

Everything you need to know for
before and after your hip surgery

UUOC POST-OP

PATIENT INFORMATION



UNIVERSITY OF UTAH
HEALTH CARE

SPORTS MEDICINE

OVERVIEW

INTRODUCTION

- Your Care Team
- Contact Phone List

BEFORE SURGERY

- Prior to Surgery
- Planning for Your Care
 - Preparing YOURSELF
 - Preparing YOUR HOME
 - Adaptive Equipment
 - Medications/Allergies
 - Patient Check List
 - The day before surgery
 - Things to bring to the hospital
 - Things to leave at home
- Optimize Your Health
- Pre-Operative Lab Work and Assessment
- PREhab Exercises

SURGERY

- Day of Surgery
- After Surgery
- Leaving the Surgery Center
- Returning Home After Surgery

RECOVERY

- Preventing Possible Complications of Surgery
 - Infection
 - Blood Clots/PE
 - Numbness
- For The First Week
- Game-Ready Use
- Crutch Use
- CPM Use
- Care of your Incisions
- Showering
 - Op-Site Instructions
 - Op-Site Photos
- Post-Op Pain Management
 - Anesthesia/Medications
- Diet & Conditioning
- Post Op Exercises
- Follow-Up Visits

TABS:

- FAI arthroscopy
- Gluteal Tendon Repair

INTRODUCTION

The information provided to you is most beneficial when read **before surgery**. It is designed to help gain a more complete understanding of what your hip surgery entails from start to finish and should help to guide the recovery process. Your understanding, participation and commitment are vital to the overall success of your surgery. Please keep all information in this handbook.

We want to ensure that our patients have the information, care and support that they need every step of the way. The goal is to return patients to an acceptable quality of life whether that means reading a book, playing sports or just spending time with loved ones. Pain-free life is essential to healthy living and our orthopaedic sports medicine surgeons reliably help patient's revitalize their quality of life through research and surgical advances.

We understand that there are many choices in health care today and we thank you for choosing the University of Utah Orthopaedic Center for your orthopaedic and sports medicine needs.

Dr. Travis Maak



Attending: A doctor in a teaching hospital. This is your primary doctor/surgeon and they oversee fellows, residents and the rest of the staff involved in your care.

Fellow: A medical doctor who has completed specialty training in Orthopaedics (residency). A fellow is a part of a year long program focusing on sports medicine. The fellow may function as an attending. Fellows see patients in clinic then present the patient to the attending before making decisions regarding care. Fellows assist the attending in surgery and visit patients while in recovery.

Resident: A medical doctor completing specialty training in Orthopaedics. Our residents are a part of a five-year residency program. The resident may not function as an attending. Residents see patients in clinic then present the patient to the attending before making decisions regarding care. Residents assist the attending in surgery and visit patients while in recovery.

Athletic Trainer (ATC): A health care professional with licensing and credentials, allowing them to practice under the supervision of a physician. Athletic Trainer's see patients in clinic then present the patient to the attending before making decisions regarding care. ATC's are skilled in rehabilitation from orthopaedic injuries and will help with home exercise programs and rehabilitation questions.

Medical Assistant (MA): A health care professional who is a trained associate of our team. Medical assistants will assist in rooming patients to include taking histories, vitals, drawing blood work among many other tasks. They do not assist the attending in surgery.

Clinical coordinator/surgery scheduler: A health care professional who helps manage clinic and schedule surgical procedures. Also assist in patient phone calls.

CONTACT PHONE LIST

All emergencies: 9-1-1

ANESTHESIA: Pre-operative nurses who can take a message for anesthesiologist – (801)587-5343.

AFTER HOURS: Tell the hospital operators your surgeon's name; they will contact the resident/fellow on call for you – (801)581-2121

APPOINTMENT SCHEDULING: (801)587-7109

QUESTIONS DURING CLINIC HOURS/SURGERY SCHEDULING:

- For Dr. Maak: (801)587-7187

ATHLETIC TRAINER: For any questions about rehab protocols, recovery, etc.

- Dr. Maak: (801)587-1473

MEDICAL ASSISTANTS:

- Dr. Maak's MA: (801)587-7040

FAX NUMBERS:

- Maak team fax: (801) 587-7115

UNIVERSITY ORTHOPAEDIC CENTER PHYSICAL THERAPY: For PRE-hab visits and post-operative rehab (once permitted by your surgeon) – (801)587-7005

South Jordan Health Center Physical Therapy: (801)213-4500

TOLL FREE: Can transfer to any of the numbers above. 1-800-824-2073

BEFORE SURGERY

Knowing what to expect about surgery can provide comfort to both you and your family. Please use the following information as a guideline. You should be emotionally and physically prepared for surgery and the recovery process. Schedule surgery at a time that suits both you and your family/care provider's needs. There is no rush to have surgery before you're ready as the condition of your hip prior to surgery can be critical to your recovery. Returning your hip motion and strength to as close to a 'normal' state as possible prior to surgery will benefit your recovery process.

PRIOR TO SURGERY

- Our surgical coordinator will notify your insurance organization of your upcoming surgery. We will make every effort to pre-authorize your surgery and provide any requested information. **All scheduled surgery dates are subject to change pending insurance authorization.**
- Please call the **surgical coordinator** if you have questions about surgery authorization or need to change your surgery date. (801) 587-7187
- It is **your responsibility** to communicate with your insurance provider to determine what charges you may be responsible for. We are not authorized to inform you of your co-pay or other financial responsibilities.
- A **University of Utah financial advocate** can tell you an estimated cost for the surgery based on the current procedural terminology. They may be contacted at **(801)587-5374**.

Your CPT procedure code: _____

Your ICD-9 diagnosis code: _____

PLANNING FOR YOUR CARE

Preparing YOURSELF

- Arrange for a **responsible adult (over age 18)** to drive you home from surgery. You **WILL NOT** be allowed to drive or to take a taxi/bus home or to your hotel. **Surgery is subject to cancellation** if you do not provide a responsible ride home from surgery.
- **DO NOT** use tobacco or any other drugs at least **24 hours** prior to surgery. Nicotine decreases the blood supply to your surgical site and slows down the entire healing process. Realize that continuation of smoking may lead to less than desirable results.
- **DO NOT eat or drink anything after MIDNIGHT the day before your surgery.** NO food, chewing tobacco, candy, gum or breath mints.
- It **IS OKAY** to brush your teeth the morning of surgery provided nothing is swallowed.
- **If arrival time is later (11am-2pm)**, you may have **ONLY clear liquids** such as water, Gatorade, soft drinks, broth or jello **ONLY UP TO 4 HOURS before arrival.** NO milk, dairy, or pulp juices (orange, grape, etc.).
- Drink a lot of water, non-alcoholic and non-caffeinated beverages 1-3 days prior to surgery. You will feel better following surgery, and it will also help with your IV start if you are well hydrated. This is particularly true if you have just arrived at higher altitude.
- **Eat right** – if you are overweight, it could be beneficial to attempt weight loss prior to surgery. If you are underweight, consider dietary supplements to ensure you have the nutritional status to heal appropriately.
- **Makeup and nail polish** must be **removed** prior to surgery.

Preparing your HOME

- Arrange for a responsible adult to stay with you for **at least 24 hours** following surgery to provide assistance. You may need help at home most of the first week after surgery.
- If you will not have help available, or if you live alone, you may have the option to plan a brief stay in a care facility or rehabilitation center until it is safe for you to return home.
- Have firm pillows available for your recliner, couch, and bed. Consider sleeping with your heel raised at an inclined position above the level of the heart for at least 1-2 weeks following surgery. This is sometimes the most comfortable position and helps to facilitate decreased swelling in the lower extremity.
- Remove throw rugs and/or cords to clear pathways to avoid falling.
- Create an emergency plan with a trusted neighbor if you will be alone after surgery.
- Stock up on groceries for 1-2 weeks (frozen or simple meals and snacks work best), movies, books, etc. to keep yourself entertained.
- Arrange for child/pet care ahead of time if necessary.

Adaptive Equipment: Equipment that may be beneficial after surgery but not always necessary.

- Reacher



- Long-handed sponge



MEDICATIONS/ALLERGIES

- **Decrease your use of narcotic pain medications** as much as possible so that we can use effective medications to control your pain after surgery. **If your body has built tolerance to pain medication, your pain may be more difficult to control.**
- **Do not take** anti-inflammatory medications (e.g. Ibuprofen, Motrin, Advil, Aleve, etc.) for 1-2 weeks prior to your procedure, unless otherwise directed by your physician.
- **Inform your surgeon's team of all allergies** prior to surgery (latex, soap, tape, or food, etc).
- **If scheduled to stay overnight**, bring all of your medications in the **original prescription bottles**.

PATIENT CHECK-LIST

The Day Before Surgery

- Once surgery is scheduled, **call (801)587-5373 the day before your surgery between 2-5 PM; they will inform you of what time to arrive for check-in on the day of surgery.** Do not be late, as your surgery could be delayed or cancelled.
- Check-in times are usually 1.5-2 hours before scheduled surgery time. If outpatient surgery, you will usually be able to return home about 1-2 hours after general anesthesia.
- Please **shower or bathe prior to coming in for surgery.** It may be 3-5 days following surgery before you will be able to shower. Be cautious with shaving around the surgical site prior to surgery in the event that you may cut yourself and become infected.
- Notify your surgeon's office** if you feel ill within 24 hours prior to surgery.
- Prepare to have a family member/responsible adult available to speak with the surgeon **IMMEDIATELY** after surgery.

Things to Bring to the Hospital

- Bring all equipment and paperwork** your surgeon/surgeon's office may have given you prior to surgery. This includes **crutches, brace/knee immobilizer, etc.**
- Prepare to bring:** driver's license, insurance cards, co-pay/deductible payment, medication list, method of payment for surgery and prescriptions, advance directive (living will), etc. *Advance directive is not required, but we strongly recommend completing one BEFORE surgery if you have any concern about this.*
- Bring a **list of all medications** you're taking, including herbal and over the counter.
- If you have asthma, bring your inhaler(s). If you have sleep apnea, bring CPAP.
- If you needed medical clearance from your cardiologist or family physician prior to surgery, **bring all lab work, EKG's, and any medical documentation with you.**
- Dress comfortably** the day of surgery. Wear loose fitting clothing, i.e. baggy or button up pants. You will awake with a bulky dressing in place after surgery.
- Skid-proof slippers/tennis shoes to wear home.

Things to Leave at Home

- Large amounts of money and all other valuables.
- Jewelry is not allowed**, including all body piercings and wedding rings; please leave it at home.
- Contact lenses are not allowed**, wear your glasses or bring your contact lens case.
- Personal electric equipment** (i.e. razor, blow dryer, etc.)

OPTIMIZE YOUR HEALTH

- Being in the best possible health decreases risk of complications both during and after surgery.
- Aerobic conditioning and a healthy lifestyle are very important. This involves eating the right amount of the right foods at the right time. Diet should contain vegetables, fruits, non-processed grains, lean protein and calcium rich foods like dairy.
- Avoid skipping meals, eat a balanced diet, and avoid fast foods.
- Consider taking a daily multi-vitamin.
- Quit smoking.
- Sleep at least 7-8 hours per night
- Speak with physical therapist or our office to determine appropriate forms and amount of exercise after surgery, initially your exercise will need to be modified after surgery.
- Visit <http://www.choosemyplate.gov/> for healthier lifestyle information.

PRE-OPERATIVE LAB WORK AND ASSESSMENT

- If you are having surgery at the MAIN HOSPITAL and not at the University Orthopaedic Center, pre-op nurses will need to collect medical history information from you prior to surgery.
- You will be scheduled for an appointment at the Surgical Pre-Admission Clinic (SPA). Be on time to your appointment but also bring something to keep yourself occupied. Your appointment could take up to 3 hours.
- Take a copy of any medical clearances we asked you to obtain, especially an echocardiogram report if applicable, so our anesthesiologists can clear you for surgery.
- Take your medication bottles along with a medication list with you so the nurses get accurate names, dosage and times you take your medications.
- Your visit will likely include evaluation of your vital signs, heart and weight, an EKG of your heart, possibly a chest x-ray, blood work and detailed history and physical exam. You may meet with a member of our anesthesia team as well.

SURGERY

DAY OF SURGERY

- **Check-in:** Upon arrival at the University of Utah Orthopaedic Surgery Center, check in at the front desk. They will place an ID bracelet on you, check your name for correct spelling, and verify your birth date. You will also review information regarding your surgery. Be sure to read all information prior to signing it.
- **Pre-op:** You will be called back to the pre-op area to change from your clothes into a hospital gown. One visitor is allowed to come back with you to the pre-op area. A registered nurse will perform an assessment and you will be prepared for surgery. This may include vital signs, starting an IV, skin prep, and marking of the operative site. Staff will ask you to tell them your full name, birth date, the surgery to be performed, and the site of operation. Don't be alarmed if you are asked this numerous times. This is just a safety measure to make sure everything is correct.
- You will have an opportunity to talk with the anesthesiologist about your medical history, general health and the method of anesthesia that will be used. They will discuss your options for anesthesia and any risks that may be involved. Please be sure to inform them of any medical problems you have and all of the medications that you take. This doctor may also discuss with you the option of a nerve block or numbing of the leg. This may help relieve initial post-operative pain.
- The surgeon will speak with you in the pre-op area. They will discuss the surgical plan and answer any questions you have. They will ask you what site they are going to operate on then confirm and mark the operative site with a permanent marker.
- **Time Out:** Just before the operating room nurses take you back to the OR, there is a time out performed in the pre-op area. During the time out, two nurses do a safety check to ensure that you are the correct patient and the correct doctor is doing the correct procedure on the correct body part.
- **Don't be afraid to ask questions.** We want you to be as comfortable as possible and get all questions/concerns addressed prior to surgery. By becoming involved and informed in making decisions about your care, you play a vital role in your safety.
- Be aware of staff members washing their hands or using the hand sanitizer. If you don't see them using either of these methods, don't be afraid to ask them if they have cleaned their hands.
- After talking with the medical staff, you will go to the operating room. Surgery typically lasts 1 ½ to 2 ½ hours, but can last as long as 5 hours. Some of this time is spent waiting for staff to prepare the operating room.

AFTER SURGERY

- Once surgery is complete you will be taken to the post anesthesia care unit (PACU)/Same Day Surgery unit/recovery room and your family/designated care giver will be contacted. Typically, family members/care givers can speak to the surgeon in the waiting room **immediately** following the operation.
- 1-2 visitors are allowed in the recovery room; visitation time is up to the nurse's discretion.

- Nurses will be observing you closely, monitoring your vital signs, breathing, and heart functions. They will also be managing your pain/discomfort, and any nausea/vomiting you may experience.
- Some side effects of anesthesia include: drowsiness, nausea, muscle aches, sore throat, occasional dizziness or headaches. These symptoms usually lessen within a few hours following surgery but sometimes can last about 2-5 days. The majority of patient's do not feel up to doing their routine activities the next day, usually due to general fatigue or surgical discomfort. Plan to take it easy for a few days.
- Once you become more awake in the recovery room, you will be offered ice chips and progress to crackers and liquids, then regular food as tolerated.
- The amount of discomfort you experience will depend on a number of factors, especially the type of surgery that you have. Your discomfort should be tolerable, but **do not expect to be pain free**. You will be asked to rate your pain on a scale of 0-10. This helps the nurse measure your pain. 0 represents no pain, and 10 represents excruciating pain. Pain medications can be given through your IV or as a pill. Staying on top of your pain is vital in the postoperative stage. We never want your pain level to reach a 10. Consider 4-5 or less tolerable. When your pain starts increasing beyond the point of 4, please request pain medication.
- If any equipment is ordered to be used at home, you will be instructed on its proper use prior to discharge.
- Prescriptions will be given and can be filled at your pharmacy of choice or at the UOC pharmacy.
- Prior to discharge, a team of doctors will be working to make sure that your pain is well controlled and that you are ready to return home safely. When you meet the criteria to be discharged, your recovery nurse will review your discharge instructions with both you and the responsible person who is driving you home. They will also answer any questions you have prior to discharge.
- Home Exercises for FAI typically begins within 1-2 days following surgery, as soon as the nerve block has worn off and normal or near-normal sensation has returned to the operative lower extremity. You will also be instructed in simple exercises to help avoid post-op stiffness. Formal Physical Therapy will begin around 2 weeks post op.

LEAVING THE SURGERY CENTER:

- As you leave the surgery center, you will be wheeled out in a wheelchair and you will have crutches also. Plan to use both crutches while up and around most of the first 10-14 days after surgery. You will be given specific post-operative instructions regarding weight bearing, range of motion and other restrictions based on your individual procedure after your surgery.

RETURNING HOME AFTER SURGERY

- Your pain after surgery will vary depending on the method of anesthesia used and from patient to patient. In the first 24 hours, pain medication should be taken regularly with small amounts of food only as needed. During this time, nausea and light-headedness are common and should improve in 2-5 days. Drinking fluids may help. If nausea persists, call your doctor's team or the after-hours number listed to discuss management options.

RECOVERY

PREVENTING POSSIBLE COMPLICATIONS OF SURGERY

The complication rate after hip arthroscopy is low, however while uncommon, all surgical patients are at risk of complications.

INFECTION – An infection may occur in the wound or around the incision sites, although this is very rare. Pre-operative antibiotics are typically given to aid in prevention of possible infection however good hygiene is extremely beneficial prior to and after surgery. Check incisions for signs of increasing redness, tenderness, swelling or warmth, increased sensitivity to touch, fevers $>101^{\circ}$, shaking chills or night sweats, excessive drainage from wound. Let a member of your care team know immediately if you experience any of these signs or symptoms.

BLOOD CLOTS – Also called deep vein thrombosis (DVT), this condition can result from multiple factors after surgery, although it is rare. A primary cause of DVT is decreased mobility. Various measures that can be used to

reduce the possibility of blood clots include special anti-embolism stockings (TED hose), blood-thinning medications, inflatable coverings, ankle pumps and other exercises, and routine walking. Please let a member of the care team know immediately if you experience large amounts of swelling in an extremity, cramps in your calf or lower leg, sharp/sudden chest pain, difficulty breathing, shortness of breath – all of which are some signs and symptoms of a DVT or PE.

NUMBNESS – A feeling of numbness may occur at the thigh because the nerves of the skin were cut so that your surgeon could access the appropriate structures. This feeling is normal and typically resolves within a few months. There may be some numbness that does not resolve but should not interfere with quality of life. In addition, there are times when patients will experience numbness in their genitals for about 2-4 weeks post operatively. This is because your hip is put in traction and the nerve will “go to sleep”. This is temporary and will improve over the course of a few weeks.

FOR THE FIRST WEEK

- When lying in bed, elevate your ankle higher than the level of your heart. Sleeping and resting will be more comfortable if you keep your hip supported so you don't let your hip extend (get pushed behind you). Sleeping can remain uncomfortable or more difficult even after the first week post-op. This is not uncommon after a hip surgery.
- Ice your hip to help manage the pain. You may use a cold compression unit such as the Game-Ready or ice packs/bags. You should ice 20-30 minutes every hour, as needed, on low to no compression setting.
- Use both crutches, especially until the nerve block has worn off.
- When walking, you may touch your foot to the ground for balance after you have near full sensation.
- Sleep in a comfortable position. Sleeping propped up or in a recliner can be helpful.

GAME READY USE

- The GameReady, a cold water filled sleeve, will be put on in recovery to control pain and swelling. The position of the GameReady is critical. Chris Dowling will speak to you prior to your surgery about how to use this machine. If you have questions about the use of this device, he can be reached at 801-949-4943



CPM – Continuous Passive Motion

- The CPM machine is a device that will move your hip for you. Joints like to move and restoring your range of motion is critical in the recovery process. Use the machine as directed and let pain be your guide as you increase it. Begin at 45 degrees of bending and 0 degrees of straightening. Increase as tolerated.

CARE OF YOUR INCISIONS

- Stitches are dissolvable and do not need to be removed. There are times when some excess suture can be poking out and those can be cut off at your 2 week follow-up.
- Mild to moderate leaking may occur at the incision sites initially post-operative however this should decrease quickly over time. There is a significant amount of fluid pumped through your hip during the surgery and it does leak out through the incisions.
- Leave the surgical dressings in place for 3-5 days. The bulky dressings may be removed and replaced with water-proof bandages or Op-Sites at that time. Be sure to leave on the small tape strips covering the incision sites if there are any.
- Inspect the wounds at time of dressing change for signs of infection which include but are not limited to redness, tenderness, swelling, and pus drainage. If you notice any of these signs around the incision sites **please notify a member of your care team immediately.**
- It is common to experience a mild fever during the first few days after surgery along with nausea and dizziness from anesthesia or narcotic pain medications, however fevers, increasing pain and swelling at the incisions should be **reported immediately.**
- **If you get a low grade post-op fever, please perform a lot of deep breathing and go for walks to keep moving.**

SHOWERING

- Until your 2 week follow up, you should cover your incisions with water-proof bandages, Op-sites, or saran wrap for showering.
- You must keep your incision sites completely clean, dry, and free of any ointments or lotions until your 2 week follow up.
- Once you are seen at your post-op clinic visit you will be able to let water roll over your incision sites however you will still not be allowed to scrub the incision sites or soak in a hot tub, creek, lake, river or ocean for another 1-2 weeks until the incision sites are COMPLETELY healed.
- You may place a chair in your shower or take sponge baths to minimize pain or if you are uncomfortable standing in the shower after surgery.

OP-SITE INSTRUCTIONS

- 3-5 days after surgery you will remove your big bulky bandage with the gauze. We would like for you to keep your incisions clean and dry for the first two weeks after your surgery. You will be given OpSite Bandages and they are water-proof bandages that you can use to cover up your incisions for the first 2 weeks before your post op visit.
- You can cut them to fit you're your needs, then follow the directions on the bandage, you will then place the bandage, gauze side down, and then remove the #2 tab.
- Please call Kattie (for Maak) or Anna (for Aoki) with any questions regarding your bandages and use of the OpSites Bandages.

OP-SITE PHOTOS



DIET:

- Just as your aerobic conditioning is important after surgery, so is your diet. In general, we recommend that you make sure to avoid skipping meals, especially while taking prescription or narcotic pain medications.
- Eat a well-balanced diet including regular portions of fruits and/or vegetables.
- Avoid relying on fast food while recovering from surgery.
- Consider taking a daily multi-vitamin.

CONDITIONING:

- It is important to participate in some form of aerobic activity after hip surgery. If you do not already participate in some form of regular aerobic exercise, speak with your physical therapist or physician on how to begin a program after surgery.
- If you already exercise regularly, you will probably need to modify your exercise to allow your hip to heal.
- It is important to consult your physician or physical therapy regarding physical therapy and home exercises for after surgery.

POST OPERATIVE PAIN MANAGEMENT:

ANESTHESIA

- You will meet with an anesthesiologist on the day of surgery to discuss your anesthesia. You will likely receive general anesthesia with the option of a nerve block. The nerve block is usually taken out two days following surgery at home. The anesthesiologist will give you instructions on how to remove it. You are under no obligation to get the nerve block. However, if you will be traveling a long distance after surgery, it may be helpful when riding in a car. If you return home and have questions regarding your nerve block only, **please call Pre-Op at (801)587-5373.**

MEDICATIONS

- You will be given a prescription for post-op pain.
- Take them with food.
- Take them only as directed on the label.
- Certain pain medications may contain Tylenol. **DO NOT** take any additional Tylenol while on these pain medications.
- **DO NOT** mix pain medications with alcohol.
- **DO NOT** drive while taking pain medications, as they increase your liability and delay your response time.
- If you have any questions or concerns regarding your pain medications, **please call the office at (801)587-7040 for Maak patients.**

Life after a hip surgery.

Typically the recovery process takes 4-6 months, and most patients continue to gain improvement for 18 – 24 months after surgery. Follow your physician's orders for appropriate activity level after surgery.

In general, activities should be pain-free but may cause post-activity soreness. Just listen to your body and do not push through pain.

Caution with jerking or forceful movements of the hip and placing the joint in extremes of range of motion.

POST-OPERATIVE EXERCISES

Important precautions after hip surgery:

Do not use your surgical leg to push yourself up in bed or from a chair because this requires forceful contraction of the muscles.

Do not overuse your hip – this may result in severe limitations in motion or increased pain.

Do not place your surgical leg in any extreme position for the first 4-6 weeks after surgery.

Do not drive a car until you can safely work the pedals and you are not taking narcotic pain medication.

Ankle/foot, knee, and hip motion- Have someone help you. Let your leg relax and allow the CPM machine to bend your leg. Do this as directed. Also feel free to move your ankle up and down. Joints like motion!

Stationary Bike – Getting on the stationary bike or recumbent bike as soon as you can is very helpful in your recovery. Keep the seat a little higher than normal and do not put any resistance on the bike. This is not for a workout; this is simply to get your hip moving. Use pain as your guide. For the first few days, you may not be able to pedal completely around. This is normal. Just continue working it through the motion. Discomfort is okay to work through, pain is not.

Quad Sets- Sitting in a comfortable position, squeeze your thigh as hard as you can while not increasing pain. Hold this for 3 to 5 seconds. Repeat 10 times for 2 sets, 5 times per day.

Iso Hip Extensions – Sitting up on the floor or couch with your leg straight out in front of you, push your heel in the floor so that you feel the back of your leg and buttocks tighten up. Push for 3 seconds. Repeat 10 times for 2 sets, 3 times per day.

FOLLOW-UP VISITS

- **SURGEON:** Plan on seeing your surgeon at 2 weeks post-op, 6 weeks, 3 months and 6 months (for Dr. Maak) and 4-5 weeks post-op and 5-6 months post-op (for Dr. Aoki) after your hip scope. If your hip does not progress as planned, you are welcome to schedule additional visits. There is usually no charge for surgery related visits 90 days following surgery. You may receive a bill for any x-rays or special equipment such as a brace.
- **PHYSICAL THERAPIST:** Schedule your first visit with a physical therapist 2 weeks after surgery. After the 2 week follow-up, you may attend formal PT 1-3 times weekly, pending your progress, for the first few months. Then as you get stronger, you are able to do more on your own at home or at a gym and start attending PT once weekly, then once every other week, then once every 2 weeks then monthly.

HIP SURGERY: (Arthroscopy for FAI)

OVERVIEW

What is hip arthroscopy?

Hip arthroscopy is a simple procedure that can be used for purposes of diagnosing and treating more complex hip pathology or to remove scar tissue/other procedures. Debridement means to clean up the hip. Debridement can be performed relatively quickly and has minimal post-operative limitations.

What are the indications for a hip scope?

Persistent symptoms in the hip after failure of a period of conservative management.

GUIDELINES TO PROTECT

Physical Therapy – After hip arthroscopy physical therapy is not always a requirement but if elected or prescribed it is usually started 2 weeks after surgery. Feel free to attend any therapy location that is close to home or work and one that is covered under your insurance. May go 1-3 times weekly in conjunction with a home exercise program. PT may be prescribed more for patients who have hip stiffness or who are prone to developing scar tissue adhesions.

Weight-bearing – no weight bearing restrictions after a hip scope for FAI. May be full weight-bearing as tolerated without the use of crutches. However, we do not want you to limp but you will not damage the surgery if you put weight through your leg.

Range of motion – ROM restrictions after hip scope are hip extension (pushing your leg behind you). Full extension is to be avoided as we do not want to aggressively stretch the hip flexors/anterior hip initially. Progress flexion/bend as tolerated without resistance for the first 6 weeks. Do not have to force your hip to move but we do not want immobilization.

Crutches – Needed for comfort and to prevent limping. When navigating stairs – Up with the good leg, down with the bad leg. To go up, brace yourself on crutches and lift your good leg, then push with your good leg to bring the crutches up to the step you are on. To go down, stand on your good leg and let your crutches and surgical leg down to the stair below you at the same time. Once stable, bring your good leg down to the stair you are on. Take stairs ONE AT A TIME.

Brace - not needed.

Nerve block - This is used to control pain after surgery and is optional. It delivers a constant dose of medication to block the signal of the nerve, thus reducing pain. Your anesthesiologist will discuss this with you. You are under no obligation to get a nerve block.

CPM - This machine moves your leg for you. Joints like motion and if needed, it will be provided for you at the time of surgery.

Ice - Very helpful in controlling pain. You may be given a machine that pumps cold water around your surgical site to help you feel better. Bags of ice or frozen peas can be used if you do not have the machine.

EXERCISES

Avoid: for the first few weeks, avoid resisted hip flexion, excessive hip extension (more than just walking), running, jumping/landing, plyometrics, agility and twisting exercises and contact sports.

OKAY TO DO:

Quad sets
Stationary Bike
All 4's rocking

CPM
Adductor Iso's
Abductor Iso's

Bridging