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Dr. Brian White – Hip Arthroscopy Discharge Instructions

- ❖ **These are your post-op care instructions from Dr. White.** Please follow them carefully. If you have any questions or concerns after you leave the hospital, please contact a member of Dr. White's team at Western Orthopedics. 303-321-1333.
- ❖ **Follow-Up Appointment:** Please set up an appointment to see Shawn Karns, Dr. White's PA in 10-14 days from surgery. Be sure to communicate that it is your first postoperative appointment. If you are a traveler (typically more than 2 hours away), please see either your Primary Care doctor, your Physical Therapist, or your home orthopedist at that time for suture removal and wound check, then schedule an appointment with Dr. White in 6-8 weeks. See your discharge paperwork for clinic phone numbers if you don't already have them.
- ❖ **Diet:** You may resume your regular diet. Drink plenty of non-alcoholic fluid, non-caffeinated fluids. Caffeine can lead to dehydration which can worsen constipation with pain meds. A cup or two of your morning coffee is ok so you don't get a caffeine withdrawal headache. But drink plenty of non-caffeinated fluids to offset your coffee.
- ❖ **Nicotine:** Do not use any product with nicotine, including cigarettes, vape pens, patches, gums, etc. Nicotine may prevent your labral graft from adhering properly, which could result in increased pain and additional surgeries.
- ❖ **Weight Bearing:** You will be allowed to put 30% of your weight on your operative leg with the use of crutches or a walker. By now your Physical Therapist has helped you determine which is most appropriate for you. Your weight bearing restrictions are in affect for 4 weeks. Some people may use one crutch for a while after that, others may not be ready to get off of crutches that quick. Your Physical Therapist will guide you.
 - If you had a microfracture (you know if you did as this has been reviewed by your PT and OT at the hospital at this point), you are allowed to put 20% of your weight on your operative leg for 6 weeks.
 - If you had a Z-plasty lengthening of your IT band, you are allowed to put 20% of your weight on your operative leg for 6 weeks.
 - If you had a ligamentum teres reconstruction you will be allowed to put 20% of your weight on your operative leg for 6 weeks.
- ❖ **Other Restrictions:**
 - Do not do straight leg raise exercises for 2 weeks. This is to help minimize the risk that your hip flexor tendon becomes inflamed. Give it some time to cool off.
 - Do not turn your toe out (or externally rotate your hip) for 2 weeks. This is to allow the hip capsule (soft tissue repair) some time to heal. Use the immobilizer boots or CPM (continuous passive motion machine) at night to help keep your foot straight to prevent external rotation of your hip.
 - There is no strict bending past 90 degrees restriction for this procedure. You can bend over to dress yourself. However, it may not feel comfortable and you may want to avoid it for a couple of weeks. But know you are not causing damage to the surgical repair if you do.
- ❖ **Dressings and Wound Care:**
 - The first post-op dressing change will occur on the first or second day after surgery, before discharge. A guaze pad and Tegaderm dressing will be used to create a waterproof bandage.

We will give you plenty of supplies before you go home, but if you run out, large waterproof bandaids are fine to use.

- Change the gauze pads and op-sites ("Tegaderm") every 2-3 days after the first change, or if they become wet or soiled.
- DO NOT touch or apply ointments to the incisions.
- At each dressing change evaluate the incision for excessive drainage (that looks like pus), redness surrounding the incision or red streaks coming away from it, increased pain, and increased temperature. There are all signs of infection. Clear pink or yellow drainage is not worrisome. If you have questions or concerns, please call immediately. 303-321-1333.
- ❖ **Bathing:** It is important to keep the incisions dry at all times for the first 2 weeks after surgery. The Tegaderm & gauze dressings can be used to cover the wounds completely to allow showering during this period and to keep the wound dry. You do not need to cover this dressing with Saran Wrap. It is waterproof as it is. After showering, the dressing does not need to be changed unless it becomes wet underneath. Avoid baths, swimming pools or soaking in a hot tub until all incisions are completely healed, usually in about 2-3 weeks. (It is recommended that you stay out of a hot tub for 6 weeks).
- ❖ **Sutures:** In most cases, your incisions will have "suture tags" on the outside of the skin at either end of the wounds. These are NOT dissolvable. Removing these is the purpose of your 2 week post-op appointment. A wound evaluation will also be done at this time. Please do not try to remove the sutures on your own.
- ❖ **Driving:** You cannot drive until you are off of narcotic pain medications. The determination of when to drive is based on when you feel that your braking time is not affected by your surgery and you can do it safely. For the right leg, this may be at 4-6 weeks. It may be sooner on the left. But in general, waiting 2 weeks until some of your range of motion precautions expire is recommended. Please use caution in the beginning and consider first practicing in an empty parking lot.
- ❖ **Physical Therapy:**
 - Please make an appointment for your Physical Therapy to begin as soon as possible after surgery (in the next day or two). Dr. White believes that working hard and getting started early with Physical Therapy and doing the exercises regularly at home is critical for a successful outcome.
 - You were given a Physical Therapy prescription (order, referral) with Dr. White's protocol stapled together. It can be found in the packet that you were given by Dr. White after your surgery. The packet also has your pictures that Dr. White reviewed with you, your jump drive with the video he did for you and some additional paperwork. Your Physical Therapy prescription is custom written for you & the details of your surgery immediately after your surgery, so don't lose it. You will need to take the prescription and the attached protocol with you to your first PT appointment.
 - In this protocol you will be given specific exercises to follow at different time frames during your rehabilitation. Your Physical Therapist will help guide you. Follow these instructions carefully. If you have any questions, please call the office. 303-321-1333.
- ❖ **SWELLING, INFLAMMATION CONTROL AND REACHING YOUR RANGE OF MOTION GOALS ARE THE PRIMARY FOCUS FOR THE FIRST 2 WEEKS AFTER SURGERY.** The following will help you reach your goals:
 - **Ice:** Ice your hip 5-6 times a day 30 minutes at a time. This can be achieved in a number of ways: ice bags, durakolds, freezer wraps or frozen peas can be used. If you purchased the Ice Man unit, use it as much as possible (using the above intervals for a total of at least 3-4 hours a day). Whatever the means, be very diligent with your icing. Be sure to put a layer of cloth, such

as a T-shirt, next to your skin while icing, as the ice can cause frost bite. If you are using the Vascutherm unit there is no need for the thin layer of cloth next to your skin.

- **Range of motion:** Exercise will help to decrease the amount of swelling. Follow your specific protocol of activities and stay within the limitations outlined in your physical therapy protocol.
- **CPM (Continuous Passive Motion) Machine (or bending machine):** The CPM is helpful for minimizing scar tissue, helping the healing process, and helping midrange of motion. It should be used for 4-6 hrs/day for 2-3 weeks (or a minimum of 6-8 hrs/day for 6 weeks if a microfracture was performed). It can be used at night instead of the immobilizer boots to keep the foot in a neutral position. Advance 3-5 degrees daily as you can tolerate. The goal is to get to 0-70 degrees in 2 weeks. Don't elevate the head of the bed beyond 45 degrees while using the CPM as this will flex your hip more and it may be uncomfortable. You cannot use the CPM too much, but it is wise to come out of it frequently to fully extend your hip as extra use could make the hip flexor tight. Use the CPM to augment your home therapy exercises, not to replace them. End range, or terminal flexion and extension, is best achieved with other exercises.
- **Sequential Compression Devices (“SCDs”):** You will be set up to have a machine for home use. You should wear them on your calves to help prevent blood clot formation. They should be worn while in bed, or when you are resting and not active, for 2 weeks. They cannot be worn too much, so if you want to wear them all day that is ok. But remember they only have a 6 hour battery life so you'll need to plug them in often if you chose to wear them more.
- ❖ **If you had a Z-plasty lengthening of your IT band** you will also be given a hip brace to wear when you are ambulating for 6 weeks. You will also need to use the A frame abduction pillow while in bed for 6 weeks. These are both important to prevent abduction (moving your leg out to the side) and adduction (bringing your leg across the midline) of your operative leg, which protects the IT band while it heals.
- ❖ **Blood Clots:**
 - Blood clots, or deep vein thrombosis (DVT), in the legs are a major risk factor after orthopedic surgery on your hip.
 - It is important that you take your blood thinner as prescribed and wear your SCDs and/or TED hose as recommended.
 - Warning signs of blood clots/DVT include:
 - Swelling, usually in one leg, and it can be either leg. They are not isolated to the surgical leg.
 - Leg pain or tenderness, especially pain behind the calf.
 - Reddish or Blueish skin discoloration.
 - Leg is warm to the touch.
 - If you experience symptoms of a DVT you should go to your local emergency department, with a sense of urgency, for an evaluation. An ultrasound will be done. Should you be diagnosed with a blood clot be sure to notify Dr. White.
 - Blood clots in the legs can break away and travel to the lungs, causing a pulmonary embolism (PE).
 - Warning signs of a PE include:
 - Sudden shortness of breath.
 - Sharp, stabbing chest pain that may get worse with deep breathing.
 - Rapid heart rate.
 - Unexplained cough, sometimes with bloody mucus.
 - If you experience symptoms of a PE, call 9-1-1 immediately for ambulance transfer to an emergency department.

Dr. Brian White – Hip Arthroscopy
Discharge Medication Instructions

Below is a list of medications you may be going home on after surgery. Specific instructions will be given by your nurse before you go home.

- ❖ **Blood Thinner:** You will be on a blood thinner (Ecotrin 325mg, which is coated Aspirin, or Lovenox) to prevent blood clots.
 - Ecotrin can be purchased over the counter.
 - If the combination of Aspirin and Naproxen is difficult for your stomach, please take the prescription Protonix (Pantoprazole) that you were given, or over the counter Prilosec (Omeprazole) while you're on these medications.
- ❖ **Extra Blood Thinner for Travel Days Only (if prescribed):**
 - Long travel (flights, car travel, trains, etc.) after surgery increases your risk for developing a blood clot/DVT.
 - To reduce your risk on travel days, be sure to stand up and move around every 1.5-2 hours.
 - You will also be prescribed a more potent blood thinner (Lovenox 40mg) to prevent blood clots on the day(s) you travel.
 - Lovenox (enoxaparin) is an injectable medication and comes in pre-filled syringes.
 - Administer one syringe at least 2 hours before you begin your journey.
 - You will ONLY take this medication on days you travel. If you are breaking your journey into several days, you will inject a new syringe on each day you are traveling.
 - DO NOT take Aspirin on the day(s) you give yourself Lovenox.
 - DO NOT take Naproxen or Celebrex on the day(s) you give yourself Lovenox.
 - To inject Lovenox, follow these instructions:
 - Wash your hands and the area of skin where you will give the shot.
 - Use an alcohol pad to further clean the area where you will give the shot.
 - Allow the alcohol to dry completely on your skin.
 - Look at the syringe to be sure the drug is clear and colorless or pale yellow.
 - Take the cap off the needle.
 - DO NOT push any air or drug out of the syringe before giving the shot.
 - Lie down and pinch a fold of skin between your finger and thumb. Push the entire needle into the skin where you cleaned and then press down on the syringe plunger to inject the drug. Hold onto the skin the entire time you give the shot. Do not rub the site after you give the shot.
 - It is normal and expected for Lovenox to burn as you give it.
- ❖ **Naproxen:**
 - It is used for hip arthroscopies to limit the chance of hip flexor tendonitis & bone formation in the muscle
 - Be sure to take it with a full meal, otherwise it will cause an upset stomach.
- ❖ **Protonix/Prilosec:**
 - It is recommended that you take this daily, **on an empty stomach typically first thing in the morning**, to prevent GI upset (heart burn, upset stomach, etc) from taking Naproxen.
- ❖ **Stool Softener/Laxatives:** Take your stool softener (Colace or Senokot) twice daily until you are off of all pain medications as they can cause constipation. In addition, it's a good idea to take a laxative daily (Miralax, Dulcolax, Milk of Magnesia) to help facilitate a normal bowel regimen. If you are still struggling with constipation in a day or two, despite taking both of these medications, you should try Magnesium Citrate or an enema. All of these medications can be purchased over the counter.

- ❖ **Nausea medication:** Zofran (Ondansetron). To be used as needed.
- ❖ **Pain Medication:**
 - Take pain medications with food.
 - Begin weaning off at about 48-72 hours after discharge as you can tolerate.
 - Start tapering your pain medication 48-72 hours after discharge. First drop the dose (1 pill instead of 2, or a half of a pill instead of a full pill) and continue every 4 hours. You'll know in about an hour if the lower dose is effective. If it isn't, then go ahead and take the other half of your dose and wait another day to start to taper. The next step will be to begin spreading the time in between doses to 5 or 6 hours, progressing day by day. You can then begin substituting Tylenol 650mg in place of pain medications.
 - Examples of short acting pain meds are Tramadol, Norco, Oxycodone, Dilaudid
 - DO NOT drive while on pain medication.
 - DO NOT drink alcohol while on pain medication.
 - DO NOT take extra Tylenol while on pain medications while many of them already contain Tylenol. (Tylenol in excess of 3,000mg daily, or combined with alcohol can cause irreversible liver damage.)
 - ***An important point:*** Pain medications are sedating. For safety reasons, it is important that you have a family member in charge of administering you your medications. Keep your pain medication secure in your home so they don't fall into the wrong hands.
 - ***Please note:*** Narcotics are HIGHLY ADDICTIVE pain medications. They can create constipation and lethargy. They must be used with caution. The body can adapt to them, and in order to achieve pain relief, the body may require increasing doses and ultimately become dependent on them. For these reasons, Dr. White prescribes narcotic medications with caution. They are prescribed for acute pain, but should be tapered and used sparingly.
 - ***Also note:*** It is the strict policy of Dr. White's office that narcotics and other pain medications will NOT be refilled on weekends or after hours. As well, to avoid creating an addiction, Dr. White will only provide 1 refill of your short acting pain medication.
 - Once you've discontinued taking pain medication, please dispose of any excess safely such as at a community drug take back event, your local pharmacy drug take back drop box, or maybe at your local police or fire station. Do not flush them down the toilet or throw them in the trash.
- ❖ **Muscle Relaxers:** To be used every 6-8 hours as needed for muscle spasms (which typically feel like a sharp, stabbing, burning or pressure type pain). Take them only if needed. Examples are Robaxin & Valium.

For women using **hormonal Birth Control or HRT** (Hormone Replacement Therapy): Most often you can continue to take it postoperatively. However, due to increased risks of blood clots with birth control or HRT, as well as during the postoperative phase, you may need to discontinue the therapy for several weeks. It is best to consult your primary care provider, or gynecologist regarding the risks and benefits of their continued use while you recover