

Craig S. Mauro, MD
Discharge Instructions
Hip Arthroscopy

A successful recovery after hip arthroscopy includes controlling swelling and discomfort, healing, regaining normal range of motion of the hip joint, regaining strength in the muscles around the hip joint, and gradually returning to preoperative activities. The following instructions are intended as a guide to help you achieve these individual goals and thereby recover as quickly as possible after your hip surgery.

A. Comfort:

Although surgery uses only a few small incisions around the hip joint, swelling and discomfort can be present. To minimize discomfort, please do the following:

1. **Ice:** Ice controls swelling and discomfort by slowing down the circulation in your hip. Use the EZ Wrap or place crushed ice in plastic bag over your hip 4-6 times every day for no more than 20 minutes at a time. Once the initial dressing has been removed, place a thin towel between your skin and the ice.
2. **Elevation:** Elevate your knee and ankle above the level of your heart. The best position is lying down with two pillows lengthwise under your entire leg. This should be done for the first several days after surgery, especially if you notice swelling in your leg or foot.
3. **TENS Unit:** You may be given a TENS Unit for pain control following surgery. You have been given instructions and a protocol with the unit.
4. **Pain Medication:** Take medications as prescribed, but only as often as necessary. Avoid alcohol and driving if you are taking pain medication.
5. **Back Discomfort:** You may experience low back pain or muscle spasm due to positioning during surgery. You may apply moist heat (20 minutes, 3-4 times a day) for relief.
6. **Sleeping:** You may sleep in any position that is comfortable. Sleep in the brace and use pillows to prop your body for support.

B. Medication:

You have been given prescriptions for pain medication and a stool softener to take after surgery. Depending on your medical history and the type of surgery performed, you may or may not be given a prescription for an anti-inflammatory medication or a medication to prevent a blood clot. Please let Dr. Mauro know if you have an allergy or sensitivity to any of these medications.

1. **Pain Relief:** Percocet (oxycodone/acetaminophen) 5/325mg, 1-2 tablets every 4-6 hours as needed for pain
2. **Stool Softener:** Colace (docusate sodium) 100mg, 1 capsule twice a day as needed for constipation while taking pain medication
3. **Excess Bone (Heterotopic Ossification) Prevention:** Indocin SR (indomethacin) 75mg, 1 tab daily with food for 4 days only
4. **Stomach Ulcer/Bleeding Prevention:** Prilosec (omeprazole) 20mg, 1 tab daily for 4 days only (while taking Indocin)

5. **Anti-inflammatory and Heterotopic Ossification Prevention:** Naprosyn (naproxen) 500mg, 1 tablet twice a day with food for 2 weeks then as needed (begin the day after your last dose of Indocin)
6. **Nausea Relief:** Zofran (ondansetron) 4mg, 1 tab four times a day as needed for nausea
7. **Blood Clot (DVT) Prevention:** Aspirin 325mg, 1 tablet once a day with food to prevent blood clots. You may require a different anti-coagulant (blood thinning medication) for a brief period following surgery while you are limited in your ability to bear weight. This medication may be Coumadin (warfarin) or Lovenox (enoxaparin) injection. If you have been given a prescription for one of these medications, DO NOT take Aspirin or any other anti-inflammatory medications.

C. Eating:

1. Your first few meals after surgery should include light, easily digestible foods and plenty of liquids.
2. Some people experience slight nausea as a temporary reaction to anesthesia.

D. Activities:

1. **Weight-bearing:** You may put 20 lbs of your weight with a flat foot on your operative leg using your brace. Limited weight-bearing will continue for at least 2 weeks. The progressive increase in weight-bearing depends on the type of surgery performed. Two crutches should be used until directed to discontinue by Dr. Mauro.
2. **Brace:** You may have a hip brace that is to be worn for 2 weeks following surgery. It will allow motion between 0° and 60° of hip flexion. You may remove the brace for exercises and for hygiene.
3. **Exercises:** You may move your hip through range of motion, avoiding external rotation. Follow your physical therapist's instructions. Home exercises should be done at least 3 times each day (15 repetitions of each exercise at each session). You will be given an instruction sheet with photos explaining the exercises you should perform. You should begin your exercises on the day after surgery.
4. **Physical Therapy:** Physical therapy should begin the day after surgery. Make an appointment with a therapist of your choice for the day after surgery. You will be given a prescription and instructions for therapy at the time of your operation. Please take these with you to your first therapy session.
5. **Return to Work/School:** Your ability to return to work depends on your level of discomfort and how much demand your job puts on your hip and leg. If you have any questions, please discuss them with Dr. Mauro.
6. **Athletic Activities:** Athletic activities such as throwing, lifting, swimming, bicycling, jogging, running, and stop-and-go sports should be avoided until cleared by Dr. Mauro.
7. **Driving:** Driving is NOT permitted until after your first postoperative visit and may not be permitted for 6-8 weeks following right hip surgery.

E. Wound Care:

1. Keep the dressing on, clean, and dry for the first full day after surgery.
2. Remove the dressing on the second day after surgery. You may have steri-strips (small white tape on the skin) over your incision(s). These steri-strips must be left in place until the first office visit. You may apply band-aids to the small incisions around your hip. For larger incisions, apply a dry dressing of sterile 4x4 gauze and tape. The sterile 4x4 gauze

may be purchased at your local pharmacy. Apply new band-aids and/or a new dry dressing each day.

3. You may shower 5 days after surgery covering your incision(s) with plastic wrap. Apply new band-aids and/or a new dry dressing after showering.
4. Tub bathing, swimming, and soaking should be avoided for two weeks after surgery.

F. Call Dr. Mauro If:

1. Pain persists or worsens in the first few days after surgery.
2. You note excessive redness of wounds and surrounding area, or drainage of cloudy or bloody material from the wounds. (Clear red tinted fluid and some mild drainage should be expected). Drainage of any kind 5 days after surgery should be reported to Dr. Mauro.
3. You have a fever greater than 101°.
4. You have pain, swelling, or redness in your leg, calf, or foot.
5. You have numbness or weakness in your leg, calf, or foot.
6. You have any questions or concerns at any time.

G. Return to the Office:

Your first office appointment should be within the first 7-10 days after your surgery. Call Dr. Mauro's office to make your first postoperative appointment if it was not already made.

Your first postoperative appointment with Dr. Mauro is: _____