

Hip Arthroscopy Post Operative Recovery Information Sheet

Precautions/Restrictions:

- You are to remain **toe-touch weightbearing with crutches or a walker, unless otherwise specified by your team.**
- You are not allowed to flex your hip past 90 degrees. Hip flexion is like trying to raise your knee to the sky if you are standing. Your thigh should not get past parallel to the floor.
- You are not allowed to abduct (move your leg away from your body with it starting straight up and down) your leg past 25 degrees. Think of trying to sidestep or lunge to the outside of your operative leg. This is an abduction move and should not be performed too far out from your body.
- When you start physical therapy 6 weeks after surgery the therapist will guide you past these restrictions over time.

Medications:

- Hydrocodone-acetaminophen (Norco)
 - This is your pain medication. It is written as needed however we recommend taking it more often than not on your first few days.
 - It can and usually does cause some constipation. Please make sure you are taking plenty of fluids and fiber in your diet to help. Moving around and decreasing the pain medication will also help with this too. Feel free to use whatever constipation medication you prefer to help.
 - This medication also has Tylenol in it (the acetaminophen). Be careful as other medications frequently have Tylenol also in it. No more than 4 grams or 4000 milligrams in a day.
- Cyclobenzaprine (Flexeril)
 - This is your muscle spasm medication. It is written as needed however we recommend taking it especially for the first 1-3 days.
 - Do not take this while driving.
 - This medication can make you sleepy.
- Aspirin
 - This is a blood thinner. You must take it for usually 4 weeks after surgery. This will help prevent blood clots, along with daily movement. For younger patients, you may not be prescribed this medication.
 - To be started the next day after surgery.
- Indomethacin
 - This is a strong anti-inflammatory. You must take this medication for 30 days after surgery.
 - This will also be started the next day after surgery.
- Pantoprazole
 - This is a medication that will help reduce the acid in your stomach and commonly used for GERD/Reflux. Because we ask that you take the aspirin and Indomethacin, which can upset your stomach, we are providing this medication to help prevent stomach ulcers and discomfort.
 - As with most medications, take your pills with food.
- Stool Softener – Usually Colace
 - It is very common for people to have constipation after surgery. This is due to the fact that we initially restrict your diet for the day of surgery combined with the effects of the pain medications and anesthesia. You can use whatever stool softener that is over the counter at any pharmacy. We usually recommend or will prescribe Colace (docusate). Another is Senna or miralax.
- **Please make sure to give us at least one business day to refill medications. Pain medications will not be refilled after-hours and on the weekends.**

- Driving
 - It is NOT recommended that you drive while taking narcotic pain medication.
 - If we have operated on your right hip, it will take 6 weeks on average before you may drive.
 - If we have operated on your left hip, it will take 2 weeks on average before you may drive.
- Returning to work or school:
 - Sedentary desk jobs or those who work from home may return 2-4 days after surgery.
 - Physically demanding jobs that require extended periods of walking or heavy lifting may expect to return full duty 6-12 weeks. Return to light duty is an option if available.
 - Returning to school is possible as soon as pain is controlled and student is able to tolerate it.

Red Flags

This is when to contact our office immediately:

- Fever of greater than 100.4 F, pus or continuous bleeding from the incision site or multiple dressing changes in a day.
- Uncontrolled nausea or vomiting, lack of bowel movement 4 days after surgery
- Inability to move your leg more than 48 hours after surgery
- Unusual shortness of breath or chest pain