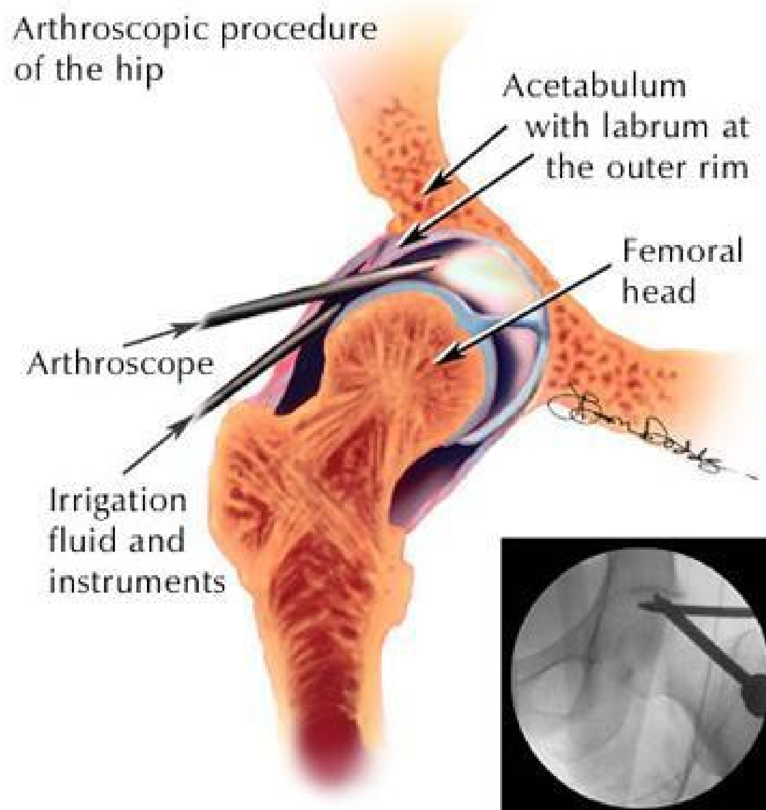
Guide to Hip Arthroscopy



Pre-Surgical Checklist

In order for your surgical experience to proceed smoothly, each of the following items must be completed prior to the day of your procedure.

- ❑ One week before surgery, it is necessary to stop taking the following medicines unlessotherwise directed by your medical physician:
  - ❑ All anti-inflammatory medicines: (Aleve, Advil, Motrin, Ibuprofen, Voltaren, Naprosyn, Celebrex, etc.)
- ❑ Consult with your prescribing physician for the appropriate and safe discontinuation of any medication before surgery, particularly:
  - ❑ Aspirin, Coumadin, Warfarin, Plavix, Heparin, Lovenox and/or any other blood thinning medications: These medications need to be safely discontinued at very specific times before surgery. Some medical conditions can be life-threatening if these medicines are stopped without appropriate timing and precautions.
  - ❑ Rheumatologic medicines such as Enbrel and Humira: Discuss with your Rheumatologist, as some of these medications need to be discontinued one month prior to surgery
- ❑ Complete your CT Scan: A CT scan is required before surgery for all hip arthroscopies. These images are used to plan for your individual surgical case. This should be done at a YNNH facility to allow for proper protocol

- ❏ Discontinue use of nicotine and alcohol: It is Yale's policy that all patients remain nicotine and alcohol free for at least 1 month prior to surgery and abstain from nicotine and alcohol for at least 3 months after surgery.
- ❏ If possible, secure stationary bike and ice therapy for postoperative use: Please let Ice Machine so that we can send an order out for you to be contacted.
- ❏ Arrange for transportation for the day of surgery: You will not be permitted to drive yourself. Your surgery will be cancelled if this is not arranged. Each surgical center offers transportation at no additional cost as long as you can bring someone above the age of 18 to accompany you. Please let your clinical concierge know if you would like to get transportation for the day of surgery.
- ❏ Schedule your first physical therapy session: For most surgeries, post-operative physical therapy will begin the day after surgery, unless otherwise advised by your surgeon. Please schedule your appointments and arrange the necessary transportation.
- ❏ Complete your pre-surgical questionnaire: You will receive an email or a hard copy in the office with your questionnaire. This will help us track your personal improvement post-operatively in order to provide you with the highest quality care.

Day before Surgery

- Do not eat or drink anything after midnight before your surgery, unless instructed otherwise: This information will be provided to you during your pre-operative phone call from the surgical center. Your stomach needs to be empty for surgery. You will be instructed as to which of your medications can be taken on the morning of your surgery with small sips of water only. If you are diabetic, do not take any oral medication for your diabetes unless otherwise instructed by your physician.

- Shower with Hibiclens© antibacterial soap the night before and the morning of your surgery. Hibiclens can be purchased as an over-the-counter item at your local pharmacy.

  - Avoid using Hibiclens on the face, genitals or mucous membranes.
  - You may use regular shampoo and conditioner on your hair.
  - Do not use lotions, powders or deodorant after cleansing with Hibiclens.
  - If you have any allergies or sensitivities to soaps, you may use your own soap. Please discuss with your healthcare team at your pre-operative visit.
  - Do not shave near the area of your surgery for 3 days prior to the procedure.
  - Follow your normal oral care routine.
  - DO NOT wear make-up or nail polish the day of surgery.
  - Use clean towels and bedding before and after the procedure.

Day of Surgery

Your surgical team will consist of: your surgeon, anesthesiologists, registered surgical nurses, and physical therapists. Each individual is important in your care and will provide their expertise to give you the best surgical and rehabilitative experience.

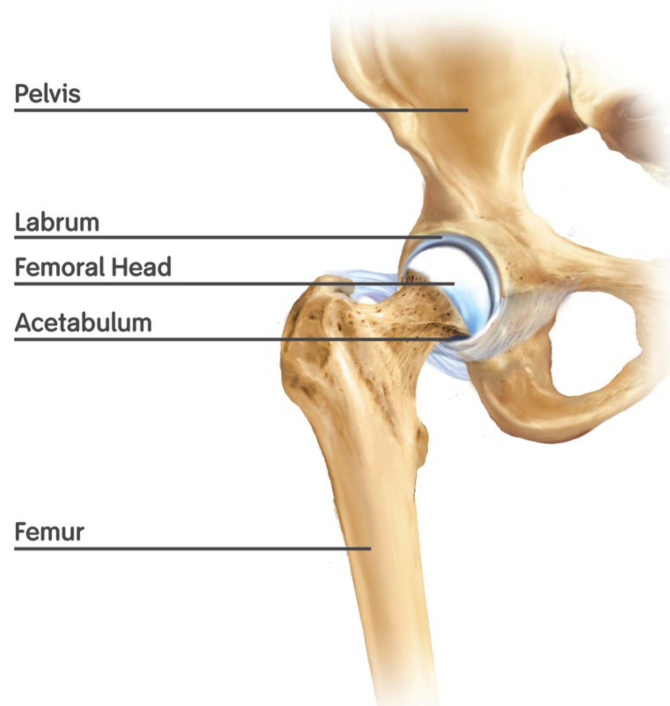
- Do not eat or drink anything unless instructed otherwise
- Dress comfortably
  - Staff will guide you to the pre-operative unit. Here you will be asked to change into a gown and be prepared for surgery.
  - The site of surgery will be shaved and prepped.
  - You will need to remove contact lenses. Please bring glasses if needed.
  - Any dentures or partials will need to be removed.
  - Alert the RN of any allergies that you may have (penicillin, latex, iodine/shellfish)
  - An IV will be inserted for access, fluids, antibiotics and medications. You will be given a cocktail of medications preoperatively to minimize pain and inflammation.
  - Family members or your designated contact person will be directed to remain in the waiting room during your surgery. Family can expect one of our team members to come speak with them at the conclusion of the surgery.
- The Anesthesiologist will review your medical history and explain the methods of anesthesia and the risks and benefits involved.
- You will be seen by your surgeon prior to transfer to the operating room to have any last-minute questions answered and have the surgical site signed off.
- Staff will bring you to the operating room. You will be asked to position yourself on the operating room table. The surgical team will adjust your

position, provide warming blankets, check that you are comfortable, and ensure all body parts are safely positioned and well-padded.

- After surgery is completed you will be taken to the recovery room by the anesthesiologist and the nurses.
- In the recovery room, an experienced recovery room nurse will closely monitor you.
- You will be discharged to go home once cleared by the anesthesiologist

How the Hip Works

The hip joint is a “ball and socket” joint. The “ball” is known anatomically as the femoral head; the “socket” is the part of the pelvis known as the acetabulum. Both the femoral head and the acetabulum are coated with articular cartilage. Like all joints, the hip has synovial (joint) fluid, which allows for smooth, painless movement within the hip joint.

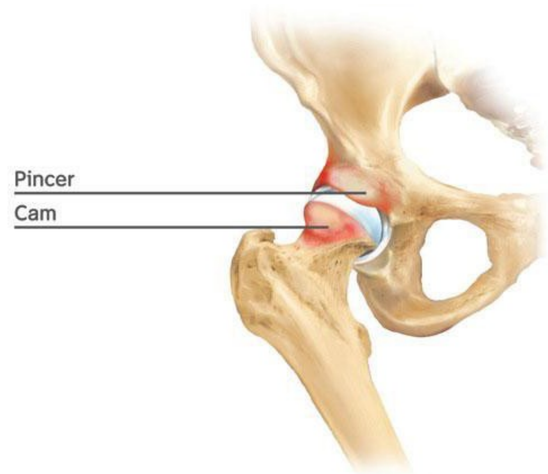


The **labrum** of the hip, similar to that of the shoulder, is a ring of rubbery fibrocartilage around the rim of the acetabulum, which deepens the hip socket and acts as the suction seal of the hip joint. The intact labrum seals the lubricating fluid within the hip and contributes to stability of the joint. One of the most common causes of hip pain involves damage to the labrum.

Femoroacetabular Impingement (FAI)
& Labral Tears

Femoroacetabular Impingement (FAI) is a common generator of pain in the hip. Impingement can lead to labral tears and eventually the advancement of arthritis. Impingement is most commonly described as anatomic boney variability of the acetabulum (socket) and femur (leg bone) that causes the two bones to rub against each other during certain hip motions.

There are two distinct forms of hip impingement: over-coverage of a socket, known as Pincer impingement, and a non-spherical femoral head, known as Cam impingement. During hip motion, either during sports or with daily activities, the non-spherical femoral head and socket can rub against each other and cause pinching or entrapment of the labrum, often resulting in a labral tear.



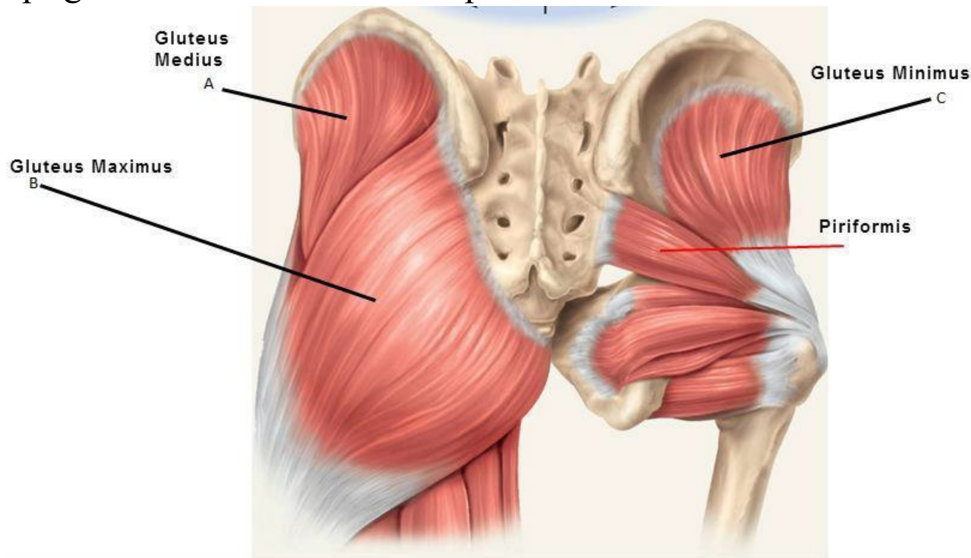
When the labrum is torn, the hip's suction seal is disrupted and the joint loses its lubrication and stability. This can compromise the articular cartilage and can lead to arthritis over time.

Labral tears can be repaired arthroscopically. When repairing a labral tear, the mechanical (boney) impingement must also be addressed in order to make sure the damage does not recur.

Arthroscopic treatment involves trimming the over-coverage of the acetabular rim, known as an acetabuloplasty. Shaving down the bump on the femoral neck (Cam), is known as a femoroplasty and involves re-shaping the femoral head to restore its spherical contour. Both of these procedures help the ball-and-socket joint to move in all directions without impingement.

Gluteus Medius Tears

The gluteus medius is a muscle on the outside of the hip, which is important for abduction (lateral movement away from the body). This muscle helps one stand upright and walk without a limp.



Gluteus medius tears, also known as a rotator cuff tear of the hip, involve tearing of the gluteus medius muscle from its attachment to the greater trochanter, commonly known as the "lateral hip bone." Gluteus medius tears may cause persistent pain, mimicking trochanteric bursitis. They may also cause weakness and limping.

When physical therapy and injections in the trochanteric bursa do not provide lasting relief, a gluteus medius tear may be diagnosed. In many cases, a torn gluteus medius can be repaired arthroscopically by sewing the torn part of the gluteus medius tendon back onto the bone using tiny suture-anchors. This procedure has a high success rate in treating pain and may restore strength to the gluteus medius muscle.

If the tear is too large, an open gluteus medius repair may be undertaken. Similar anchors are used to stabilize the repair of the tendon to the bone. In rare cases where the gluteus medius is weakened, the gluteus maximus muscle may be transferred, restoring the strength and function to the hip abductors.

Clinical Outcomes Program

As part of our commitment to providing you with the highest quality of care, Yale has established aClinical Outcomes Program.

What are clinical outcomes?

- Clinical outcomes measure the result of a treatment plan or surgical intervention.
- In orthopedics, we track your progress by concentrating on your level of pain, how well you aremoving, and your overall quality of life as a result of our care.

Why is the Clinical Outcomes Program important?

- Our goal is to provide exceptional orthopedic care to all of our patients. Tracking clinical outcomesallows us to measure quality of care, which is tailored to each individual. It is an evidence-based process that gives us insight into which factors affect outcomes and why some patients have better long-term results than others.
- The payers of healthcare services (e.g. insurance companies) are requesting this information and weneed to comply with such reporting requirements.

How does this involve me as a patient?

- You will periodically receive automatic reminders (with a link) asking you to complete briefquestionnaires for progress updates.
- Your doctor wants you to complete these questionnaires promptly when received. Your timely response is very important and helps your doctor to track your results and progress over the shortand longer term.

What do I need to do to participate?

- It is essential that we have your correct contact information (i.e. current email address and mobilenumber).
- By providing your contact information, you are consenting to receive messages regarding your healthcare information and other healthcare-related services at the email address and/or mobilenumber(s) provided.
- You may revoke your consent at any time by unsubscribing via text, modifying your settings in youruser account, or by notifying your doctor in writing.
- By providing your mobile number, you may be charged for text messages by your wireless carrier.
- In a medical emergency, you should not email or text; you should call 911 immediately.

How secure is my information?

- We follow all federal guidelines for patient privacy. All patient information is protected in accordance with HIPAA electronic data storage on secure servers. Your contact information will never be shared or used for any reason other than the purpose of maintaining our relationship withyou regarding your health care. Your contact information is not stored in a file that contains confidential identifiers, such as your Social Security number. You will never receive requests for your Social Security number or other personal information related to your identity. Your contact information is not linked to personal information.

Immediate Post-Operative Care

When the anesthesiologist and recovery room nurse have determined that it is safe for you to be discharged to go home, the nurses will go over a series of instructions and materials to ensure you are prepared for the next step in your recovery.

Pain medicine prescription and directions for usage will be provided following surgery.

Pain Medications:

- Percocet – take as needed. This is a narcotic pain medication.
- Take as directed and do not take additional Tylenol/acetaminophen while taking this medication.
- Do not mix pain medicine with alcohol or other sedating drugs.
- You are not allowed to drive while taking pain medication.

Anticoagulation:

- Aspirin 325mg – Take 1 time per day for 4 weeks. This is NOT to be taken by those under 18 years old.

Anti-inflammatory – Heterotopic ossification prevention:

- Naprosyn 500mg – Take 2 times per day for 6 weeks. Do not combine with other anti-inflammatory medications. To be taken concurrently with aspirin by those over 18 years of age.
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Digestive Medications:

- Prilosec 20mg – Take 1 time per day for 6 weeks. This is sold over-the-counter.
- Colace – Take 3 times per day for the first 5 days to help with postoperative digestion and constipation.

Anti-Inflammatory Medication

Anti-inflammatory medications are a time-released medicine. It is important to take them consistently and at the same time each day. Less than 4% of the population experience side effects from anti-inflammatory medications. If you currently have a history of gastrointestinal ulcers or other medical conditions, it is imperative that you consult with your physician prior to taking any anti-inflammatory medications.

To increase pain control, you may take Tylenol with your anti-inflammatory medicine. DO NOT take aspirin-based pain medication, or nonsteroidal NSAIDs such as Aleve, or Motrin. If you have any questions or concerns, please feel free to contact our office.

Here are some possible side effects to watch for:

- Upset Stomach: This is the most common side effect. Taking NSAIDs with food or after consuming food can dramatically reduce the possibility of an upset stomach.
- Loose Stools: If this side effect occurs it should subside in a few days. If it does not, please call the office. It is possible to become dehydrated from loose stool, so make sure you are drinking plenty of fluids.
- Light-Headedness: If this symptom occurs, do not operate vehicles or operate any kind of machinery.
- Stop taking the medication if any of the following occur and contact the office immediately:
    - Blood in Stools
    - Fluid Retention: If you notice any edema (swelling of the extremities, hands, or feet)
    - Skin Rash/Itching

At Home Following Your Surgery

It is common to have the following reactions after surgery:

- Low-grade fever (<100.5° F) for about a week
- Small amount of blood or fluid leaking from the surgical site
- Bruising, swelling & discoloration in the involved limb or adjacent areas of the body
- Mild numbness surrounding the wound site, possibly for 6-9 months

The following reactions are abnormal. If you should have any of the following symptoms, please contact our office or go to the nearest emergency room:

- Fever > 100.5° F
- Progressively increasing pain
- Excessive bleeding
- Persistent nausea and vomiting
- Excessive dizziness
- Persistent headache
- Red, swollen, oozing incision sites

The following reactions may require emergency intervention or a visit to the Emergency Room:

- Chest Pain
- Shortness of breath
- Fainting or Loss of Consciousness
- Persistent Fevers > 100.5° F
- Weakness, Numbness, Inhibition of motor skills in the operative extremity
- Red, swollen, or painful calf and/or increased numbness or tingling in your foot

Pain Management:

- Take pain medications only as needed and with food.
- Tylenol (Acetaminophen) may be used instead of your narcotic medication.
- Discontinue the use of narcotic pain medications as soon as possible.
- Elevate your operative extremity throughout the day to help with pain and swelling.
- Constipation: This is a common side effect from pain medications.

To avoid constipation:

- Drink plenty of fluids (water is preferred)
- Use a stool softener, such as Colace, while taking pain medicines. A prescription for Colace will be provided at your preoperative appointment.
- Take a laxative like Dulcolax, or Milk of Magnesia, as needed.
- Eat a high fiber diet full of fruits and vegetables.

Cold Therapy:

- Ice packs will be needed for post-operative care.
- You will begin to ice immediately postoperatively. You should ice several times throughout the day (at least 4 times per day), for no longer than 20 minutes at a time. Do not ice while sleeping.
- Use a towel or pillowcase to prevent the ice pack from directly touching skin.
- Check the treated area after each session, as temporary numbness following surgery may result in a decreased ability to detect dangerously cold temperatures.

Brace instructions:

- You will wear your brace at all times (sleeping included) except for physical therapy, showering, and while using the stationary bike.
- The brace will be used for 2 – 6 weeks after surgery, depending on which procedures are performed.

Stationary Bike:

- A stationary bike (upright or recumbent) may be used to help with motion. If using a stationary bike, you will use it for 2 hours a day at zero resistance, 7 days a week. The seat of the bike should be high enough so the angle between waist and thigh does not go beyond 90°.

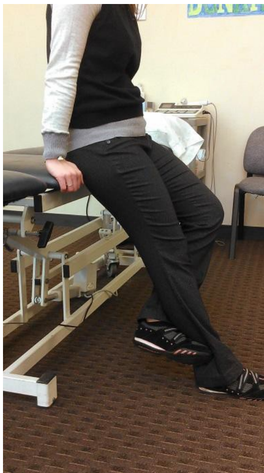
Weight-Bearing Instructions:

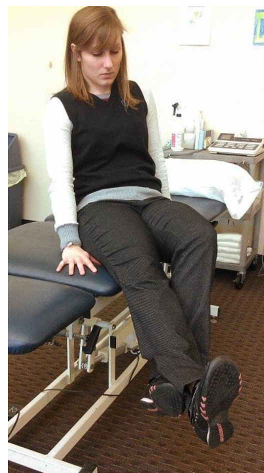
- For at least the first two weeks of your recovery, you will be 20 lbs flat foot weight-bearing, which means you will be placing 20 lbs of pressure on your hip.
- Walk with crutches at all times.

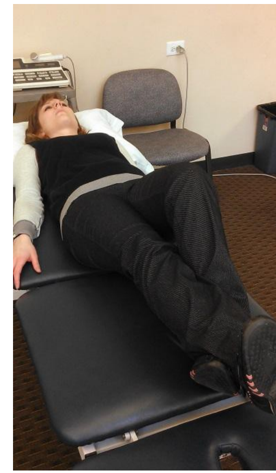
****This is subject to change depending on procedures performed and you may be on crutches up to a maximum of 6 weeks****

Transferring from sitting to lying with assistance from your non-surgical leg:

In the pictures below, the right leg is the surgical leg. While sitting on the edge of your bed, with no weight on your feet, hook the left foot behind the calf/ankle of your right leg. Use the left leg to assist in raising the right leg up while you pivot your body to be in a position to lie down. As you pivot, you may use your arms to help lie yourself down. When your leg is supported by the bed, you may take your left foot out from behind your leg.



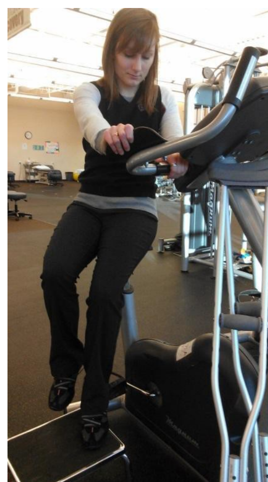




(This technique may also be used when moving around in bed, in order to avoid over-activating the hip musculature.)

How to get on/off a bike:

In these pictures, the right leg is the surgical leg. First, have a step placed near the bike to assist with getting on and off. It should be placed on the same side as your surgical leg (note that below, it is on the right side of the bike). Approach the step, and using the same instructions as given for going up stairs, put the foot of your non-surgical leg on the step first. Rise up onto the step fully, and then rest your crutches on the front of the bike so that you can reach them when needed. Use the seat of the bike and handlebars to help with the rest of the transfer. Pivot so that you are sitting on the seat while facing sideways (as shown below). While using the handlebars to stabilize yourself, pivot to face forward while swinging your non-surgical leg (left leg in pictures below) over the midline of the bike. Next, place your right foot (surgical leg) on the pedal, but make sure it is near the down position when doing so. Lastly, place your left foot (non-surgical) on the pedal, and you are ready to start biking!



Incision and Wound Care

Initial Wound:

- You may shower on day 3 after surgery. See proper cleaning instructions below.
- Remove the dressing on day 3 after surgery.
  - ❑ Apply dressings as needed to incision sites (Band-Aids or dry gauze dressings).
  - ❑ Do not use bacitracin or other ointments on the incisions.
- Sutures
  - ❑ These will be removed at your 2-week postoperative office visit.

Caring for Your Incision:

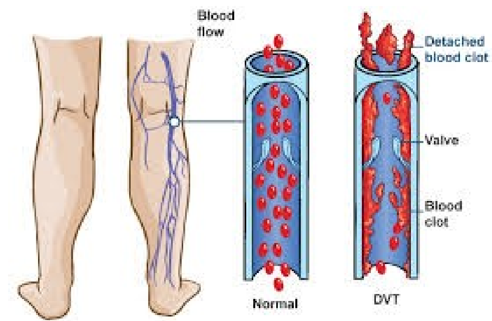
- ✓ Watch for signs of infection, which can include redness, pain, drainage, or foul odor. If you experience any of these signs, please call our office at (833) USA-HIPS.
- ✓ If you feel warm or feverish, take your temperature – call our office for temperatures > 100.5° F.
- ✓ Beginning on day 3 after surgery, wash your incision with gentle soap and water. Pat dry. Avoid rubbing the incisions or applying lotions.
- ✓ Do not soak your hip in water by bathing or swimming for at least 4 weeks after surgery, or until the incisions have fully healed.

Blood Clot Prevention

Blood clots are the most common complication after orthopedic surgery, but there are several things you can do to help decrease your risk. This page discusses what a blood clot is, signs and symptoms, and what you can do to help prevent them.

What is a Blood Clot?

A blood clot is a thick mass that forms in the blood to stop bleeding; if formed when not needed, a blood clot can cause a heart attack, stroke, or other serious medical problems. It is important to follow the preventative instructions below to limit your risk of developing a blood clot.



What Are the Signs of a Blood Clot?

If you experience chest pain, difficulty breathing, or severe headache, call 911 immediately, as these could be signs that a blood clot has broken away and traveled to other parts of your body.

Symptoms to look for in your lower legs:

- ✓ Redness
- ✓ Pain
- ✓ Warmth
- ✓ Swelling

What Steps Can I Take to Help Decrease My Blood Clot Risk?

- ✔ Stay mobile and avoid long bouts of sitting or lying in bed.
- ✔ Perform ankle pumps every hour while at rest (at least 30 reps).

- ✔ Wear your compression stockings or TED hose as directed after surgery. ***These will be provided to you on the day of surgery.***
    - Wear TED hose daily. You may remove the TED hose for showering and leave off for 1 – 2 hours at a time. These should be reapplied. Use while sleeping.
    - Wash stockings as needed.
    - Check your skin under stockings daily.

There are several medications to help prevent blood clots. These medications are also called blood thinners or anticoagulants. These medicines will be used for 4 weeks after surgery. You may notice that you bruise more easily when using this medicine. Your healthcare team will discuss the best medication options for you to use after surgery.

Medications We Use to Help Prevent Blood Clots Include:

- ✔ Aspirin
- ✔ Lovenox: For select patients. This will be discussed at your preoperative office visit.
- ✔ Xarelto: For select patients. This will be discussed at your preoperative office visit.

Traveling

Driving:

You are not allowed to drive while taking pain medications. Most patients are able to drive after discontinuation of the brace and when released to full weight-bearing. **Driving will be further discussed at your postoperative visit.**

Flying:

You are able to fly; however, you must avoid sitting for long periods of time.

✓ If you do fly, make sure you stand up and move around the cabin often and as able according to your flight crew. It is also a good idea to do ankle pumps while sitting in your seat.

Going Back to Work

Returning to work is different for each individual, as it depends on your recovery process and the type of work you perform. Discuss your job tasks and responsibilities with your healthcare team so you can start talking with your employer about returning to work before surgery. Make sure you include time for going to outpatient physical therapy.

Return to Work Low to Medium Demand:

Sitting:	2 – 3 weeks after surgery
Combination sitting/standing:	3 – 4 weeks after surgery
Standing:	4 – 6 weeks after surgery
High demand/heavy labor:	To be determined by healthcare team

Please request the appropriate off / return to work and/or school notes at your pre and postoperative appointment