



## Post-Operative Instructions

### Hip Arthroscopy

1. Remove the dressing on POD#2
2. Apply dressings as needed to wounds sites
3. Walk with crutches at all times. You may place ONLY 20 lbs. of weight on the operated leg.
4. Physical therapy appointment should be scheduled as soon as you leave the hospital.
5. Therapy as per Dr Duncan's protocol. Have therapist contact our office with any questions, and please make sure your therapist has Dr Duncan's protocol.
6. Use the continuous passive motion (CPM) machine at least 4-6 hours per days. Motion can begin at 30 to 45 degrees, and progress to 30-90 degrees as soon as possible. If CPM is not available or if you prefer stationary bicycle, you may replace CPM with stationary bicycling for at least 2 hours per day.
7. **The hip brace must be worn at all times except when showering or using the CPM.**
8. Please do not use bacitracin or other ointments under the bandage. Use the cryocuff or ice packs as often as possible, and at least 30 minutes four times per day. An ace wrap may be used to help you control swelling. Do not wrap the ace too thickly or the cryocuff will not penetrate.
9. You may shower on post-op day #5 if the incisions are dry. Gently pat the area dry after showering.
10. Do not soak the hip in tub or go swimming in the pool or ocean until your incisions are healed.
11. Driving:
  - a. If surgery was on your right hip, driving is not permitted until after you are released from crutches by Dr. Duncan, usually at your post-op visit.
  - b. If surgery was on your left hip, driving is not permitted before post-op day #5, and then only if you have stopped taking pain medicine and feel you can drive safely.
12. Please call the office to schedule a follow up appointment 10-14 days if you do not already have an appointment scheduled.
13. If you develop a fever (101.5), redness or drainage from the surgical incision site, please call our office to arrange for evaluation.
14. You may experience some low back pain due to muscle spasm from anesthesia or traction. If so, apply an ice pack to the area and take analgesics as prescribed.
15. ASA 325mg PO twice daily x 6 weeks or other anticoagulation regimen should have been provided. Take as directed to prevent blood clots. If you have any difficulty using blood thinners or have bleeding in your bowel movements, please let us know.
16. Discontinue pain meds when able.
17. The following medications will be prescribed at discharge:
  - Naproxen 500 mg, 1 tab oral twice daily x 2 weeks
  - Percocet 5/325 mg, 1-2 tabs oral every 4-6 hours as needed for pain
  - Omeprazole DR 20 mg, 1 tab oral daily x 1 month
  - Senna-S, 1 tab oral daily as needed for constipation
  - Aspirin 325 mg, 1 tab oral twice daily x 6 weeks
  - Phenergan 25 mg, ½-1 tab oral every 8 hours for nausea

### Weight Bearing Instructions:

- 2 weeks 20# flat foot WB
- 4 weeks 20# flat foot WB
- 6 weeks 20# flat foot WB
- Other: