

Surgery Instructions

Mickey Plymale, MD

Palmetto Health Orthopedics 803-296-9340

HIP ARTHROSCOPY

What to Expect

- The following instructions will help guide you through your recovery. Separate instructions for therapy and exercises will be given and are available at www.....
- Dr. Plymale's PA (Physician Assistant) Dean Levesque will be closely involved in your care and recovery. A physician assistant is a licensed practitioner that has completed over 2 years of post-college medical training and has the credentials and expertise to treat patients independently.
- **1st Post-Operative Visit** – This will be between 10-14 days after the surgery. You will see Dr. Plymale and he will go through your pictures from surgery and answer any questions that you may have.
- **2nd and 3rd Post-Operative Visits** – Occur at 4-6 weeks and 3-4 months after surgery. During these visits you will be seen by Dr. Plymale and or Dean Levesque (Dr. Plymale's PA) to ensure that you are comfortable and meeting the recovery goals. Mr. Levesque is always in direct communication with Dr. Plymale and does have the medical expertise, training and credentials to help you along with your recovery.
- **4th Post-Operative Visit** – Occurs at 6 months after surgery. Dr. Plymale will discuss any questions that you have and ensure you are making a complete recovery.
- **Physical Therapy** – Physical therapy can start within 24 to 48hrs after surgery. We will assist with setting up physical therapy upon scheduling your surgery.
- We will contact your insurance company to authorize your surgery, but we suggest that you also contact your insurance company for further information and to verify coverage.

Day of Surgery

- **Diet** – Do not eat or drink anything after midnight the day of surgery.
- When you get to the hospital or surgery center Dr. Plymale will come speak with you and confirm the procedure and the operative limb. Feel free to ask any questions.
- The anesthesiologist will also come speak with you. For certain surgeries we routinely perform regional blocks for pain control during and after surgery. A regional block is a small injection that will numb the nerves at the operative site for up to 12-30 hours after surgery. These blocks are excellent for pain control. They do have risks and if you have any questions be sure to ask the anesthesiologist.
- **After surgery** you will wake up in the recovery room and once you are comfortable and fully awake, the nurses will discharge you.

Post-Operative Care

- **Diet-** Following surgery, nausea is very common. Begin with clear liquids and progress to your daily diet as tolerated.
- **Wound Care-** A bandage is applied to the operative site. Keep this on for 48 hours after the surgery.
- It is normal for there to be drainage and for the dressing to become blood tinged. If this occurs, reinforce with additional dressing.
- Remove the dressing after the second post-operative day.
 - It is still normal for there to be some drainage. Apply band-aids to the incision sites, change daily until 5 days after surgery and then there does not need to be any dressing from then on.
 - If you have a separate, larger incision on the side of the hip, keep dressing intact and incisions dry for 5 days post op
- No showers until after the dressing is removed (48 hours post op). Running water only.
 - Do not soak in bath or hot tubs.
 - Pat the area dry
- Crutches should be used to assist with walking and you may put 25% of your weight on the operative leg
- No driving until instructed by your physician.
- Generally, if you have a desk job you may return to work/school after the 1st week.
- Return to a physically demanding job will be discussed on your postoperative visit.
- Ice packs can be applied to the affected hip.
- Use continuously for the first 72 hours postoperatively, then in 30 minute increments 4-5 times per day thereafter as tolerated.

Medications

- Most patients require the use of narcotics for a period of time after surgery. Take as directed. Common side effects of pain medication: nausea, insomnia, itching, constipation, drowsiness, hallucinations. Take medications with food to reduce side effects
- Do not operate machinery or moving vehicles while taking the pain medication.
- Ibuprofen, Motrin, Advil or Aleve (over-the-counter anti-inflammatories) may be taken as directed in addition to the pain medication to control symptoms
- If you were prescribed Toradol (Ketorolac) or Indomethacin or Meloxicam, do not take over-the-counter anti-inflammatories until this is gone.
- If you were given Aspirin. **This is to help prevent blood clots.** Do not take this with other over-the-counter anti-inflammatories unless instructed to by Dr. Plymale.

Emergencies

- If at any time you have questions or emergent concerns contact Dr. Plymale or his physician assistant Dean Levesque, PA-C at (803-296-9340).
- If you are calling after hours or over a weekend you will be directed to the physician answering service and you may be called by the physician or physician assistant on call.

- Please call if any of the following arise:
 - Fever >101. (It is normal to have a low grade fever for the first 1-2 days after surgery)
 - Redness
 - Painful swelling
 - Numbness
 - Shortness of breath
 - Excessive bleeding and/or drainage from incision sites
 - If you require immediate attention, go to the nearest emergency room

Follow-up

- A follow-up appointment will be set for 10 -14 days after the surgery. If you have questions or concerns about this date or any other questions related to your care please contact Dr. Plymale's team at (803-296-9340) during normal office hours.

Post Operative Expectations

- The following is a brief guide of what to expect during your recovery from hip arthroscopy. If you have any additional questions, please do not hesitate to contact my office and physician assistant Dean Levesque.
- Don't over do it. This is a long process and over doing it will not speed it up. Ask your therapist or myself any questions that come up through your recovery.
- Recurrent hip flare-ups may hinder the post-operative recovery and may actually compromise the outcome of the hip surgery.

Day 1

- Weight bearing: You are able to put about 20 pounds of pressure on your operative side. A little weight on your foot actually takes some of the pressure off the repaired hip.

Weeks 0-2

- Keep the incisions dry for 48 hours. You will also be taught, in more detail, how to use your crutches, and the precautions. The therapist will also help you move your hip through range of motions and start performing very gentle exercises.
- You will be given a written protocol so you will know what to expect. This phase is very important to protect your hip repair.

- Avoid putting too much weight on your leg and lifting the leg up. I recommend avoiding active hip flexion (lifting your leg up at the hip) until 2-3 weeks after your surgery. This precaution is to prevent excessive hip flexor tendonitis after your surgery.
- In therapy, you will receive specific stretching and muscle work to the front of your belly and to the front, inner and back side of the hip complex. You will also start some gentle strength exercises for the muscles around the hip complex.
- The goals of this stage are to restore the function of the hip, back and leg muscles to prepare them for use.

Weeks 2-6

- This is an exciting time. You will wean off the crutches at this time. It's important at this phase to use the crutch on the opposite arm of your surgery. Contrary to popular belief, using the crutch on the opposite side reduces the stress at the hip. Your hip should be feeling much better at this point, but be careful to avoid stressing the repaired labrum and hip muscles.
- Exercises: You will start gentle hip flexion at this point, but do not over-do it because you may cause tendonitis at this area. Your therapists will start to advance exercises at this point to strengthen the gluteus muscles (muscles that make up your buttocks), hip inner and outer thigh muscles and back (core) muscles.
- You will receive more home based exercises at this point to progress your mobility. Gait training (walking training) will also be performed to help you get walking. You may need to work on balance over the newly repaired hip. Balance boards will be used at this point. Bicycling is also encouraged at low resistance.
- Manual therapy: This will continue to help stretch out your muscles, loosen them up and help with strength training. Gentle hip joint stretching may be used early in the recovery, with more advanced stretching used later in the recovery.

Weeks 6-9

- Some stiffness, tightness or soreness may be experienced especially at the groin area. At this phase, self stretching becomes more important and you will have more home strengthening to do. Your walking should be without a limp, or you should be working on walking smooth.

Weeks 9-12

- The goals of this stage are to restore full range of motion of this hip through stretching, strength training and "functional training."

Weeks 12-16

- At this stage, the labrum and hip flexors will be well healed and advancement to running, agility and plyometric exercises will be added. With running, you will be encouraged to perform a run/walk protocol to ease into advance work.
- Goals for Discharge: At the end of therapy and home exercise you may undergo a test to see if your hip strength and motion has been fully restored.

- Depending on how you are doing sometimes you will need therapy to be extended up to 6 months.