

**Andrew J. Riff, MD, Hinsdale Orthopaedic Associates S.C.**

**Locations:** 550 W Ogden Avenue, Hinsdale, IL 60521; 1010 Executive Court, Suite 250, Westmont, IL 60559; 2940 Rollingridge Rd #102, Naperville, IL 60564

**Phone:** For appointments and calls after business hours (8-4:30 M-F) please call 630-323-6116 (central scheduling and call forwarding). For clinical concerns during business hours, please call Dr. Riff's office (630-920-2314).

**Post-Operative Instructions - Hip Arthroscopy**

**Medications:**

1. Norco (hydrocodone/acetaminophen): This is used for pain control. Take 1-2 tablets every 4-6 hours as needed for pain. Pain levels are highest on days 1 thru 3 post op, so you will want to take this on a regular schedule. After that, take as needed. Do not drive, drink alcohol or take Tylenol while taking this medication.
2. Indomethacin SR 75mg: This is an anti-inflammatory to reduce the risk of heterotopic ossification (formation of new bone around the hip). Take for 10 days after surgery.
3. Zofran 4mg: This is for nausea. Keep this prescription on standby in case you experience significant nausea associated with the pain medication.
4. Colace (over the counter): Take two 100mg tablets (200mg), twice daily to prevent constipation after surgery.
5. Aspirin (over the counter): Take one 81mg tablet daily for 3 weeks to minimize your risk of a blood clot

**Wound Care:** Leave the big surgical bandage on and do not shower for 48 hours after surgery. It is normal for the knee to bleed and swell following surgery. If blood soaks onto or through the dressing, this is not significant cause for concern. This is common for the first 24-48 hours after surgery. You may simply reinforce the dressing with gauze or change to a new clean dry gauze. After 48 hours, remove bandages. You do not need to replace them unless there is drainage.

**Bathing:** It is ok to shower after removing the dressing 48 hours after surgery. Let water run over Steri-strips, do not scrub. Do not submerge the wound in bathtub, hot tub, or pool for 4 weeks post-op.

**Activity:** Keep the leg elevated to the level of your chest to reduce swelling. Begin stationary biking without resistance (level 0) the day after surgery. Begin physical therapy within 2-3 days of surgery. No driving until instructed by Dr. Riff. This is generally at least 1 to 2 weeks after surgery. If pain is tolerable, you may return to sedentary work or school 3-4 days after surgery.

**Physical Therapy:** You will be advised to start physical therapy between 2-3 days after surgery. Dr. Riff will give you further paperwork and instructions at your follow up visits.

**Brace and Crutches:** Your brace should be on, properly fitted, snug against the belly and thigh, to help limit mobility and protect your hip repair. The locking mechanism on the brace should be fixed to 90 degrees of flexion (forward bending) and 0 degrees of extension (or straightening of the leg and hip). The brace should be worn full time with the exception of bathing and sleep for the first 3 weeks.

**Weight bearing:** You should use two crutches at all times when walking. Typically, following surgery, you are allowed to put a little weight on your foot (about 20 pounds). Use a flat foot, not your tip-toes. This actually takes some pressure off of the repaired hip.

**Continuous Passive Motion (CPM):** Use the CPM for 4 hours daily for the first two weeks. We recommended using it for 80 minutes three times daily. Start the CPM at 40 degrees of flexion and advance it by 5 degrees per

day (45 degrees on day 2, 50 degrees on day 3). If the flexion becomes too uncomfortable, it is ok to back down. It is more important to get the hip moving than to push the range of motion.

**Ice Therapy:** It is very important to keep ice on your hip during the initial post-operative period (first 2 weeks). This should begin immediately after surgery. Use the ice machine continuously or ice packs (if no machine used) for 20-30 minutes every 2 hours daily until your sutures are removed. Keep leg elevated while icing. Care should be taken to avoid frostbite while icing by making sure the ice is not directly touching the skin. It is hard to wear the cold-compression unit and brace at the same time. It is OK to remove the brace to wear the cold-compression unit.

**Driving:** You are permitted to drive as soon as you are off of narcotic pain medication.

**Follow-up:** You will need to follow up in clinic with Dr. Riff in 10-14 days. Please call central scheduling to make an appointment (630-323-6116). At this visit you will receive updated instructions on your weight bearing, brace use and physical therapy.

**When should you contact the office?**

- If you have a fever >101.4 (a low grade temp is expected after surgery), but let us know if it gets this high!)
- You develop chills or sweats
- You have pus or excessive bloody drainage from the wound, or if you have pain or redness surrounding the incision sites.
- You have nausea and vomiting that will not resolve with Zofran.
- Difficulty breathing.