



Hip Arthroscopy Post-Operative Instructions

Dressing Change

- Leave the dressing in place for 48 hours following surgery.
- You may now apply a new, clean, dry dressing at least once a day.
 - Place sterile gauze over the incisions and then secure with tape
- **After 5 days**, you can leave the incisions open to air as long as they are dry and not draining
- It is extremely important to keep the surgical site clean and dry at all times to help prevent infection.
- Signs of infection include redness, swelling, increased pain, warmth, fever (above 101.5 degrees F) and drainage from the wound. If you note any of these signs, please call the office immediately at (214) 265-3200.

Bathing

- **You may shower 5 days after your surgery** and get your incisions wet as long as the wounds are dry and not draining. Let the water run down over the incisions but do not rub or scrub them. You may be given an aquaguard to put over your incisions so that you can shower before 5 days while keeping the wounds covered.
- If the wounds are draining, then wait until they are dry before getting them wet.
- **Do not soak or submerge** the surgical site until the wounds are completely healed (typically 4-6 weeks after surgery).

Activity

- Rest and elevate your leg for the first 24 hours.
- Use a pillow under your calf and ankle. **Do not place a pillow under your knee or heel.**
- Use your crutches while walking. You may put your operative foot down for balance but are **not allowed to put more than 20 pounds of pressure** on it to minimize the risk of hip fracture. You will typically be on crutches **for 4 weeks post-operatively** unless instructed otherwise.
- **Do not let your leg externally rotate for 3 weeks** post-operatively to protect your capsular repair and prevent instability.
- You will be discharged with a physical therapy prescription and a physical therapy protocol. The protocol is a description for you and your physical therapist that details all of your restrictions and activities through your entire recovery. Please be sure to give this to your physical therapist.
- **Please arrange your post-operative physical therapy appointment.** Our office can help you with this if needed. You may start as soon as the day following your surgery. They will guide you in exercises to perform while in the clinic and at home.
- Avoid long periods of sitting without the leg elevated, or long distance travel for **2 weeks**

Continuous Passive Motion (CPM Machine)

- You will be given this CPM machine to help move your leg for you
- You are to use this machine **6-8 hours per day**. Most patients prefer to use it at night.
- It will be set from 10-45 degrees initially and will advance according to the PT protocol that you are given.

Bracing

- You will be put in a hip brace after surgery.
- You are to wear this brace **when you are up and around for 3 weeks post-operatively**.

Ted Stockings/Sequential Compression Devices (SCDs)

- These compressive stockings/socks are to be worn for 2 weeks after surgery
- They aid in the control of lower extremity swelling and decrease the chance of blood clot formation
- You may remove for hygiene, but should be worn at all other times
- You may also be discharged home with portable sequential compression devices (SCDs) that help prevent blood clots as well. These are to be worn for **at least 3 weeks after surgery**.

Ice Therapy

- Icing is very important to decrease swelling and pain and improve mobility.
- Please use ice for 20 minutes each hour over surgical site.
- After 24 hours, continue to use the ice 3-4 times a day, 15-20 minutes each time.
- Be sure to keep clothing or a towel between ice and skin, as placing the ice directly on skin may cause frostbite. **DO NOT PLACE DIRECTLY ON SKIN.**

Medications

- You will be given a narcotic pain medication. This should be taken as needed every 4-6 hours for pain. Take with a little food.
- Narcotic pain medications **will not alleviate all of your discomfort**
- **Ice and elevation** will aide in additional pain control
- Take medications as prescribed
- **Do not mix narcotics with alcohol**
- Common side effects of narcotic pain medications include
 - Nausea- Take medication with food. If prescribed you may use anti-nausea medication. If nausea persists, call the office to consider having the medication changed.
 - Drowsiness
 - Constipation - We recommend purchasing an over-the-counter stool softener (such as colace) to take as directed while taking narcotics to prevent constipation. You will be given a prescription for this.
- **Do not drive a vehicle or operate heavy machinery while on narcotic pain medications**
- Narcotic medications **cannot** be called into the pharmacy. They will require a hand written prescription from the office. Please monitor the amount of pain medications you have remaining in order to not run out
- **Narcotics and pain medications will not be refilled on weekends or after hours.**
- You will likely be given a prescription for **BABY ASPIRIN** to take post-operatively. This is typically taken only **once a day** for 6 weeks post-operatively in combination with your compression socks **to help prevent blood clots**.
- You will also be given a prescription for **NAPROXEN** to be taken twice a day. This is really prescribed **to prevent extra bone from forming in your soft tissues** but also works to help minimize pain. Do not take if you are taking blood thinners or if instructed not to take the anti-inflammatories by your doctor. Take as directed. Take with food. Stop taking if you get any heartburn symptoms of stomach upset.

Post-Op Office Appointment

- If the appointment was not arranged prior to surgery, please contact the office at (214) 265-3200.
- **Your first post-operative visit should be 10-14 days after surgery**
- Depending on the procedure plan for follow-up visits at **6 weeks, 3 months, and 6 months** after surgery.

Emergencies or Concerns

Contact us at (214) 265-3200 or go to the nearest emergency room **if you have any of the following:**

- Pain worsens or does not go away after pain medication is taken.
- Any abrupt change in the nature or severity of pain
- Redness or swelling in your thigh or calf that will not decrease.
- Redness around incisions
- Continuous drainage or bleeding from the incision (occasional drainage is expected)
- Difficulties moving your toes or **extreme pain when moving your toes**
- Numbness or tingling that does not go away or is getting worse
- Cold foot or color change in extremity (Please be aware that the skin prep in surgery may have an orange, brown, or blue tint)
- Develop a **fever greater than 101.5 degrees F.**
- Chest pain, shortness of breath, intractable nausea/vomiting, or anything else concerning
- If you have an emergency after office hours or on the weekend, call (214) 265-3200 to be connected to our pager service. They will contact Dr. Raynor or one of his colleagues. **Do not** call the hospital or surgery center.
- **If you have an emergency that requires immediate attention, proceed to the nearest emergency room.**

Dr. Raynor strives to take **exceptional** care of his patients. If there are any concerns, difficulties, or problems, please let him know. He wants to work with you to achieve the best possible outcomes. This is best obtained with an open line of communication.

Wishing you a quick and successful recovery.

M. Brett Raynor, MD

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