adequate mobility.

 -If you drive a manual transmission car, no driving for 6 weeks

May return to sedentary work ONLY or school 5-7 days after surgery, if pain is tolerable. If you have a physically demanding job, you will need more time off, which will be determined prior to surgery.

You are encouraged to take deep breaths and cough frequently (at least once or twice and hour) after surgery. This will reduce mucous from building up in your lungs, and will reduce the risk of developing pneumonia.

It is required that you stop smoking and/or using any nicotine or tobacco products, as nicotine slows the healing process and increases the risk of infection and other complications.

**BRACING AND PHYSICAL THERAPY**

You will be provided with a custom fitted hip brace that you should start using at 2 weeks post op, once you start weight bearing with your operative leg. This is to help protect you in the early post-operative period. The brace will be worn until 6 weeks post-op or until you are able to walk safely and comfortably without crutches without a limp.

Formal Physical Therapy will start 2 weeks after surgery. You will also start using the brace at this time. A separate physical therapy protocol will be provided.

**ICE THERAPY**

Beginning immediately after surgery, use ice packs on top of dressings every 2 hours for 20 minutes daily for a minimum of 7 days.

Do not use the cold therapy unit while a block (or regional anesthetic) is in place. Wait at least 24 hours before applying the cold therapy unit. Do not leave on for prolonged periods without periodic breaks as this may cause injury to your skin and soft tissue.

Icing after physical therapy or prolonged activity is also recommended throughout your rehabilitation.

EMERGENCIES

Contact the office if you have any of the following after surgery:

-Painful swelling or numbness

-Unrelenting pain

-Fever (over 101° - it is normal to have a low grade fever for the first day or two following surgery) or chills

-Redness around incisions

-Continuous drainage or bleeding from incision (a small amount of drainage is expected)

-Difficulty breathing

-Excessive nausea/vomiting

If you have an emergency that requires immediate attention, proceed to the nearest emergency room.

**Every patient is different: If Dr. Zogby gives you individual instructions (even if they are different from this handout), please follow them.**

**Phone: (760) 943-6700**

**\*\*If you have any questions, please feel free to call our office.\*\***