

## **POST-OPERATIVE INSTRUCTIONS**

### **Hip Arthroscopy:**

### **Labral Repair**

### **Acetabuloplasty/CAM takedown (bone spur removal)**

### **Dr. Sostak**

visit [www.healthy-txt.com/drsostak](http://www.healthy-txt.com/drsostak) for more detailed instructions

**PAIN:** You will receive your pain medication prescription before you leave the surgery center. After the first day or two, as the pain lessens, you may decrease the frequency with which you take the medication. Remember, the medications are not necessarily meant to completely eliminate your pain, only to make it more bearable.

Narcotic pain medications can cause constipation; you may wish to use an over-the-counter stool softener to help prevent this. Narcotic pain medications can cause constipation; I recommend using Senokot-S, an over-the-counter stool softener, 1 tab twice a day to help prevent this. You can increase to 2 tabs twice a day as needed. In addition Miralax or Milk of Magnesia can be used if no results with the Senokot-S. Use ice as much as possible for the first 48 hours, then it is recommended to ice 5 times/day for 20 min each time for 2 more weeks.

**DRESSINGS:** You will have a soft dressing applied over your incisions. It is meant to absorb any leaking blood or fluid from the joint, and to protect from infection. Leakage immediately after surgery is normal and actually helps to drain some of the fluid that accumulates in the joint during surgery. The dressings may become moist or blood-stained; this is normal and usually not a cause for alarm.

**BATHING:** You may remove your dressing 48 hours after your surgery to take a shower. Under the surgical dressing, you may have steri-strips over your incisions (small white strips of tape). Please leave them in place until they fall off on their own or until they are removed at your first post-op appointment. You may let soap and water gently wash over your incisions, but do not scrub them. Pat them dry with a towel, then recover each of the incisions with a band-aid if desired. You may not soak your shoulder in a bathtub or go into a pool or hot tub until incisions are well healed (usually takes a few weeks).

**PHYSICAL THERAPY:** Therapy typically starts within a week after surgery. The timing for when you begin physical therapy will be individualized based on your surgery.

**WEIGHT BEARING:** You will be given crutches. You should NOT put full weight on the operative leg for 1 month total. You may do partial weight bearing after surgery,

which means putting your foot down for balance with up to 50% of your weight. Typically after 1 month, you will be progressed to full weight bearing with the help of your physical therapist.

**OFFICE VISIT:** Your first post-op visit will be scheduled 7-10 days after surgery. At this visit, we'll check your incisions and answer any questions you may have.

**WHEN TO CALL:** Please call our office at (630) 584-1400 if you develop a fever greater than 101°F, increasing pain that is not responding to pain medication, redness around incisions, increased swelling, persistent bleeding or drainage, or drainage other than clear fluid or blood. You might experience mild numbness or tingling into your legs within the first few days after surgery. This is from traction placed on the legs/hip during surgery and will dissipate with time. You should call our office if you experience worsening of the numbness or increased cold sensation into your feet.

**PREVENTION OF BLOOD CLOTS:** Although the risk is very low, there is a small chance of developing blood clots into the leg after a surgery. A blood clot in the leg is called a DVT or deep vein thrombosis. Some patients will be asked to take a 325mg aspirin daily for 3 weeks after surgery to prevent blood clots. Some patients at higher risk of blood clots will require another form of anticoagulation such as lovenox injections, xarelto or coumadin pills. Those at higher risk include patients who have had prior DVT or have clotting disorders. We will advise you on an individual basis if you need to take a medication.

**DRIVING:** If you had a right hip surgery, you should not drive for 3-4 weeks post-op. This is for your safety, as well as other drivers. Secondly, you should not drive while taking any narcotic pain medications. If you had a left hip surgery, you may drive once you are done taking the pain medication.

**MOTIONS TO AVOID:** If you had a hip **labral repair**, you should avoid flexing your hip further than 90 degrees after surgery, and avoid any pivoting/twisting motion of the hip until instructed to do so by your therapist. It is important to protect the labral repair immediately after surgery. Motion will be progressed in physical therapy based on Dr. Sostak's protocols.

**RETURN TO WORK:** This depends on the nature of your job. If you have a desk job or can work from home, you may be able to do computer/phone work within 1 week of surgery. However, you may not drive yourself to work for 3-4 weeks.

If you have a labor-intense job, or job that requires heavy lifting/repetitive bending, you may need to be off full duty work for 4 months. You may have restrictions for up to 6

months after a labral repair. Some employers allow light-duty, and we can give you work restriction notes at each post operative visit if necessary.

**RETURN TO SCHOOL:** It's ok to return to school once pain is tolerable and can be managed during school hours without narcotic pain medications. Typically your surgery will be on Thursday and you should be able to return to school at some point the following week.

## **MOST COMMON QUESTIONS**

### **WHEN CAN I PUT FULL WEIGHT ON MY LEG?**

You will be given crutches. You should not put full weight on the operative leg for about 4 weeks. You may do partial weight bearing after surgery, which means putting your foot down for balance with up to 50% of your weight. Typically after 1 month, you will be progressed to full weight bearing with the help of your physical therapist.

### **WHEN CAN I GO BACK TO WORK?**

This depends on the nature of your job. If you have a desk job or can work from home, you may be able to do computer/phone work within 1 week of surgery. However, you may not drive yourself to work for 3-4 weeks.

If you have a labor-intense job, or job that requires heavy lifting/repetitive bending, you may need to be off full duty work for 4 months. You may have restrictions for up to 6 months after a labral repair. Some employers allow light-duty, and we can give you work restriction notes at each post-operative visit if necessary.

**WHEN CAN I RETURN TO SCHOOL?** It's ok to return to school once pain is tolerable and can be managed during school hours without narcotic pain medications. Typically your surgery will be on Thursday and you should be able to return to school at some point the following week.

### **WHAT RESTRICTIONS DO I HAVE AFTER MY HIP LABRAL REPAIR?**

Since you had a hip **labral repair**, you should avoid flexing your hip further than 90 degrees after surgery. You should also avoid any pivoting/twisting motion of the hip. It is important to protect the labral repair immediately after surgery. Motion will be progressed in physical therapy based on your surgeon's protocol.

## **HOW CAN I LEARN MORE ABOUT HIP ARTHROSCOPY?**

Please visit <http://orthoinfo.aaos.org/topic.cfm?topic=A00572>

### **SPORTS SPECIFICS**

#### **HIP ARTHROSCOPY**

##### **LABRAL REPAIR**

We know you are eager to return to your sports and hobbies. We want to guide you safely through that process. Please use the following as a guide

##### **DANCE**

3 months post op: light dancing, no pivoting at hip

6 months post op: no restrictions

##### **BASKETBALL**

3 months post-op: Jogging and light dribbling/passing

4-5 months post-op: “Shooting around” but no contact, agility/plyometric training with the guidance of a professional

6 months post-op: No restrictions

##### **FOOTBALL**

3 months post-op: Jogging and throwing drills

4-5 months post-op: Agility/plyometric training with the guidance of a professional

6 months post-op: No restrictions

##### **SOCCER**

3 months post-op: Jogging

4-5 months post-op: Agility/plyometric training with the guidance of a professional

6 months post-op: No restrictions

##### **WRESTLING**

3 months post-op: Jogging

4-5 months post-op: Agility/plyometric training with the guidance of a professional

6 months post-op: No restrictions

### **HOCKEY**

3 months post op: may skate on ice but no pivoting or rapid movements

6 months: no restrictions

### **BASEBALL/SOFTBALL**

3 months post-op: Jogging and throwing drills

4-5 months post-op: Throwing and batting drills

6 months post-op: No restrictions