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Post-Operative Instructions Hip Arthroscopy

POST-OP MEDICATION FOR HIP ARTHROSCOPY

Patient: _____ DOS: _____

DOB: _____ Age: _____ Allergies: _____

AS NEEDED BASIS

- _____ Oxycodone 5mg: 1-2 tablets every 4hrs as needed for pain (Narcotic)
- _____ Robaxin 750mg (Methocarbamol): 1 every 6hrs as needed for muscle spasms
- _____ Zofran 4mg (Ondansetron): 1 every 6-8hrs as needed for nausea
- _____ Colace 100mg: 1 capsule twice daily for constipation
- _____ Hydroxyzine (Vistaril) 25mg: 1 every 8 hours for pain, itching, anxiety & muscle spasms
- _____ OTHER: _____

SCHEDULED MEDICATIONS

- _____ Voltaren DR 75mg (Diclofenac) - 1 every 12hrs. Start: POD 1 Stop: POD 14
- _____ Aspirin 81 mg (ASA) - 1 capsule twice daily. Start: POD 2 Stop: POD 32
- _____ Losartan 25mg 1/2 tablet every 12 hrs: Start: POD 2 Stop: POD 16
- _____ Tylenol 500mg – 2 tablets every 8hrs Start: POD 1 Stop: POD 10
- _____ OTHER: _____

SUPPLEMENTS (OPTIONAL)

- _____ Vitamin C
- _____ Glucosamine
- _____ Fish Oil
- _____ Fisetin

POST-OPERATIVE MEDICATION DESCRIPTION

Narcotic Medications (Oxycodone/Percocet/Norco):

Are prescribed for pain control. You may take 1-2 tablets with maximum frequency: every 3 -4 hours. Take this medication with food (even a cracker will help prevent nausea). For mild pain that does not warrant these medications, you may take acetaminophen (Tylenol) instead. Due to the Acetaminophen content do not exceed 12 tablets in 24 hours. Exceeding this dosage limit may cause liver toxicity.

You will be given a prescription for pain medication upon discharge from the hospital or clinic. Pain medication should be taken as prescribed until your pain is under control. **It may help to take your pain medication, and a muscle relaxer thirty minutes before therapy.**

Robaxin (Methocarbamol):

This medication is a “muscle relaxant” and helpful in reducing muscle spasms. Muscle cramping usually begins within the first 48 hours following surgery. If you feel muscle spasms or cramping in your thigh or low back, take Robaxin 750 mg every six hours as needed. Using Robaxin may decrease your need for pain medications. **Beware:** Robaxin may make you feel drowsy. Patients also find it helpful to take Robaxin at bedtime for nighttime spasms/pain/difficulty falling asleep due to hip soreness.

Zofran (Ondansetron):

Zofran helps suppress nausea. Some patients feel nauseous from the surgical anesthesia and other medications. Place 1 tablet under your tongue at the first sign of nausea and every 6-8 hours as needed. Please call us if you are experiencing vomiting.

Voltaren (Diclofenac):

Voltaren is a “non-steroidal anti-inflammatory” (NSAID) that will help with pain control and reduce inflammation. NSAIDs can also be helpful in blood clot prevention and Heterotopic Ossification. After Voltaren, you may take over-the-counter NSAIDS as needed for inflammation and should be used as directed on the bottle. Always take NSAIDs with food.

Losartan:

Losartan is a blood pressure medicine that is used as an anti-scarring agent. This medication begins the second day after surgery and taken twice a day. This medicine may cause dizziness for the first few days. This medication comes in tablets of 25mg. To take 12.5 mg twice daily, the 25mg pill will need to be split in half. A pill splitter can be purchased at most pharmacies.

Aspirin:

This is used primarily for DVT Prophylaxis (i.e. Blood Clot Prevention). One baby aspirin (81mg) should be taken twice daily for 4 weeks. Wait to start this until post-operative day two to minimize the risk of bleeding after surgery.

Hydroxyzine:

This is an antihistamine similar to Benadryl. It is often used for itching but can also help with muscle spasms and anxiety. It can cause drowsiness and caution should be used if driving while on this medication.

SUPPLEMENTS AND CONSTIPATION

Suggested Supplements For Joint Health:

For enhanced joint health you may use these supplements: **fish oil, vitamin C, glucosamine and Fisetin**. Vitamin C may be taken for three months following surgery, starting on the second day after surgery. Take the recommended dose on the package, typically Glucosamine and fish oil may be started as soon as two days after surgery, as long as you are not experiencing nausea and tolerating the medications above. These can be taken long-term. Glucosamine comes in many forms and is made by many companies, (ex: Cosamin ASU). Different preparations may present different daily doses. For vitamin C and glucosamine, take the dose recommended on the package. When taking fish oil, start with 3 grams daily for the first 6 months, then decrease to 2 grams long term. These supplements can be taken at any time and can be spread throughout the day.

Note: If you have an allergy to shellfish please do not try glucosamine. Only take if there is a form that you have not had any problems within the past.

For Post-Operative Constipation:

It is very common for patients to experience constipation after surgery because of the use of pain medications, etc. It is important to drink plenty of water or Gatorade and cut back on diet drinks and soda after surgery. Adding leafy green vegetables, fruits, whole grains, and other fiber-full foods such as prunes to your diet can also be of help. As a daily stool softener, we suggest **Colace** 100 mg tablets twice daily for the first week post-operatively or as long as you experience constipation. You can purchase this over-the-counter (OTC) at your local pharmacy. You can add **Miralax** to Gatorade or water to assist with prevention of constipation. This is the preferred medication if you have constipation on a routine basis. For severe constipation, one 8 oz. bottle of **magnesium citrate** should resolve this problem. This is also available over-the-counter. Passing gas is good, as is a bowel movement at least every 3 days.

POST-OP CRUTCHES, CPM, ICING

After Surgery Care and Information:

Many questions arise during the first week after surgery. There are many new sensations felt in the body, especially in the operative hip and leg. The following will help answer many of your questions to help relieve normal anxiety.

Crutch Use:

Flat foot weight bearing for 14 days. Start weaning off post op day 15 through day 21 with goal of full weight bearing without crutches by day 21. After surgery, you will be flat foot (heel to toe) weight bearing with 20 pounds of pressure with the aid of crutches with a goal maintaining a symmetric, well-balanced gait. The length of flat foot weight bearing status may be extended if additional procedures are performed. (proper flat foot (heel to toe) weight bearing will also assist in decreasing your risk of developing a DVT or blood clot).

Icing:

Ice your hip, especially in the first couple weeks, after a therapy session, whether at a facility or at home. Ice helps both with swelling/inflammation and pain. Ice should be used 20-30 minutes on, with a 20-30 minute break.

NICE Cold Therapy Machine: This is an optional device to help you with your post-surgical recovery. It includes a hip wrap that provides cool therapy and can add compression. You may start using this immediately after your surgery. Do not use the compression setting until two weeks after your surgery to allow the surgical incisions to heal. Always wear shorts a place a towel so that the hip wrap is never in direct contact with your skin to prevent frost-bite. You can choose the intervals and how long to ice for, and you can choose to use this at night. If using overnight, we suggest using a lower setting to prevent skin irritation.

CPM (Continuous Passive Motion): This keeps the hip in motion to prevent adhesion formation and improve range of motion during your early recovery phase. The device is not often covered by insurance but is highly recommended. It is used for the first 4 Weeks, 6-8 hours per day

ROM Settings: 10-45 1st week; 0-60 2nd wk; 0-70 3rd wk; 0-80 4th wk (thru 8 if Mfx)

It is recommended you use the CPM machine at night while sleeping to fulfil the 6-8 hour required use. Alternatively, the CPM machine can be used throughout the day, as long as the total use time is >6 hours. **You will need assistance to get into the CPM for the first couple of days after surgery.**

Tips:

To help in the prevention of lower back pain try and maintain proper Spine alignment while in the CPM. Additionally you may roll a towel or use a small pillow behind your lower back. Place the CPM unit in the middle of the bed to aide in the prevention of the machine and your leg falling off the bed. Avoid placing the unit on a couch or narrowed place for reclining. Use a power strip to plug in CPM and NICE machine. This allows turning off of one switch versus multiples.

RANGE OF MOTION RESTRICTIONS & EXERCISES

Range of Motion:

- Abduction 0-45 degrees for 2 weeks
- Flexion: No restrictions
- Extension: 0 degrees for 17 days. Avoid hyperextension to protect the capsule repair
 - Extension goal is to gain full extension to 0 by the end of the 1st week.
- No External Rotation for 21 days to protect the capsule repair
- Avoid sitting with the hip at 90 degrees for the 1st two weeks

Tip:

To avoid hip flexion at 90 degrees for the 1st two weeks: use a higher chair, a recliner chair, or while sitting you can slouch forward or backward. Please have the physical therapist do all circumduction exercises in 45 degrees of flexion or less with small control circles.

Circumduction: 4x daily, 5 minutes counter/clockwise (10 minutes total)

You and your care taker will be instructed how to perform hip circumduction prior to your discharge home. Circumduction should be performed 4 times per day. This is performed moving the hip in a clockwise and counterclockwise direction, 5 minutes each direction. Circumduction performed 4x per day has been shown to significantly prevent scar adhesions and the need for revision surgery.

Active Foot/Calf Pumps:

Do 10 up and down pumps of your feet every hour while awake. Also remember to do these when riding in a vehicle for any length of time, and on an airplane. Foot pump and calf pump rationale: Compression of calf muscles causing return of the blood in your lower legs to your heart.

Breathing/Preventing Respiratory Problems:

Please use the incentive spirometer, 10 deep breaths every one hour while awake. Continue for first week post-op. When lying on back (supine) in bed during days 1-3 post-op, please place 3 pillows behind the back to raise head and improve ability to cough and deep breath.

Spare the Hip Flexors: 2 weeks

In order to NOT irritate your hip flexors (and prevent lingering flexor tendinitis) do not actively lift your operative leg against gravity. This means when lying on your back, getting off the bed/table, or getting into the CPM, someone must lift your leg for you the first 2 weeks. Also when getting in/out of a vehicle, or turning sideways in a chair, the leg needs help. After you are feeling and moving better, you may be able to use your other foot/leg to move the operative leg about if comfortable.

Physical Therapy:

You are expected to attend your scheduled PT sessions. If you are experiencing pain, take pain and muscle relaxant meds and go to PT, as many times doing the exercises will help ease the pain. Do not hesitate to call a Dr. Ridley team member with any concerns at any time. Your attendance at PT and doing your complete home exercise program are crucial to your outcome after arthroscopic hip surgery!

Pain Control:

A prescription for pain medication will be given to you upon discharge from the hospital. Pain medication should be taken as prescribed until you pain is under control. It will help to take your pain medication thirty minutes before therapy if you are experiencing any pain.

Tip:

Applying ice and elevating the leg as much as possible will help with the pain. Try to relax and allow other people to help you out as much as possible the first week.

INCISION CARE

Dressings:

- After surgery, wounds are typically covered with gauze and tape. This dressing should be kept in place for the first 48 hours after surgery. You may begin dressing changes and shower 48 hours after surgery. Following this, you may change your dressing daily and as needed.
- Leave any steri-strips (adhesive paper strips over the incision) in place.
- Keep your incisions clean and dry at all times. Avoid putting any topical creams or ointments on your incisions.
- There may be stitches visible when changing dressings. These should be left in place until removed in clinic.
- Do not submerge the wounds in water (bathtub, pool, lake) for at least 2 weeks after surgery.
- Because of the fluid used to inflate the hip during surgery, some drainage is expected. If the dressings become saturated or drainage continues beyond the first few days, please call the office.
- If you should have any questions or concerns regarding your incisions, the best thing to do is to contact Dr. Ridley's office.

Sutures:

A combination of dissolvable and visible sutures have been utilized to close the skin incisions. The dissolvable sutures have been placed beneath the skin and will dissolve on their own. Any visible sutures will remain in place and will be removed at your post op visit, typically two weeks after surgery. Steri-strips have may have been applied over the incision to reinforce the sutures. Allow these steri-strips to fall off on their own. After the initial dressing is removed, over-the-counter dressings/band-aids can be placed to cover the visible sutures to prevent abrasions or snagging of these sutures.

You may resume regular showers after the initial dressing is removed. While the wound is draining please keep waterproof band-aid or bandage over incisions during the shower. After drainage has stopped you may allow water to run over the incision sites and pat the incision dry. ***Do no submerge hip in water ex: baths, hot tubs while stitches are in. Pool therapy is okay with a water proof bandage in place.***

Return to School / Work:

Your return to work date will be based upon the your recovery and job requirements. You must take the time to honor your commitments to physical therapy and office visits once returning to work. Employer forms for time off/return to work can be dropped off or faxed to Dr. Ridley's care team at 763-786-3320

Follow Up Appointments:

Dr. Ridley's Care Coordinator will contact you to schedule a clinic visit for you. These are typically 2 weeks, 6 weeks, and 3 months after surgery.

EMERGENCY / POST-OP CONTACT INFORMATION

QUESTIONS / PROBLEMS

Risk:

There are several risks to any surgery that must be taken into account.

Infection:

Infection is decreased with a sterile operating environment and antibiotics. Also, careful handling of the incision sites following surgery reduces the risk of infection. You will be given antibiotics during and after your surgery.

DVT:

Deep vein thrombosis, blood clot) is decreased through instituting early motion (CPM), mechanical means (foot pumps, SCDs) and medication (aspirin). Following the pre -operative and post-operative instructions will reduce the risk of deep vein clots.

Pain:

With any surgical procedure there is a potential complication of pain. Medication, ice, rest, compression, elevation and therapy reduce post-operative pain.

Numbness:

With hip arthroscopy, there is a small chance of numbness in the genitalia region briefly postoperatively. Also, you may experience some numbness of the upper outer portion of the thigh on the operative leg after surgery and it is not uncommon to experience temporary numbness about the feet post operatively. These symptoms are often related to the positioning

utilized during hip arthroscopy, mainly that traction is applied to the legs to increase the working space within the hip joint. The nerves may be stretched or bruised during the procedure. This is normal and the numbness will resolve over time which could take up to several weeks.

Call our office or an emergency room IMMEDIATELY if any of the following occur:

- Fever, chills, or sweats
- Non-clear (i.e. yellow or green) drainage from the incision, or increased pain in or around the incision.
- Calf swelling, redness, pain or warmth
- Chest pain, difficulty of breathing, or cough

Always feel free to contact Dr. Ridley's medical team with any concerns and questions!

*****IF YOU BECOME HOSPITALIZED FOR ANY REASON AFTER SURGERY***
INSTRUCT THE ADMITTING PHYSICIAN TO CALL US AT #763-717-4120.**

POST-OP CHECKLIST WEEK 1

Patient: _____ DOS: _____

HIP: ___ Right ___ Left

This Week: 20# Flat Foot weight bearing with Crutches

Day 1: Voltaren Circumduction 4 x daily PT Ankle pumps SCDs CPM 10-45

Day 2: Voltaren Losartan ASA Tylenol Circumduction 4 x daily PT Ankle pumps CPM 10-45

Day 3: Voltaren Losartan ASA Tylenol Circumduction 4 x daily PT Ankle pumps CPM 10-45

Day 4: Voltaren Losartan ASA Tylenol Circumduction 4 x daily PT Ankle pumps CPM 10-45

Day 5: Voltaren Losartan ASA Tylenol Circumduction 4 x daily PT Ankle pumps CPM 10-45

Day 6: Voltaren Losartan ASA Tylenol Circumduction 4 x daily PT Ankle pumps CPM 10-45

Day 7: Voltaren Losartan ASA Tylenol Circumduction 4 x daily PT Ankle pumps CPM 10-45

Before leaving Medical Facility

- P.O. visit scheduled
- Up and down stairs on crutches
- PT appointment scheduled

Milestones to be accomplished by end of 1st week:

- 0 degrees of extension
- Weaning off pain meds
- Stationary biking without difficulty
- Understanding of PT program
- Ambulation on crutches without difficulty

POST-OP CHECKLIST WEEK 2

This Week: 20# Flat Foot Weight-bearing with Crutches

Day 8: Voltaren Losartan ASA Tylenol Circumduction 4 x daily PT Ankle pumps CPM 0-60

Day 9: Voltaren Losartan ASA Tylenol Circumduction 4 x daily PT Ankle pumps CPM 0-60

Day 10: Voltaren Losartan ASA Tylenol Circumduction 4 x daily PT Ankle pumps CPM 0-60

Day 11: Voltaren Losartan ASA Circumduction 4 x daily PT Ankle pumps CPM 0-60

Day 12: Voltaren Losartan ASA Circumduction 4 x daily PT Ankle pumps CPM 0-60

Day 13: Voltaren Losartan ASA Circumduction 4 x daily PT Ankle pumps CPM 0-60

Day 14: Voltaren Losartan ASA Circumduction 4 x daily PT Ankle pumps CPM 0-60

Milestones to be accomplished by end of 2nd week:

- Off pain meds
- Independent with functional daily activities

POST-OP CHECKLIST WEEK 3

This Week: 50-100% Weight Bearing (WB)

Day 15: ASA Circumduction 4 x daily PT Ankle pumps CPM 0-70 50% WB

Day 16: ASA Circumduction 4 x daily PT Ankle pumps CPM 0-70 50% WB

Day 17: ASA Circumduction 4 x daily PT Ankle pumps CPM 0-70 75% WB

Introduce Extension Exercises at Day 18

Day 18: ASA Circumduction 4 x daily PT Ankle pumps CPM 0-70 75% WB

Day 19: ASA Circumduction 4 x daily PT Ankle pumps CPM 0-70 75% WB

Day 20: ASA Circumduction 4 x daily PT Ankle pumps CPM 0-70 100% WB

Day 21: ASA Circumduction 4 x daily PT Ankle pumps CPM 0-70 100% WB

Milestones to be accomplished by end of 3rd week:

- Discontinue use of crutches without a limp or Trendelenburg gait
 - If symptoms increase remain at % of WB until symptoms resolve, or use 1 crutch-opposite arm
- Introduce ER and extension exercises beyond 0 degrees

POST-OP CHECKLIST WEEK 4

This Week: Full weight bearing

Day 22: ASA Circumduction 4 x daily PT Ankle pumps CPM 0-80

Day 23: ASA Circumduction 4 x daily PT Ankle pumps CPM 0-80

Day 24: ASA Circumduction 4 x daily PT Ankle pumps CPM 0-80

Day 25: ASA Circumduction 4 x daily PT Ankle pumps CPM 0-80

Day 26: ASA Circumduction 4 x daily PT Ankle pumps CPM 0-80

Day 27: ASA Circumduction 4 x daily PT Ankle pumps CPM 0-80

Day 28: ASA Circumduction 4 x daily PT Ankle pumps CPM 0-80

Milestones to be accomplished by end of 4th week:

- Discontinue use of CPM
- Full weight bearing without a limp

RECOVERY TIMELINE

Medications	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7
Pain medications (as needed)	2 weeks						
Aspirin	4 weeks						
Losartan	2 weeks						

Equipment & Activity	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7
Crutches	2 weeks						
Circumduction	4 weeks						
Spare Hip Flexors	2 weeks						
CPM	4 weeks						