



Tidewater Orthopaedics
Specialized Care You Can Trust

Hip Arthroscopy

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Post Operative Instructions after Hip Arthroscopy/Labral Repair/Osteoplasty

Helpful Hints & Important Precautions for Patients

Diet

- You may resume clear liquids and light foods after surgery (jello, soup, etc.)
- Progress to your normal diet as tolerated as long as you are not nauseated.

Medications:

- I will often inject a numbing medicine like novocaine that will give some pain relief for several hours after surgery. It is important to begin taking your pain pills before this medicine wears off.
- The first medication I use is **Percocet (Oxycodone/Acetaminophen)** which is a strong narcotic pain medication combined with Tylenol. It will begin to work within 15 minutes after taking it, with a maximal effect in one to two hours. Normally, Percocet is taken 1 pill every 6 hours but if the pain is severe, 2 pills can be used every 4 hours.
- Common side effects of the medications are nausea, constipation, itching, and drowsiness.
- The best way to prevent nausea is to take the medicine with a little food, start with just one pill, and be patient while the medicine begins to work. Usually, after the first few doses the nausea will go away. I also prescribe an anti-nausea medication called **Zofran (Odansetron)** to be taken if you have persistent nausea after surgery.
- I strongly recommend you take an over-the-counter stool softener **starting on the day of surgery**, such as Colace and laxative such as MiraLAX. Eat a homeopathic diet heavy in high fiber fruits such as prunes to avoid constipation.
- Take Benadryl one half hour before your narcotic if you experience itching.
- **Unless directed otherwise, you need to take 325mg Enteric Coated Aspirin once a day for the first 2 weeks after surgery to help prevent the formation of blood clots.**
- Do not drive or operate heavy machinery while taking Percocet or other narcotics.
- The last medication I will prescribe you is **Naproxen 500mg** to be taken twice a day for 1 month. This is used for both its anti-inflammatory effects as well as to prevent heterotopic bone formation.

- Transition to Tylenol as your pain subsides but pay attention to the dosage as Percocet has 325 mg of Tylenol in each pill. Patients with normal liver function should not consume more than 3000 mg of Tylenol per day.
- **All medications will be called into your pharmacy prior to surgery.**

Bandages & Sling:

- Your post-operative dressing has two layers you need to understand in order to properly care for your surgery site. Your incisions were closed with non-absorbable stitches.
- The second layer is a large white fluffy dressing as well as ABD pads that are loosely held in place with tape.
- Unless directed otherwise, remove this second layer of dressing 2 days after surgery and place large band-aids over the sutures.
- Keep the compression stocking on at all times aside from showering until the first post-operative visit.
- As the surgery is done arthroscopically and water is used, occasionally there will be a small amount of blood mixed with water in this dressing. This is nothing to worry about, however if you see a lot of bleeding, please call Dr. Sablan.

Washing & Bathing:

- You should be careful to keep the wound clean and dry for the first 48 hours after surgery.
- Beginning on the 2nd day after surgery it is OK to shower over the incisions. Place bandaids over the incisions after showering. Do not take a bath until after the first post-operative visit.
- It is OK to go into a swimming pool after the first post-operative visit, but no lakes or ocean until two weeks after surgery.

Ice & Activity:

- One important goal following surgery is to minimize swelling around your surgery site. The best way to achieve this is with the frequent application of ice. This is most important during the first 48 hours following surgery. The ice pack should be large (like a big zip-lock bag or bag of peas) and held firmly on the area of your surgery. Apply for 20 minutes every hour while awake if possible.
- Crutches will be given to you before surgery if you do not have them already. Use the crutches at all times before the first visit if you are up walking.
- You are to remain partial weight bearing for 2-3 weeks with crutches.
- You may return to sedentary work only or school in 3-7 days after surgery if your pain is tolerable.
- Avoid long distance traveling in cars or by airplane during the first week after surgery to avoid increasing your risk of developing blood clots.

Exercises

- We will want you to get on a stationary bike within the first couple days to help you regain your range of motion.
- Avoid treadmills and hip extension exercises during the 1st month after surgery.
- Move your ankle back and forth many times during the day to help your circulation.

Physical Therapy

- The goal of physical therapy is to first assess how your body responded to the surgical procedure. They help you feel comfortable with your surgery and make sure you aren't afraid to start doing things. Your therapist will start range of motion and strength exercises on your first visit.
- You will start physical therapy before your 1st post-operative visit.

Follow up appointment:

- We try to give all of our patients a follow-up office visit at the same time we schedule your surgery.
- Typically, I want to see my patients in the office 5 to 10 days after surgery.

FOLLOW UP APPOINTMENT: _____

What to watch out for:

- ∞ Pain that is increasing every hour in spite of the pain medication
- ∞ Drainage from the wound more than 2 days after surgery
- ∞ Increasing redness around the surgical site
- ∞ Pain or swelling around your surgery
- ∞ Fever greater than 101.5 degrees.
- ∞ Unable to keep food or water down for more than one day.

Video Instructions Scan the QR Code

