

# **Hip Arthroscopy**

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**Intermountain Health Orthopedic Specialty Group**

**The Orthopedic Specialty Hospital Campus**

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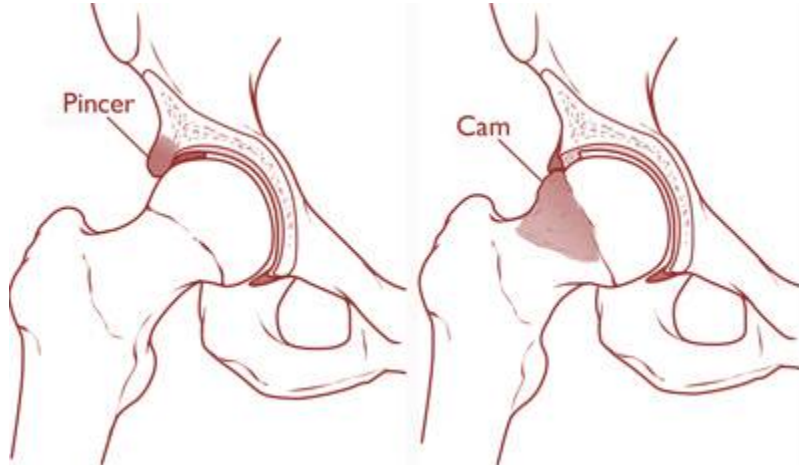
**900 Round Valley Drive**

**Park City, UT 84060**

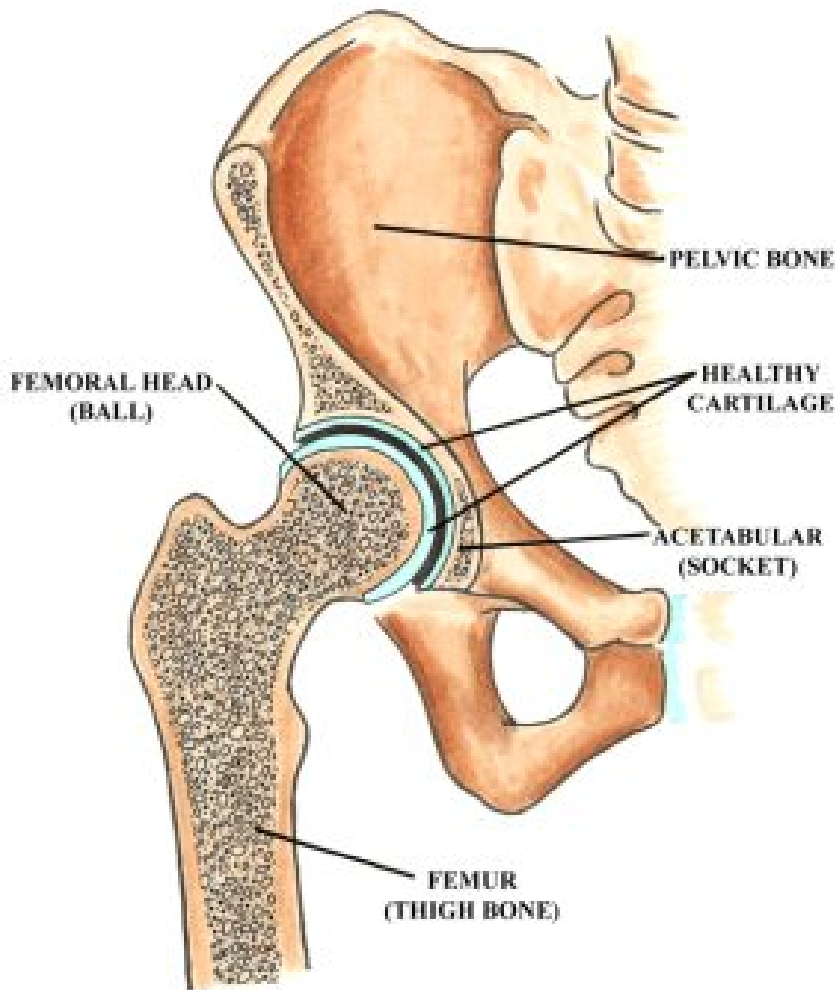


# About Arthroscopic Surgery

Arthroscopic surgery is done to decrease the trauma to the joint, increase healing time, and decrease risk of infection. Recovery from arthroscopy is faster than recovery from traditional open joint surgery.



- Acetabuloplasty (Pincer)
- Femoroplasty (CAM)
- Femoroplasty (dec offset)
- Labral repair vs. debridement
- Capsular Plication
- Other



You will have an estimated 50 lbs. of traction during the surgery. Numbness around the incisions, lateral thigh and foot are normal and do not last.

### Preparation for Surgery

**Time off work** – if you are taking time off work, please provide to our office any paperwork you need filled out at least 2 weeks prior to surgery. Include a name and fax number where the documents need to be returned.

- Fax attention “Dr Wylie Team”                      801-314-4919

### **Typical time frames off work**

- 1 week off work , resting at home is required
- Return to desk job as tolerated by most patients around 2 weeks
  - o you may require more and this will be assessed on a case by case basis
- Physical jobs require 2-3 months off unless you can return with restrictions
- You will need to be prepared to use crutches for up to 3-4 weeks (determined by your PT and /or Dr. Wylie) and used at all times.

### **Equipment**

- **Crutches:** You may bring them to surgery or a pair will be given to you upon discharge. You will be on crutches until you can walk without a limp or pain with walking (typically 2-4 weeks)
- **Ice Unit:** you will have a gel-pack ice unit to take home upon discharge. It is requested you use this as often as able. Please keep a barrier/cloth between the skin to keep it from getting too cold. You can also use a bag of ice or a mechanical ice machine if you wish.

### **Young Families**

- If you are a caregiver for young children, you will need to arrange help in the first couple weeks while you are on crutches and lifting restrictions.

### **Driving**

- You may drive when off narcotics and walking with good control
- Left hip likely to be quicker than right hip
- Your right foot needs to be able to get comfortably from the gas to the brake (normal 2 weeks)

## Medications / Anesthesia

**Prior to surgery** – if you are taking medications, the nurse at Pre-admissions, will guide you on what you can and cannot take prior to surgery

- Regular use of narcotics prior to surgery will make it more difficult to manage your post-operative pain
- We strongly recommend you reduce or stop narcotics prior to surgery

### Post – operative medications

#### **Narcotics:**

- Standard protocol is Oxycodone or Hydromorphone. You will need to let us know if you cannot take Oxycodone. Hydromorphone is used in patients that cannot tolerate oxycodone.
- Narcotics are given for acute post-operative pain. After the first week, pain is best controlled by rest, ice and modification of activity. Infrequent use at night to sleep is common for the first couple weeks.

#### **Anti-inflammatories:**

- Naprosyn for 3-4 weeks is our default NSAID. Meloxicam or Celecoxib can be used if you have GI issues with NSAIDs. This is both for pain and inflammation and to prevent Heterotopic ossification in the front of the hip. Take for minimum of 1 week, preferably 3-4 weeks.

#### **Tylenol**

- If you were prescribed Oxycodone or Hydromorphone, then there is no Tylenol in that and you can take Tylenol 1000mg three times daily.
- Maximum of 3000 mg in a 24 hour period.

### **Pain medication side effects**

- Constipation.
  - o Take over-the-counter stool softeners (Colace am and pm while on pain medications as needed). MiraLAX if you get constipated. Drink at least 8 glasses of water a day during the first couple weeks following surgery.

### **General anesthesia**

- You will meet the morning of surgery with the anesthesiologist
- Discuss any concerns you have about medications during surgery at that time.
- General anesthesia can cause nausea and difficulty with memory for the first several days
- You will need someone to stay with you for the first 24 hours if you do not stay overnight

## Day of Surgery

### Length of surgery

- Estimation of surgery: 1.5-2.5 hours and in the facility 5-6 hours

**PLEASE GET UP AT LEAST  
ONCE EVERY OTHER HOUR  
AND WALK AROUND THE  
HOUSE DURING THE DAY IN  
ORDER TO PREVENT BLOOD  
CLOTS!**

## First week at home

### Showering

- 48 hours after surgery – remove the surgical dressing but leave the steri-strips or stitches in place (2-3 weeks is average)
  - o Water can run over however do not soak surgical incisions.
- Pat dry and cover with dry Band-Aids if needed. **Please do not put any lotions or ointments on the incisions.**

### Crutches

- 50%WB using 2 crutches at least 2 weeks and PT will wean you

### Signs of infection

**Call 801-314-4900 (24/7)**

- Fever greater than 101 degrees F, Redness beyond the incisions, Worsening / intolerable pain and possibly – nausea, pus or smelly discharge

### Rest

- Ice for the first week home when you are not taking care of basic needs or doing your physical therapy) to manage post-operative inflammation / swelling.
- Put layer (pillow case) between your skin and ice pad
- Lie on your stomach for 3-4 times per day for 30 mins. to prevent a hip flexion contracture
- I.e.: For every 30 mins. you are up, lie down for the next 1.5hours

### Home therapy program?

- You should begin within the first 24-48 hours. ( Page 10)
- If your pain is increasing more than 2 points on the scale of 0-10, back off of your stretches by being less aggressive or reducing the number of reps.

### Post-operative pain

- Pain is individual, however, it is recommended you take your pain medication as prescribed for the first week.
- Ice is a natural analgesic: ice for the first 7 days continuously to control pain and swelling

## Post-Operative Expectations

### Recovery time

- You will feel 60-70% by 10-12 weeks (for the average patient) based upon your iHOT score.
- It will take up to a year to work toward full recovery for most patients.
- Complete relief from pain and return to all desired activities might not be a realistic goal depending upon your hip findings during surgery. This is linked to the level of wear in your hip. When you experience a setback or begin limping again – go back onto your crutches

**0-4 weeks:** activities for grooming, bathing and general light activity in the home / desk job at 2 weeks / no more than **30 mins continuously without rest in community** (1 time per day only) after the first week Crutches for any procedure 2-4 weeks. Off when you are not limping

- **Pain changes in 3 ways – Frequency, Intensity and Duration as you move toward pain-free.**

**4-8 weeks:** light activities in the community, up to 30-60 mins duration of community ambulation / light house work / no heavy lifting at home or work.

- Guided gym activities – cycling, swimming and upper body. Lower body as guided by PT based upon your hip symptoms.

**8-12 weeks:** moderate activity in the community (2 hours walking), at work (up to 10 lbs. carrying or lifting, and at home moderate house work but no twisting. Light to moderate gym activity with guidance

- May begin an approved higher level activities. Should avoid long vacations or activities with lots of walking

**12 + weeks:** ramping of activities / hobbies as pain dictates. Sport specific training. Do not jump or run prior to 12 weeks for risk of post-operative fracture. All restrictions are lifted unless indicated by PT and MD.

- All procedures may begin higher level activities or return to walk/jog program if approved by therapist / MD. Older patients (> 40 years) can have a slower timeline and can take 24 weeks+ to get to returning to activities

## Home Exercise Program

Begin the day you go home from surgery and continue for the 1st week - Complete your HEP every 2-3 hours while you are awake.

### Ankle Pumps - For Blood Clots

- Laying on your back, move the ankle through full range of motion. Complete 10-15 reps 6 times per day. **START THESE WHEN YOU WAKE UP FROM SURGERY**
- TED hose knee high both legs for first week



### Quad Sets

- Place towel under back of the knee. Push knee into the towel contracting the quadriceps. Hold for 5 seconds. Complete 10-15 reps 3-4 times per day



### Glut sets

- Laying on your back, contract your gluteal. Hold for 5 seconds. Complete 10 reps 3-4 times per day



### Quadruped rock backs (start on day 3 if you cannot tolerate at 24 hrs.)

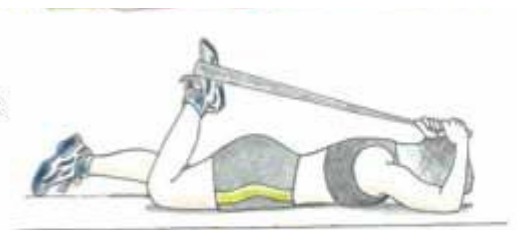
- Begin in a neutral position on all fours. Begin to slowly shift your weight and rock backward towards your heels till you begin to feel a slight stretch in your gluts. Perform 10-20 reps at 2-3 times per day.



### Prone Quad Stretch (start on day 3 if you cannot tolerate at 24 hrs.)

- Position yourself onto your stomach and pull foot toward buttock as far as you are able with a rope/belt/dog leash. Perform 10 reps at 15 sec holds, 4 times per day. Careful not to extend the hip backwards

**FIGURE 5C**  
PRONE  
FLEXION  
EXERCISES



### Biking

- You may ride a stationary bike at home 10-30 mins without resistance (Level 0/1) - daily

## **Early Pitfalls following Hip Arthroscopy**

### **Joint swelling / edema**

- Early weight-bearing without crutches can significantly delay your recovery
- Persistent swelling / edema will prevent successful transition to normal daily activities and return to higher level activities
- This delay can add an additional few weeks to few months to your rehabilitation, resulting in longer time frame with pain, higher usage of pain medications and potential need for oral steroids / cortisone injections

### **Range of motion**

- Delay in restoring your symmetric motion is directly related to joint swelling /edema.

### **Too much too soon**

- Activity progression: if activity is ramped up too quickly, you may experience soft tissue pain. This is most commonly associated with overload /overuse.

### **Satisfaction Surveys**

**Part of your TOSH experience will include receiving a survey in the mail to assess how satisfied you were with your physical therapy and physician visits. These surveys are a valuable asset to our team to know what we are doing well and how we may improve to better serve future patients. We appreciate you taking the time to respond to these.**

## How to Use Crutches

**Walking with Crutches: 50% weight for 2 weeks and then as tolerated for weeks 3 and 4.  
Revisions or patients with loose/hypermobility joints: 50% weight for 4 weeks and then as tolerated for weeks 5 and 6. (to allow for better soft tissue healing)**

1. You should bear the weight on your hands and not lean on the crutch pads at the armpits when walking.
2. Place crutches forward first.
3. Move your injured leg forward and place heel down landing in line with crutches.
4. Shift as much weight as tolerated onto surgical leg and push down on crutches to “unload” weight as needed
5. Step through with healthy leg.
6. Roll over toe and bend knee to move your injured leg forward again.
7. Go slowly at first.

### Going Up Stairs

1. Approach step closely.
2. Place your health leg up on the step – keep your injured leg and crutches on the ground.
3. Place your weight on your healthy – step up.
4. Bring the crutches and surgical leg up to same step.

### Going Down Stairs

1. Approach edge of stair closely, and place weight on healthy leg.
2. Lower crutches and step down leading with the involved leg.
3. Shift your weight to the crutches and injured leg.
4. Carefully place your healthy down on the step.

*REMEMBER: UP WITH THE GOOD...DOWN WITH THE BAD*

## **Research Team**

Dr. Wylie and physical therapy will be asking you to fill out many forms.

- We use the iHOT in assessing how you are doing pre-surgery, post – surgery and after you are discharged from formal care
- We will send you an IHOT and subjective “how are you doing” form after you are discharged from formal therapy; you will receive one of these at 12 months post-op and yearly thereafter post-op.
- Please help us by filling these out and returning especially after the 12 months mark. You will receive these via email or mail and it will include a self-addressed envelope stamped.
- These forms, especially when you are discharged from formal therapy, are reviewed by your therapist and Dr. Wylie. We will contact you if we have questions or concerns about your scores.

## **Phone Numbers**

### **Dr. Wylie’s Office**

**801-314-4803**

Contact MD office if you have wound concerns, need medication refills, have problems with your pain medications or other post- operative concerns - Reaches the MD on call.

- **Office Hours: Monday – Friday      8:30 am – 4:30 pm**
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## **Physical Therapy Department at TOSH**

**Physical therapy Office Number:  
801- 314-4040**

**Mon, Tues, Wed, Thurs 8:00 -5:00  
Fri 8:00 – 3:00**