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**CENTRAL INDIANA
ORTHOPEDICS**

POSTOPERATIVE INSTRUCTIONS HIP ARTHROSCOPY

Please refer to your pre-operative information packet for more in-depth explanations

DIET

- Begin with clear liquids and light foods (Jellos, soups, etc)
- Progress to your normal diet if you are not nauseated

WOUND CARE

- If oozing from the surgery site occurs and the dressing appears soaked with bloody fluid, change the dressing as needed. This is not uncommon due to the fluid irrigation used during surgery and usually resolves after 24-36 hours.
- Remove surgical dressings on the 2nd post-operative day -- if minimal drainage is present, apply band-aids or a clean gauze dressing over incisions and change daily.
- Try to wear your ted hose placed on you immediately after surgery for most of the day for the first 2 weeks after surgery. This is to help prevent blood clots
- DO NOT use bacitracin or other ointments under the bandage
- To avoid infection, keep surgical incisions clean and dry. You may shower starting on the 3rd post-operative day if the wound is dry. Please make sure each incision is covered with a waterproof bandaid during shower -- NO IMMERSION of operative leg (i.e. bath/pool/hot tub)

MEDICATIONS

- Local anesthetic is injected into the wound during surgery. This will wear off within 6-12 hours
- You will go home with the following medicines after surgery:
 - Pain medication: Percocet 1-2 tablets by mouth every 4-6 hours as needed
 - Heterotopic Ossification Prophylaxis: Indocin SR 75mg, 1 tablet by mouth with food for the first 10 days post-operatively. Take the first dose the morning after your surgery
 - Anti-Inflammatory: Naprosyn EC 500mg, 1 tablet by mouth two times per day OR Celebrex 200mg, 1 tablet by mouth daily. Begin this after you have completed the 10 days of Indocin.
 - Stomach Prophylaxis: Prilosec 20mg, 1 tablet by mouth daily (take on empty stomach before breakfast)
 - Anti-spasm: Zanaflex 4mg, 1-2 tablets by mouth every 6 hours as needed for muscle spasm
 - Blood Clot Prevention: Baby Aspirin (81mg) twice daily until sutures are removed in the office.
- Common side effects of the pain medication are nausea, drowsiness, and constipation. To decrease the side effects, take medication with food. If constipation occurs, consider taking an over-the-counter laxative or stool softener. Drink at least 8 glasses of water each day to prevent constipation and stomach pains.
- If you are having problems with nausea and vomiting, contact the office to possibly have your medication changed.
- Do not drive a car or operate machinery while taking narcotic medication
- Take one aspirin 325 mg daily for the first 30 days after surgery to help reduce the risk of blood clots. This should be taken with food



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ACTIVITY

- Elevate the operative leg above chest level whenever possible to decrease swelling
- Use crutches to assist with walking. You will be allowed to bear 50% of your weight to your operative leg with the use of crutches after surgery unless otherwise notified by Dr Camilleri.
- Do not engage in activities which increase pain/swelling (prolonged periods of standing or walking) over the first 7-10 days following surgery
- Avoid long periods of sitting (without leg elevated) or long distance traveling for 4 weeks

BRACE

- Your brace will be placed on you before waking up in the recovery room. This brace should be worn at all times until the nerve block wears off (if given). The block typically lasts 12-24 hours. You will know the block is worn off when you have full muscle control of your operative leg. It is not uncommon for sensation to the leg to return at a slower pace compared to muscle control
 - Once the nerve block wears off, the brace is to be worn when ambulating w crutches. It does not need to worn during sleeping after the block wears off
- The appropriate settings will be placed on your brace by Dr Camilleri immediately after surgery. Your therapist will be given separate instructions regarding what to set the brace at.
- Your CPM should be used at least 6 hours/day in the first 2 weeks post-operatively. CPMs are typically started at 30 deg of flexion immediately after surgery and can be increased in 5 deg increments daily. Flexion should not exceed 60 degrees.

ICE THERAPY

- Begin immediately after surgery. **DO NOT** apply ice or ice unit directly to skin, have a barrier
- Use icing machine continuously or ice packs (if machine not prescribed) every 2 hours for 20-30 minutes daily until your first post-operative visit. Remember to keep your leg elevated to level of the chest while icing. Ice is a natural pain reliever and is a key element to pain control post-operatively.

EXERCISE

- Formal physical therapy (PT) needs to begin 2-3 days after your surgery day. This should be scheduled for 2x per week for the first 2 months.
- Do ankle pumps continuously throughout the day to reduce the possibility of a blood clot in your calf
- A handout with exercises to do at home until seen by your therapist was provided to you in your pre-operative information packet. Please perform those exercises 3-4 times each day until seen by therapy.
- Your therapist will be giving you exercises to do at home. These should be done 2 times daily for at least the first 6-8 weeks.

EMERGENCIES**

- Contact Dr Camilleri or his assistant Becca Corya at 800-622-6575 if any of the following are present:
 - Painful swelling or numbness
 - Unrelenting pain
 - Fever (over 101 degrees -- it is normal to have a low grade fever for the first day or two following surgery) or chills
 - Redness around the incisions
 - Color change in the foot, ankle, or leg



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- Continuous drainage or bleeding from incision (small amount of drainage is expected)
- Difficulty breathing
- Inability to urinate 8 hours after surgery
- Excessive nausea/vomiting

**** If you have an emergency after office hours or on the weekend, contact 800-622-6575 and you will be connected to our pager service. They will contact Dr Camilleri or one of his partners if he is unavailable. Do not call the hospital or surgery center.**

**** If you have an emergency that requires immediate attention, proceed to the nearest emergency room**