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Hip Arthroscopy Postoperative Instructions

You had the following procedure/s:

- Diagnostic hip arthroscopy
- Labral repair/debridement
- Femoral head osteoplasty
- Acetabular osteoplasty/rim trimming
- Microfracture acetabulum/femoral head
- Iliopsoas release
- Gluteus medius repair
- IT band release
- Bursectomy

Driving is permitted on POD#5, or until which point you are not dependent on narcotic medication for pain control.

Physical therapy appointment should be scheduled for post-operative day #1.

WEIGHT BEARING

- Foot flat, protected weightbearing with ≤ 10 lb of pressure
- Partial weightbearing : 25% or 50%
- Non-weightbearing
- Full Weightbearing as tolerated

ACTIVITY

Place pillow between your feet to sleep at night. This is to control the position of your hip during the healing process and prevents your legs from crossing. Limit range of motion for 2 weeks to 0-90⁰ flexion. Also limit extension past neutral (i.e. do not bring your leg behind your body). You may experience some low back pain as a result of traction. If so, please apply heating pad to area and take an analgesic if you have not already done so.

BANDAGES/DRESSING/BATHING

A light compressive dressing has been applied to your incision to absorb some of the fluid. You may remove the dressing on post-operative day three. However if the dressing is saturated prior to day three you can change the dressing earlier. Drainage from the incision site in the first week are normal. The incision may be gently washed with water but should not be soaked in water. It should be immediately dried and covered with a bandaid. If present, leave the steri-strip tape across the incisions. If you are concerned about any redness or drainage of the incisions please call the office.

SWELLING

Do not be alarmed if you get swelling in the operated leg. This is expected. The swelling can take up to three to four months to subside. Keep your leg elevated above the level of your heart, with a pillow under your calf not the knee. This will help minimize swelling in the leg. As you become more ambulatory, the swelling may increase (even down to the ankle). Swelling can be further controlled by cold therapy over the surgical site.

BRUISING

You may also develop some bruising around the incision site and the operated leg. The bruising will eventually go away as the body reabsorbs the blood.

FEVER

A low grade fever (less than 101°) is common within the first 3-5 days following surgery. If the fever is higher or lasts longer, or is accompanied by increasing pain at the site of surgery, you could have an infection. If this occurs, please call our office for advice.

MEDICATIONS

You were given one or more of the following medication prescriptions before leaving the hospital. If you need a refill on your medication, please call the office by early Friday morning to insure that you will have our medications over the weekend.

Narcotics (Oxycodone, Hydrocodone): Some patients do not like to take medications but if you wait until your pain is severe before you take the narcotic pain medication, you will be very uncomfortable. Try to stay ahead of your pain. Always take the medications with food and do not drive while taking narcotic pain medications. Narcotic pain medications can cause side effects, the most common of which is nausea and constipation. If this occurs, trying taking zofran or phenergan to control the nausea. Also you might need to temporarily use a stool softener to alleviate the constipation.

Non-Steroidal Anti-Inflammatory Drugs (Advil, Motrin, Naprosyn): During the first two days you may occasionally take an NSAID tablet between doses of narcotic pain medication. Always take NSAID with food. Do NOT take NSAIDS if you have an ulcer or a history of problems taking NSAIDS.

Acetaminophen (Tylenol): The provided pain medicine narcotic will typically contain acetaminophen so do not take additional acetaminophen to control your pain.

Anti-Nausea Medication (Phenergan, Zofran): Try to stay ahead of your nausea and take the medication as soon as you begin to feel nauseated.

Antibiotics (Keflex, Clindamycin, Levaquin): Depending on the procedure you may have been discharged home with a course of antibiotics, take them as directed.

Antithrombotic (blood thinners): Sometimes your history or procedure will call for the use of a medication to decrease your risk of blood clots. If so you will be provided a prescription for enteric coated aspirin or other antithrombotic agents.

Spinal / Regional Anesthesia Injections: You may have been given a spinal or regional nerve block, either before or after surgery. This may cause your entire leg to feel numb for 12 – 36 hours.

FOLLOW -UP

Please call our office to schedule your first post operative appointment. At which time we will review your surgical findings, post-operative program, remove stitches, and answer any of your questions.

PHYSICAL THERAPY

Physical therapy should be started the day after surgery. Please contact the physical therapy location to schedule this if you have not already done so.

IN CASE OF EMERGENCY

Please contact me (Curtisbush@texashealth.org) or call the office phone number in case of an emergency. If your call or email is after hours or on the weekend, your call will be patched through to the answering service and either myself or one of my associates will assist you.