



## Post-Operative Instructions:

### Hip Arthroscopy

#### Diet:

- Begin with clear liquids and light foods (jellos, soups, etc).
- Progress to your normal diet if you are not nauseated.

#### Wound Care:

- Maintain your operative dressing.
- It is normal for your hip to bleed and swell from your surgery- if blood soaks your bandage, do not become alarmed – reinforce with additional dressing.
- Keep dressing intact until the 3<sup>rd</sup> post-operative day. After the 3<sup>rd</sup> day, you may remove the dressing and cover with waterproof Band-Aids.
- Keep steri-strips in place.
- To avoid infection, keep your incision clean and dry – you may shower with your operative dressing or waterproof Band-Aids on. Just allow water to drip past dressing, no scrubbing, pat dry – NO immersion of the operative leg in water (i.e. bath)
- Brace may come off for shower.

#### Medications:

- Pain medications were injected into your wound and knee during the surgery – this will wean off in 8-12 hours.
- Most patients will require some narcotic pain medications for a short period of time – these should be taken as directed on the bottle.
- Primary Medications:
  - **Oxycotin ER:** this is the long-lasting pain medicine: take 1 every 12 hours for pain.
  - **Percocet:** Short acting pain medication. This should be taken to supplement pain. Take 1-2 pills every 4-6 hours as needed.
  - Plan to use these medications for as short of time as possible. Average use is for 2-5 days.
  - Do not take additional Tylenol for pain when taking Percocet.
  - **Naproxen 500mg,** take twice daily, once with breakfast and once with dinner. This is to be taken for 3 weeks after your surgery. This will help with limiting scar tissue and pain.
- Common side effects of pain medications include nausea, drowsiness, constipation – to decrease these side effects, take with food – if constipation occurs, consider taking an over the counter laxative.
- If you are having a problem with nausea and vomiting please take one of your anti-nausea medications – **Zofran**. If still having issues please call our office for a possible medication change.
- Do not drive a car or operate machinery while taking narcotic medication.

#### Activity:

- You are to be partial weight bearing (50% of weight) on your operative leg after the surgery. These restrictions will last for 3 weeks. Please use your crutches when walking.
- Do not hyperextend or hyperflex your hip, this will be painful. Only move your hip in a pain free range of motion.

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- You have been provided a hinged hip brace – this is to be used for your comfort only while ambulating; it should be unlocked from 0-90 degrees.
- You may use a stationary bicycle after your follow up appointment, but the seat must be high with no resistance.
- You are to use your CPM (motion machine) for 2 weeks. This should be used for 4 hours a day if not utilizing a stationary bike. Keep hip flexion less than 90 degrees with the CPM
- Elevate the operative leg to chest level whenever possible to decrease swelling.
- Do not engage in activities which increase hip pain and swelling (prolonged standing or walking) over the first 7-10 days after your surgery.
- Avoid long periods of sitting or long distance traveling for 2 weeks.
- You may drive 3-5 days after your surgery if it was performed on the left hip and if you are off pain medications. If surgery was performed on the right hip you may drive once you have good control of your right leg.
- May return to sedentary work ONLY or school in 3-4 days after surgery, if pain is tolerable.

#### **Brace (If prescribed)**

- You should wear your hinged hip brace while walking. The brace is to protect you from too much hip flexion and Abduction (moving away from the body).
- You also have been provided hip positioner brace, this helps to keep your feet straight while sleeping and not allow your hips to turn out. Please wear while sleeping for the first week after your surgery.

#### **Ice Therapy:**

- Begin immediately after surgery
- Use Ice every 2 hours for 20 minutes daily until your first post-operative visit – remember to keep leg elevated to the level of the chest when icing.

#### **Exercise:**

- Formal physical therapy (PT) will begin after your first post-operative appointment.

#### **Emergencies:**

- Contact Dr. Keller if any are present:
  - Painful swelling or numbness
  - Unrelenting pain
  - Fever (>101) or chills. It is normal to have a low-grade fever after surgery.
  - Redness around the incision
  - Color change in leg
  - Continuous draining/bleeding from the incision (small amounts are completely normal)
  - Difficulty Breathing
  - Excessive nausea.

\*\*\*If you have an emergency please contact Dr. Keller before going to a hospital or emergency room.

#### **Follow-up Care/Questions:**

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- Please contact Katharyn Chernicky, Dr. Keller's assistant at 248-659-0190. OR email Dr. Keller at [RKeller@DL-Ortho.com](mailto:RKeller@DL-Ortho.com).
- If you do not already have a post-operative appointment, please call and schedule by calling 248-650-2400 and asking for appointment scheduling.