

## **HIP ARTHROSCOPY/OSTEOCHONDROPLASTY SURGERY**

It is important to us that all of our patients know what to expect before surgery, during their hospitalization and after surgery.

### **Office Visits**

Planning begins with your first visit. At this visit, x-rays of your hip, a health history, including current medications and other medical problems are discussed. The objective of the first office visit is to determine whether hip surgery is necessary. This decision is based on many factors including the degree of pain, the severity of limp, extent of activity restriction and your overall dissatisfaction with your hip condition. Your current health status is also an important consideration. After evaluating your x-rays and performing a complete physical exam, Dr. Clohisy will discuss the relative advantages and disadvantages of the surgical procedure and the expected outcome.

### **Radiography**

You may already have x-rays of your hips, but we may request that new x-rays are taken. Specific views with the hip in various positions are necessary so we can define the bony anatomy of the hip and make individual plans for surgery. X-rays are also used during surgery in order to assure optimal correction of the hip.

### **Scheduling Surgery**

Once a decision has been made to have surgery, we will schedule the procedure. Several factors influence the surgery date. The most important factors are your general health and time needed for an appointment with the anesthesia department. The anesthesia department requires each patient to go through pre-admission testing. This testing is done at The Center for Preoperative Assessment and Planning (CPAP). This testing will be scheduled for you through Dr. Clohisy's office. This will be done within one month of surgery. A full history and physical is obtained at this visit. Any other test

that may be required is also done, such as, blood work, urine tests, chest x-ray, or EKG. You will discuss with the anesthesia providers your plan of care for anesthesia. We will also help you obtain the necessary equipment needed to maintain your independence and hip precautions after surgery. This includes crutches, a hip kit and a raised toilet seat with arms. They are provided on-site for your convenience or you may order from any equipment company. Most medical insurance plans do not pay for these particular items.

**PRE-SURGERY INSTRUCTIONS:**

- Leave money, jewelry, and other valuables at home.
- We will have you remove fingernail polish, makeup, hair accessories, jewelry, glasses, contact lenses or anything else removable from your body.
- If you take NSAID's (ie. Aleve, Ibuprofen, Advil, Celebrex, Voltaren, Relafen), aspirin or aspirin containing medication, vitamins and herbal supplements, or a blood thinner you must **stop 1 week prior to surgery.**
- BCP's should stop at end of menstrual cycle prior to surgery and stay off BCP for 2 cycles. Another form of contraception should be used.
- You must be healthy and free of any cold or infections.
- **DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT BEFORE YOUR SURGERY.**
- Follow skin preparation instructions: Either using the Scrub Care given from the CPAP department or liquid antibacterial soap: Take a shower the night before, sleep in clean sheets and pajamas and take another shower day of surgery.

## **SURGERY DAY AND THE HOSPITAL COURSE**

On the day of surgery, you will report to the same day surgery area and checked in by the admission nurse/team. You will then be assisted to a holding area where a member of the anesthesia team will start an IV in your arm and discuss your anesthesia plan. You will also meet the operative team. During surgery your family will be asked to wait in the surgical waiting area. A receptionist will be available to answer questions and keep family members posted on progress as the operative team informs them every two hours. Dr. Clohisy will call out after surgery and speak to your family. He will check on you later after he is finished with surgeries for the day. After surgery you will be taken to the post anesthesia care unit (PACU). Most patients stay in the PACU for 2-3 hours before being discharged from the hospital to home.

## **Pain Management**

Immediately following surgery, we will manage your discomfort by using oral pain medications. You will begin to feel progressively better each day and the postoperative discomfort will diminish. You will also be on Naproxen twice a day for 2 weeks to prevent heterotopic bone formation if indicated.

### **Postoperative Physical Therapy**

On the first day following surgery all patients will start outpatient physical therapy. You will be given a specific therapy prescription before your discharge. You will have a weight bearing status and certain hip precautions. The physical therapist will show you all your restrictions and exercises including gait training with an assistive device. They will also work with your activities of daily living and show you how to ascend and descend stairs. A CPM machine (continuous passive motion) will be used for gentle motion of the hip.



CPM machine is used to maintain hip motion and promote healing.

### **Discharge Planning**

Before discharge to home, we will make sure that the patient receives everything needed for postoperative recovery including therapy and medicine prescriptions, ordering CPM machine, and providing the Active care pumps which will be used to help prevent blood clots for 10 days postoperatively.

You will be homebound for approximately 2-5 days after surgery. You may need help getting in and out of bed safely, going up and down stairs, bathing, getting a meal, putting out the trash, or caring for a pet. It is helpful to make arrangements for someone to be with you for at least two weeks, after you go home. We think home is the best place for patients to recuperate with the help of family and friends. You are not allowed

to drive until full weight bearing and complete control of the operative leg is achieved. Most patients with a desk job can return to work between 2-4 weeks, while a manual laborer or more active worker should return 3 -4 months after surgery. You may return to work when you are ready and the hip is healed.

### **Follow- up visits**

Follow-up examinations are very important. Visits are scheduled at 4 weeks, 4 months, and 12 months. After that yearly visits are then required. Most patients are allowed to be full weight bearing 2-4 weeks after surgery.

## HIP SCOPE/OSTEOCHONDROPLASTY

### QUESTION AND ANSWERS ABOUT RECOVERY AFTER SURGERY



Follow-up appointment: \_\_\_\_\_

\_\_\_\_\_ 2 weeks 50% weight-bearing status

\_\_\_\_\_ 2 weeks toe touch weight-bearing status

\_\_\_\_\_ 8 weeks toe touch weight-bearing status

After your hip scope/limited open osteochondroplasty surgery, you may have questions about physical therapy, activity restriction, medications, return to work, and follow-up. The recommendations below should address many of these issues.

- **Should I participate in Physical Therapy after surgery?**

Yes - Postoperative physical therapy is a very important part of your recovery. It is important to continue therapy at home to work on gentle range of motion and strengthening exercises all within the comfort level of your hip. We encourage stationary bicycle riding starting the day after surgery. You will use the CPM machine to 60° of flexion for 6 hours/day for 4 weeks. You may do active and passive flexion exercise to 90° at your comfort level. You may need to use your hip kit for your activities of daily living and raised toilet seat for 4 weeks. After your first appointment you will be given a

physical therapy prescription to advance your weight-bearing status and expand the strengthening exercises. You will likely require 3-6 months of therapy before you have maximized your recovery.

- **When can I discard the crutches?**

You will progress to the next level (crutches → one crutch/cane → nothing) when your physical therapist provides useful feedback about the timing of this transition. In general, you will use an assistive device until you can walk without a limp.

- **How should I treat the hip incision?**

You may shower 3 days from surgery.. You should change your dressing daily. Generally, moisturizers, lotions, and creams are not recommended for the first 3 weeks after surgery. The normal skin healing process will complete its course without topical treatments. If there are any problems with the incision, especially drainage of fluid, bleeding, redness, pain or swelling- please call us immediately. You should put ice on your hip 3-4 times a day over the first 7-10 days. This is especially helpful after your therapy sessions.

- **When can I begin driving?**

When you are bearing full weight on the extremity, have muscle control of the extremity and you are comfortable with driving.

- **When can I return to work?**

If you have a light duty/desk job, you may return to work as soon after surgery as you are comfortable. Physically demanding jobs may require up to 3 months of recovery before returning to work.

- **When can I remove the Active Care Pumps?**

You will use the Active Care Pumps for a total of 10 days. You must wear the pumps 22 hours per day.



- **What kind of activities can I resume?**

You will gradually advance your activities beginning with physical therapy. Stationary bicycling starts the day after surgery. You may gradually begin exercising activities such as, swimming, water exercises and non-impact activities all within the comfort level of your hip. You may advance to more strenuous activities as tolerated (tennis, golf, hiking) at 3-6 months. If you experience pain with any activity, stop the activity and modify your behavior. Return to competitive sports requires a variable amount of time, yet most patients return to full sports by 4 months after surgery.

- **When should I stop the medications?**

You may require pain medication for the first 2-3 months after your surgery. You may be taking Naproxen twice a day for 2 weeks to prevent heterotopic bone formation only if indicated. You will take an enteric coated 325mg aspirin twice a day for 6 weeks (NO ADDITIONAL ANTI-INFLAMMATORY MEDS AT THIS TIME). After 6 weeks you may take anti-inflammatory or aspirin based medicine.

In the interim, any questions about physical therapy, activities, return to work, or any concerns or problems - please feel free to call. Nearly all of these issues can be addressed easily by telephone.