

Yazdan Raji, MD & Mark R. Hutchinson, MD**UI Health | UIC Sports Medicine**

During Business Hours: Call **312-996-1300** for any questions or concerns.

After Hours: Call **312-996-7000** for urgent questions after 6 PM. Ask for the orthopaedic resident on call.

Hip Arthroscopy Patient Discharge Education**Diet:**

- Begin with clear liquids and light foods (Jello, soup, etc.).
- Progress to your normal diet if you are not nauseated.

Post-Surgery Care:

- You will be in a hip brace with range of motion limited to 0-90 degrees hip flexion for 2 weeks. Your brace should be worn at all times but can be removed for hygiene and physical therapy.
- Weight bearing status will be determined after the surgery, but you will be using crutches for 2 – 4 weeks.
- You have TED hose (long white socks) after surgery. This can be removed on the third day after surgery.
- You may also be prescribed a continuous passive motion machine (CPM) that will move your leg for you. If so, start with initial settings of 30-70 degrees at one cycle per minute for 4 hours each day and then increase the range of motion by 5-10 degrees each day, each direction as tolerated.
- We will do frequent ankle pumps, i.e. move ankle up and down. This will help the circulation in your leg.
- Do Heel slides. Sitting up, slide your heel toward your buttock. This may be assisted by using a towel to pull your foot.
- Do Calf Pumps. Move your ankles, both legs, up and down, at least 10 times an hour until you are up and around regularly to encourage blood flow in the calves and reduce the risk of DVT (blood clot).
- Use of a stationary bicycle on LOW resistance is permitted and will help increase hip flexibility and reduce swelling

Rehabilitation Protocol:

- On the day of surgery, you will receive a detailed rehabilitation plan for you and your physical therapist to follow after surgery. Please refer to this sheet for range of motion and weight-bearing restriction.
- Please make/confirm a physical therapy appointment within approximately 3 days of surgery. Please take the rehabilitation sheet with you to your first therapy appointment.

Wound Care:

- It is normal to have minor drainage or oozing from the surgical sites from the fluid irrigation during the surgery.
- Keep your wounds dry and the bandages in place for the first 72 hours after surgery.
- After that time, you may remove the dressing. If minimal drainage is present, you may keep the dressing off, but you will notice special band-aids on the incision (Steri-strips) – please leave these special band-aids in place.
- After the dressing has been removed, you may shower but **DO NOT SOAK THE INCISIONS UNDER WATER. NO IMMERSION OF LEG/THIGHT INTO A BATH, POOL, etc.**

- Dry gauze may be placed back over the incisions.

Managing Swelling:

- If significant swelling occurs, contact your physician. Treatment options for swelling include oral anti-inflammatory medications to relieve pain so therapy can be continued.
- **Icing:** Ice can also help reduce discomfort especially over the first 24 hours. If provided, use the ice machine as instructed. If not, place an ice bag over the joint for 20 minutes, ensuring it does not touch the skin directly. This can be done 4-5 times daily. Stop immediately if you experience numbness or tingling.

Pain Management:

- Pain medication is injection is injected in the wound and hip during surgery. This will wear off within 8-12 hours.
- You may have received a nerve block prior to surgery. If so, this will wear off within 24-36 hours.
- **Medication:**
 - If you are having pain, please take your pain medication as prescribed.
 - Most patients require narcotic pain medication for a short period of time after surgery.
 - Common side effects include nausea, drowsiness and constipation. To decrease side effects, take these medications with food. If constipation occurs, you can utilize over the counter Colace or Miralax.
 - If you develop nausea/vomiting or rash while using the medications, please call the office so your medication can be changed.
 - Do not drive a car or operate machinery while taking narcotic pain medication.
 - The following medications are prescribed after surgery:
 - Acetaminophen every 6 hours for pain control
 - Oxycodone every 6 hours as needed for pain control
 - Naproxen twice daily for pain control and prevention of heterotopic bone formation
 - Baby Aspirin twice a to help reduce the risk of blood clots
 - Zofran (Ondansetron) every 8 hours as needed for nausea
 - Colace (Docusate) twice daily for constipation prevention

Follow-up:

- **Appointment:** You will typically have a follow-up appointment 1-2 weeks after surgery. This appointment should be made before surgery. If not, please make an appointment with your doctor or their nurse practitioner/physician assistant. If you have any other questions, please contact your doctor at **312-996-1300**.
- **Contact the office at 312-996-1300 with any of the following:**
 - Painful swelling or numbness
 - Unrelenting pain
 - Fever over 101°F or chills
 - Redness around incision
 - Continuous drainage or bleeding from the incision (a small amount is to be expected)
 - Color change in the leg
 - Trouble breathing
 - Excessive nausea or vomiting
- **If you have an emergency that requires immediate attention, proceed to the nearest emergency room or call 911.**