

Daniel Elkin, MD
Orthopedic Sports Medicine

Postoperative Hip instructions

Your surgery involved the following:

- ☐ Labral repair ☐ Labral debridement ☐ Labral reconstruction
- ☐ Acetabuloplasty (Pincer debridement) ☐ Femoroplasty (CAM debridement)
- ☐ Subspine (AIIS) decompression
- ☐ Chondroplasty: ☐ Acetabulum ☐ Femoral head
- ☐ Microfracture: ☐ Acetabulum ☐ Femoral head
- ☐ Ligamentum teres debridement
- ☐ Capsular repair ☐ Capsular plication
- ☐ Loose body removal
- ☐ Abductor repair
- ☐ IT band release ☐ Trochanteric bursa debridement
- ☐ Iliopsoas release
- ☐ Hamstrings repair ☐ Hamstrings debridement
- ☐ Femoral head core decompression
- ☐ Other:

Brace

- ☐ You do not require a brace. You may progress as tolerated with weight bearing and motion unless told otherwise by Dr. Elkin.
- ☐ You have been placed into a hinged hip brace. Your brace allows motion from 0-90 degrees and should be worn at all times.
- ☐ You have been placed in a hinged knee brace. Your brace should be locked in 50 degrees of flexion other than when in physical therapy. Refer to your physical therapy protocol for further instructions. Dr. Elkin will instruct you regarding the discontinuation of the brace.
- ☐ Other:

Physical therapy

- ☐ Do not begin physical therapy until your first postoperative visit.
- ☐ Begin physical therapy immediately. You will be given a protocol to give to your therapist.

Activity

Weight bearing:

- ☐ **Full weight bearing:** Use crutches to assist with walking – you are able to bear as much weight as tolerated on operative leg. Further discussion of the length of time crutches are necessary are included in your physical therapy instructions.
- ☐ **Partial flat-foot weight bearing:** You may allow the weight of your leg to rest on the ground *only*. DO NOT BEAR FULL WEIGHT ON THE OPERATIVE LEG.
- ☐ **Non-weight bearing:** DO NOT BEAR ANY WEIGHT ON YOUR OPERATIVE LEG

Range of Motion:

❑ Full range of motion: You have no restrictions on your range of motion. Perform hip circumduction exercises starting the day after your operation.

❑ Limit hip motion (FAI): You must limit your hip motion. No hip flexion past 90 degrees. No hip extension past 0 degrees. No hip external rotation. Refer to your physical therapy protocol for further information.

❑ Limit hip motion (Abductor): You must limit your hip motion. No active hip abduction. No hip flexion past 90 degrees. No hip extension past 0 degrees. No active hip external rotation. Refer to your physical therapy protocol for further information.

❑ Other:

Activity

Ice: Apply an ice bag to the hip in a waterproof bag for 30 minutes each hour while awake. Place a towel around the ice bag to prevent direct contact between the ice bag and the skin. Direct contact for a prolonged period may cause a thermal burn to the skin.

Sleeping: If you have been given a brace be sure to sleep in it.

Activities: Do not engage in prolonged periods of standing or walking over the first 7-10 days following surgery. Avoid long periods of sitting. Avoid long distance traveling for 2 weeks.

Driving: NO driving until you are no longer taking narcotic pain medicine. Otherwise, speak with Dr. Elkin and your physical therapist about when you can safely resume driving.

Incision care

Keep the incision clean and dry after surgery. Once you are allowed to shower, keep the incision dry by wrapping the hip with a plastic bag or saran wrap

Do NOT use *any* ointments/creams/lotions on your incisions for the first 4 weeks following surgery. If the incisions have healed with no scabs at that time, you can begin to apply some vitamin E cream if you are concerned about scar formation. You should keep your incisions protected from direct sunlight for the first year with clothing or band-aids to prevent the scars from becoming dark and thickened.

Dressing changes

Your hip is dressed in sterile bandages, gauze, bandages. You may also notice markings on your skin (these will come off once you are allowed to start bathing).

Do not change your dressings until post-op day 2. For example, if you had surgery on Thursday, you would change your dressings on Saturday. At this point you can take off the dressing. Leave the Steri-strips in place. You may find some minor leakage, this is normal. Change your dressings daily afterwards. Keep your incisions covered until you return for your post – op visit.

Please DO NOT remove any of the steri-strips if you have them. They will fall off on their own.

Bathing

At 2 days post surgery, you can wash the leg or shower when you remove the initial dressing. If so, use a washcloth and warm, soapy water when washing. You may remove your brace when showering. Do not submerge the surgical area as the incisions are still healing. **Do not scrub the incisions.**

NO baths, swimming or soaking the incision until the incision is completely healed at about 4 weeks.

Steri-strips will soak off gradually with showering, please do not remove them.

When in the shower, it might be best to have an old/plastic chair or stool to sit on to prevent slips or falls.

Medication

Pain medications: Post operative pain is normal, as long as it is bearable and controlled with your prescribed medications. Generally, a short-acting narcotic pain medication (oxycodone, percocet, etc.) is prescribed for all patients following surgery. This should be taken as needed for pain every 4-6 hours. If you are not experiencing pain you should not take the medicine and may opt to take Tylenol instead to see if that helps with your pain. The specific drug varies from patient to patient. If you find that you are not experiencing significant pain, you can discontinue the pain medication as soon as comfortable. If you have further questions contact Dr. Elkin's office.

Take this medicine only as prescribed. Narcotic medicines may make you drowsy and/or dizzy, therefore driving a car or operating machinery is NOT ALLOWED UNDER ANY CIRCUMSTANCES while taking narcotics.

Please take note of the prescription refill protocol:

- **You MUST give your surgeon's office at least 48 hours notice for any refill**
- **Prescriptions will NOT be filled over the weekend or past 5pm**

Nausea: Zofran (Ondansetron 4mg) Take 1 tablet every 8 hours as needed for nausea or vomiting.

The anesthesia or pain medications can make some individuals nauseous. If you experience moderate nausea or vomiting, take as directed.

Constipation: Senokot tablets (purchase over the counter): Take 2 tablets nightly while taking pain medications.

The pain medications we provide can result in mild-to-moderate constipation. It is important to take a stool softener to prevent constipation. If no bowel movement by day 3 take 2 tablets at mealtimes and 2 tablets at night up to a maximum of 8 tablets.

Heterotopic Ossification (HO) Prophylaxis: Indomethacin ER 75mg daily for 7 days. Take 1 tablet with food daily to prevent bone formation.

Deep Vein Thrombosis (DVT) Prophylaxis: Aspirin ☐ 81mg or ☐ 325mg. Take 1 tablet daily for 30 days.

Lower extremity surgery places you at risk for forming a blood clot. The risk is believed to be low, but not insignificant. Patients with no history of blood clots are prescribed an aspirin daily for the first month to further reduce the likelihood of forming a blood clot. If you have had a blood clot in the past ALERT your provider, you may be given stronger alternate medication. If you have an allergy to aspirin speak to Dr. Elkin about an alternate treatment strategy.

Follow-up care

You should have an appointment with your surgeon 7-10 days after your surgery. To schedule an appointment, call 503-540-6300. If you have a problem after regular business hours call 503-540-6300.

Diet

Begin with clear liquids and light foods (jello, soups, etc.), and progress to your normal diet if you are not nauseated.

SPECIAL INSTRUCTIONS

☐ Please follow these instructions:

When to call your surgeon

Complications after hip surgery are fortunately very rare.

Call the office at 503-540-6300 if any of the following occur. If after hours and you are unable to reach your physician call 911 or go to the ER.

- Fever > 101.5°F
- Chills
- Increasing severe calf or leg pain
- Increasing swelling in calf or foot
- Numbness or tingling in leg or foot
- Hives, itching, rashes
- Shortness of breath or chest pain
- Vomiting that lasts more than 8 to 12 hours following surgery
- Drainage from incision sites that continues for more than 5 days follow surgery.