

Post-operative Care following Hip Arthroscopy

You will be seen in the office for your first post-operative visit 7 to 10 days from your surgery. This appointment is often made when you book your surgery date. During this visit, you will be shown your intra-operative pictures, detailing the pathology in your hip. Your incisions will be checked and you will be given a prescription to begin physical therapy at this time. **If you are unsure of, or need to schedule, an appointment, call (516) 622-6040.**

WOUND CARE

You will have two small incisions on your hip following surgery. After removing your bandage, you will notice black stitches closing your incisions. The stitches will be removed at your first post-operative visit (about one week following surgery). On occasion, absorbable sutures and Steri-strips are used to close the incision. In this case, there is no need to remove the sutures.

Your incisions will be covered with gauze, padding and a clear “water-tight” dressing. It is important to keep the surgical site as clean and dry as possible. You will remove this dressing 48 hours following surgery (If you had surgery on a Monday, the dressing would come off on Wednesday). You will cover the stitches with band-aids at the time. If you have Steri-strips in place instead, those should be left on, and will be removed at your first post-operative visit.

In order to visualize the structures of your hip during surgery, fluid is placed into the hip joint. Often times, the fluid can leak out onto the dressing. This should be no cause for alarm.

You may shower following removal of your bandage. You should not put any soaps, lotions or ointments on the incisions. You may allow water to run over the incisions, which should be patted dry immediately after showering.

CRUTCHES

You will leave the Ambulatory Surgery Center using crutches. You are to be partially weight-bearing from 2 to 6 weeks depending on the type and extent of your surgery. This means you are using the crutches to take most of the weight off of the affected leg. There is no need to keep your foot off of the ground at all times. This technique will be reviewed with you prior to your discharge.

In regards to stairs, it is always best to play it safe. It is often difficult to navigate up and down with crutches. If at all possible, try to make accommodations to avoid using stairs in the early post-operative period. When you do need to use the stairs, the crutches should always remain with the affected leg. The saying “Up with the GOOD, down the BAD” can help you remember the proper way to do so. Go up the stairs leading with your good leg first, keeping the crutches with your affected leg as you fully come up the step. Come down the stairs with your affected leg and crutches first, followed by your “good” leg. We can go over this at your first post-operative visit.

PAIN MANAGEMENT

You will be given a prescription for pain medication following your surgery. Understand that this medication may hinder your ability to drive. It is important to avoid drinking alcohol in combination with this medication.

You may ice your hip to help manage pain and inflammation following your surgery. Ice may be applied to the area for 20 minutes at a time up to three times per day. Make sure there is a barrier between the ice bag and your skin, such as a towel.

ACTIVITY

Following surgery, you will need to use a CPM at home. This is a Continuous Passive Motion machine. It will gently flex your hip for you. In most cases, you will be restricted to 70 degrees of hip flexion. This setting will be adjusted by the machine vendor upon delivery to your home. Even if range of motion to 70 degrees feel easy or very comfortable, you should NOT push yourself past this point.

You should use the CPM for 2 hours at a time, at least 2 times per day for the first 7 to 10 days following surgery. At your first post-operative visit, you will be told whether or not you need to continue with this machine.

In regards to range of motion, it is important to avoid deep-seated chairs or couches as well as low toilet seats until the 70 degree restriction has been lifted (usually six weeks).

Driving is often an issue following this surgery (especially if it the surgery was done on your right hip). There should not be any driving during the first 10 days following surgery, regardless of the side operated on. The necessary use of pain medication and slowed reaction time may pose a danger behind the wheel. If surgery was performed on your left hip, you can discuss returning to driving at your first post-operative visit. For right hip surgery, you must be able to fully and quickly perform an unassisted straight leg raise to be able to go from the gas pedal to the brake pedal efficiently. This will be demonstrated to you on your first post-operative visit. It often takes 2 to 4 weeks for this function to return. In general, you may not drive under the influence of pain medication.

Physical therapy is an integral part of your success following surgery. Specific rehabilitation guidelines are provided to you so that your physical therapist can safely and appropriately work on your hip, progressing you through the different phases of your rehab. In general, you will begin physical therapy after your first post-operative visit.

Your return to work is dependent on many factors and will be discussed at your first post-operative visit. The need to drive and/or fully bear weight on your leg in order to work will play a large role in your return date. Sitting for prolonged periods of time in the early part of your post-operative period may also be uncomfortable and work adjustments may need to be made. Generally, you may feel comfortable enough to return to work after 2 weeks. Depending on your driving status, further accommodations may need to be in place.