

PERI-OPERATIVE INSTRUCTIONS FOR Hip Arthroscopy

Prior to surgery:

Medications: For pre-operative pain, you may take acetaminophen (Tylenol) as needed. Avoid taking non-steroidal anti-inflammatories for at least one week before surgery (aspirin, naproxen, ibuprofen, meloxicam, diclofenac). Please fill any medication prescriptions you receive prior to your surgery. Your surgeon may opt to have prescriptions filled at McGivney Surgical Center on the day of surgery. Have a bottle of both ibuprofen and acetaminophen (Tylenol) at home for after your surgery. You can take your regular prescription medications the morning of surgery but **ONLY** with a SIP of water.

Cold Therapy: Please have cold packs or a cold therapy unit ready prior to surgery. Cold therapy is important for pain management and preventing swelling after surgery. Be ready to start when you arrive home from the McGivney Center.

Physical Therapy: Contact a physical therapist prior to your surgery to get an appointment scheduled for after surgery. You will receive your physical therapy prescription at your pre-operative appointment

Anti-bacterial body wash: If you received a packet of Hibiclens at your pre-operative visit, remember to use it the night before or the morning of your surgery. Wash your **ENTIRE** body with the soap and rinse off. Do not use on your face, hair, or genital area as it may cause dry skin and irritation.

Food/Water: Do not eat any food or drink any fluids after 12am, midnight, the night prior to your surgery. You may have **SMALL SIPS** of clear liquids up to 2 hours before your scheduled arrival. Patients who do not follow this restriction, may experience a delayed or cancelled surgery.

Allowable Clear Liquids	Liquids to Avoid
Water	Milk, cream
Sports drinks (Gatorade®, Powerade®)	High caffeine beverages and energy drinks
Apple or cranberry juice	Orange or pineapple juice
Black coffee (or tea) <u>without</u> cream/milk	Smoothies and milk shakes
Carbonated beverages and sodas	Alcoholic drinks
**Limit caffeinated beverages to less than 16 ounces	

Attire: Wear loose comfortable clothing to the surgery center. We recommend loose sweats, athletic pants, or shorts that can easily slide over your leg and brace.

Plan A Ride To/From Surgery: Please arrange for a responsible adult to bring you to and from the surgical center. This is required, as you will not be allowed to drive, use public transportation, take an Uber/Lyft, or walk home after the procedure.

Bathing Chair: When bathing, we recommend you perform a seated shower on a stool, shower bench or lawn chair. This helps decrease the risk of falling when in the bathtub/shower. Follow these instructions until you feel strong enough to stand in the shower.

Return to Work: We encourage you to take the 10-14 days off work or school to allow for relative rest and elevation. If you have a physically demanding job, your return to work MAY take up to 3 months depending on your surgery. Many patients will choose to go back to work earlier on "light duty" when possible. If you have any disability forms, please make sure that these are given to the office well in advance of surgical date. Forms will not be filled out during office visits.

MyChart: If you have not already signed up for your Yale MyChart, please refer to the back of your After Visit Summary (AVS) to register. This is an online portal that will enable you to access some of your medical records, request prescription refills, check appointment times and most importantly it allows you to send and receive messages from your treating physician.

McGivney Surgical Center: Your surgery will take place at 659 George St., New Haven. McGivney Surgical Center will contact you before surgery to give you additional instructions for COVID-19 testing (24-72 hours before surgery) and the surgical day.

Contact Information:

Department Main Office Number: 203-785-2579*

*Ask to speak with the Nursing Care Coordinator, Leslie Cleary, during business hours.

Department Answering Service for After Hours: 203-785-2579

Yale-New Haven Hospital Main Number: 203-688-4242

YNHH McGivney Advanced Surgery Center: 203-200-4001

Administrative Assistant to Dr. Jimenez:

Rafael Espinal: 203-737-6323, fax 203-785-7132

Yale Health Plan Patients:

Main Call Center number 203-432-0335

First week after surgery:

Please call the office or our answering service (after hours) if you have:

- temperature over 101° F
- increased pain that is not relieved with medication
- increased swelling of your leg
- swelling in the lower leg with pain in your calf
- excess drainage or pus-like drainage from your wounds
- numbness or color change of the toes
- shortness of breath and/or chest pain

Diet Begin with liquids and light foods (jello, soup, etc). Progress to your normal diet if you are not nauseated.

Activities/Brace Use:

Weight Bearing Instructions:

Repair: 2 weeks 20lbs flat foot weight bearing
Reconstruction: 6 weeks 20lbs flat foot weight bearing

Brace Instructions

2 weeks
6 weeks

Physical Therapy to begin:

Postoperative day 3
Postoperative day 3

Walk with crutches at all times. You may only place 20 lbs. of weight on the operated leg.

Wear the brace at all times. You may remove the brace: During physical therapy, while using the stationary bike for changing clothes or showering.

Begin physical therapy as instructed above and provide your therapist with the physical therapy protocol provided to you.

If available, begin using stationary bike the day after surgery: 2 hours per day Use the bike in 5-30 min increments, as your hip tolerates.

Wear compression stockings (TED hose) for 4 weeks postoperatively. These can be removed daily for showering and to inspect skin. These can also be removed for the nighttime, if uncomfortable enough to interfere with sleep, but must be placed back on the next morning.

Medications:

Pain Medication:

- **Oxycodone 5mg** – take ONLY as needed every 4-6 hours. This is a narcotic pain medication. Wean off of this medication as soon as you are able.

Do not mix pain medicine with alcohol or other sedating drugs.

You are not allowed to drive while taking pain medication.

- **Acetaminophen 500 mg (TYLENOL)** – take 2 tablets every 8 hours for the first 7 days. You may take longer if needed to help manage postop pain
START THE MORNING OF SURGERY

Anti-Inflammatory

- **Celecoxib 100mg** – 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.
START THE MORNING OF SURGERY

Nausea Medication

- **Zofran 4mg** - take every 8 hours as needed for nausea

Anti-fibrinogenic

- **Losartan 25 mg** – take ½ tablet (12.5 mg) twice a day for 6 weeks. Losartan is a common blood pressure medication that has been shown to prevent adhesions or scar tissue after hip arthroscopy surgery.

Wound Care/Bandages: Expect some bloody drainage on surgical dressings. Please adhere to the following wound care protocol:

You may remove the dressing 72 hours following surgery. If there are small white strips on the incisions, leave them in place.

Showering:

You may shower after 72 hours when the ace wrap and gauze dressing are removed. You may get the incisions wet at this time. Stand and shower if you feel strong and steady. Otherwise, you should sit to shower. The immobilizer should be removed before turning on the water. Do not scrub the surgical area/gentle washing only, and dab dry.

No submersion in water for 3 weeks after surgery (tubs, pools). Do not apply lotions or ointments to the incisions.

Prevention of Blood Clots: Any type of lower extremity surgery carries the risk of developing a blood clot (DVT). A DVT can break off and travel to the lung, causing a pulmonary embolism (PE). A PE can be fatal. This risk is minimal with hip arthroscopy; however, it does exist. To lessen this risk:

1. Walk around on crutches 6 to 8 times a day to keep active, even for only 5–10 minutes.
2. Do your ankle pump exercises every hour, when awake, to promote circulation.
3. Use a lower leg compression stocking, or ace wrap, and elevate the surgical leg.
4. Take 1 aspirin (325 mg) per day as recommended (mild blood thinner)

Follow up Care: Your physician will go over your surgery findings at your first post-operative visit and your dressings and sutures (if applicable) will be removed. At this time, your physician will assess your healing and provide new instructions for you. Your first post-operative visit is arranged when surgery is scheduled and will be on your After Visit Summary.

Crutch Walking Guidelines for Hip Arthroscopies

Following your hip arthroscopy surgery, you will be placed on crutches with a 20 pounds flat foot weight bearing limit on the involved leg to assist with your gait (walking) and the healing process. You will be on crutches for a minimum of 2 weeks or up to a maximum of 6 weeks depending on the procedures during your arthroscopy.

Correct Positioning of your crutches:

You will be fitted and receive your crutches from Physical Therapy or the hospital. Have your physical therapist recheck correct crutch positioning at your first visit.

1. Standing straight up place crutches under each arm with the tips about 3 inches diagonally from your fifth (little) toe.
2. The arm piece should be resting underneath your armpit measuring 1 ½ inches (or 3 finger widths) under your armpit. The arm piece should be resting comfortably in your side. The axillary nerve is superficial and permanent nerve damage can occur. Therefore, your weight should be mostly through your hands not your armpits to prevent nerve damage while using or resting on crutches.
3. Your elbows should be bent at an approximate 15-20° angle.

Walking using the 3-point gait with 20-pound weight bearing restriction:

1. Begin with placing your surgical leg and the crutch tips at the same time about 6 inches ahead of you. The crutch tips should remain about 3 inches from the outside of your foot even with your ankle. It is easiest to think of your crutch tips and your surgical leg as one unit moving together, like having a string run from one tip through the your ankle to the other tip.
2. As you begin to shift your weight forward, your hands will absorb the majority of your body weight while placing 20 pounds on surgical leg as you bring your good leg through about 6 inches ahead of the surgical leg.
3. You will then transition by bringing your crutches and surgical leg resuming a traditional gait (walking) pattern.
4. **Go slow!** Your gait will be slower with shorter strides than you are used to. Crutches are tiring causing you to fatigue quickly. Be cautious when walking on wet surfaces.

Going up and down stairs:

Remember the following saying:

“Up with the good” and “Down with the bad” (bad = surgical leg)

1. Going upstairs you will always begin with the good leg first. Then bring your crutches and surgical leg to the same step.
2. Going downstairs you will always begin with your involved leg and crutches first then bring your good leg to the same step.
3. Reminder that 20-pound flat foot weight bearing still applies with stairs.

HOME MODIFICATIONS

Suggestions for preparing your home prior to surgery:

FLOORS

- ✓ Pick up throw rugs and make sure there is no clutter on the floor.

LIGHTING

- ✓ Make sure you have appropriate lighting especially at night.
 - Sylvania Dot-It LED light (Home Depot) are battery operated and stick on the wall.
 - Clapper for room lights
 - Night light in bathroom

BATHROOM

- ✓ Remove rugs
- ✓ Have appropriate lighting and night light
- ✓ Place bath and shower safety tread in base of tub (Home Depot)
- ✓ Purchase medical equipment prior to surgery if recommended by MD or PT (see below)
- ✓ Consider installing a handheld shower head for increased ease of showering.
- ✓ Use a chair with a back for getting ready in the AM (drying hair, shaving, etc.)

WALKING DEVICE

- ✓ Keep walking device next to your bed, in order to be reminded that you will need it to walk complying with MD weight-bearing restrictions.

SHOES

- ✓ Use a slide in shoe with a back support

CLOTHES

- ✓ Wardrobe: loose, casual pants (athletic pants, sweatpants) to be worn after surgery.

KITCHEN

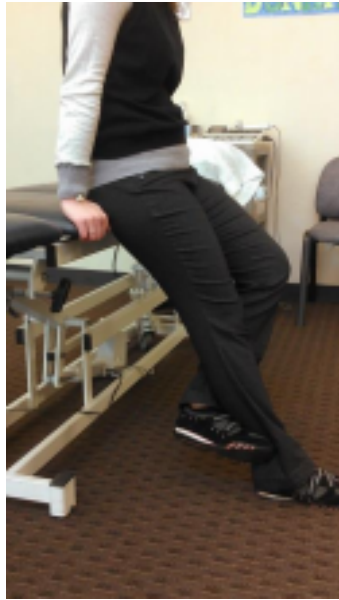
- ✓ Cupboards: organize an accessible shelf in your kitchen.
- ✓ Stock up on frozen/ easy preparation foods

HELPFUL POST OP EQUIPMENT:

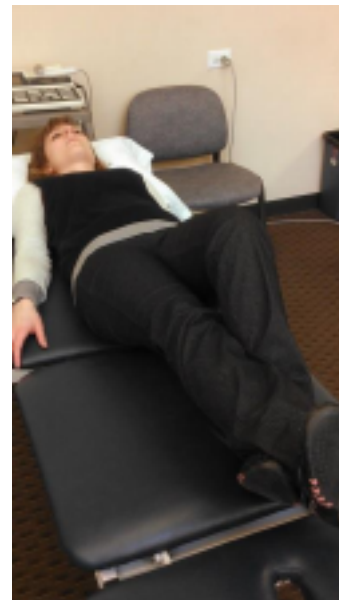
- ✓ Reacher (Online Walgreens)
- ✓ Raised toilet seat (Online Walgreens/hospital)
- ✓ Handheld shower head (Home Depot)
- ✓ Shower Stool (Home Depot)
- ✓ Shower tread (Home Depot)

Please note, these stores are just suggestions; you can check with your local medical supply store.

Transferring from sitting to
assistance from your other



lying with
leg.



In the pictures above 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 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 the left foot out from behind your leg.

This may also be used when moving around in the bed 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 you are having surgery (note that above it is on the right side of the bike). Approach the step, and using the same instructions as taught for going up stairs, put your good foot 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 to sit your but on the seat while facing sideways (as shown above). While using your arms on the handlebars to stabilize yourself pivot to face forward while swinging your non-surgical leg (left leg in pictures above) 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 this. Lastly place your left foot (non-surgical) on the pedal, and you are ready to start biking!

