

POST OPERATIVE INSTRUCTIONS

HIP ARTHROSCOPY

(All of this information, and more helpful information, can be found on Dr. Roth's website at www.KevinRothMD.com)

DIET

- Start with clear liquids (jello, soup broth, Gatorade, etc.), crackers, white bread and other light foods
- Progress slowly to heavier foods as you tolerate the lighter foods without any nausea

WOUND CARE

- Keep your dressing clean and dry and in place for two days after surgery.
- You will typically have a bulky dressing on the hip. This is because arthroscopic surgery is performed by filling the joint with saline water so that the camera can see around. Some of this water gets absorbed into the soft tissues and comes out of the first few days after surgery as urine, and some of it drains out of the incisions over the first 48 hours after surgery. The bulky dressing is there to catch all the fluid that drains out. Therefore, it is normal for there to be some blood staining on the dressings when you remove them
- On day 2 after surgery, you may remove your dressing. Steps to change your dressing:
 - Peel back the foam or paper tape and remove the bulky gauze with the tape. Discard the gauze and tape.
 - Under the gauze will usually be some little yellow strips. These can also be removed and discarded.
 - Below the yellow strips will be white or brown pieces of tape, called Steri-Strips. Leave these in place.
 - If the wounds are completely dry, you may just place band-aids over them. If there is a small amount of drainage still coming from the wounds, place a clean and dry gauze dressing on them daily until the drainage stops. If the drainage continues for more than 3 days after the surgery, call Dr. Roth's office to inform him.
- Once the incisions are completely dry for 24 hours, you may shower. Let the water and soap run over the incisions and pat them dry with a clean towel after the shower. Do not scrub the incisions or vigorously dry them. Do not submerge the incisions under water (**e.g. NO bath tubs, swimming pools, hot tubs, ocean swimming, etc.**).

MEDICATIONS

- It is important to know that there will be some pain after surgery – this is very normal. Unfortunately, there is no such thing as “painless surgery.” While pain can sometimes be a marker of something going wrong, in the context of surgery, it is usually completely normal. If you are concerned about the level of pain that you are experiencing, please call Dr. Roth’s office and we can discuss with you and ask a few questions to confirm that your level of pain is normal and not a sign of something dangerous.
- Dr. Roth uses the pain scale from 0-10 to try to help recommend how many opiate pain pills to take, so try to be honest with yourself about your pain level. Remember, zero is no pain at all, and 10 is the worst pain in the world. When someone calls and says casually over the phone his or her pain is a level 9, this is typically an exaggeration, as a person in level 9 pain would be screaming in agony, and would likely be unable to make a phone call. Dr. Roth recommends not taking any opiates if your pain is in a 0-4 range. 0-4 pain is expected, it is normal, and it is just the price of having a surgery. If your pain rises above a 0-4, use the charts below for some recommendations of how to add in opiate medication to try to bring it down to the 0-4 range.
- If you have a nerve block, it will usually last for 8-16 hours after surgery. You will start to feel some tingling around your hip when the nerve block starts to wear off. This is the sign that the pain is soon to follow, so you want to start taking your pain medication at this time.
- Unless contraindicated, you will likely receive a prescription from Dr. Roth for Naproxen 550 mg to be taken once in the morning and again in the evening for 21 days post operatively to minimize the risk of new bone forming after your surgery.
- You have been given a prescription at your preoperative visit for an opiate narcotic pain medication (Oxycodone, Percocet, Norco, Tramadol etc.). Pay attention to whether your medication has acetaminophen (Tylenol) in it as it will affect how you use the pain regimen charts below.
- **It is recommended that you take aspirin 81mg, one tablet once a day for the entire duration you are on crutches to help decrease risks for developing blood clots.** Aspirin can be purchased over the counter. The duration you will be on crutches will be determined by Dr. Roth or his Physician Assistant.
- If you have a history of **Obstructive Sleep Apnea (OSA)**, be sure to let Dr. Roth know as he may decide to change your post-operative pain regimen.
- **If your narcotic pain medication has ACETAMINOPHEN in it (e.g. Norco, Percocet) then you CANNOT also take TYLENOL at the same time, which is the same medication.**
- Side effects of the pain medication include itching, nausea, vomiting, dry mouth, constipation, dizziness and lightheadedness. Taking the medication with food will decrease the risk of nausea. **To prevent constipation, it is recommended that you take a stool softener (i.e. Colace) while taking the opiate. Colace can be purchased over the counter. Take one tab 2-3 times per day.**

- If taking the opiate medication causes you to experience itching without a rash, and without any swelling of the mouth or difficulty breathing, this is very common, and is not technically a true allergy. Options to manage this are to try to wean off the opiates and just take the Advil/Tylenol regimen described below, or to take Benadryl for the itching. However, understand that the Benadryl typically does not manage the itching very well, and often just puts you to sleep so you aren't as bothered by the itching.
- Try to wean off of the narcotic pain medication as soon as possible. Using Dr. Roth's regimen below will help you transition away from the opiates as soon as possible.
- Dr. Roth's Suggested Post-Operative Pain Management Regimens

(Note that generic medications are exactly the same as brand name and can be substituted at lower cost and without any change in effectiveness.)

DR. ROTH'S SUGGESTED OVER-THE-COUNTER PAIN REGIMEN <u>MODERATE PAIN</u>	
<i>DO NOT take the Tylenol if your opiate has acetaminophen in it already (e.g. Percocet, Norco)</i>	
6 AM	500 mg Naproxen 1000 mg Tylenol (acetaminophen)
12 NOON	1000 mg Tylenol (acetaminophen)
6 PM	500 mg Naproxen 1000 mg Tylenol (acetaminophen)
12 AM (MIDNIGHT)	1000 mg Tylenol (acetaminophen)

DR. ROTH'S SUGGESTED OVER-THE-COUNTER PAIN REGIMEN <u>SIGNIFICANT PAIN</u>	
<i>DO NOT take the Tylenol if your opiate has acetaminophen in it already (e.g. Percocet, Norco)</i>	
6 AM	600 mg Advil (ibuprofen)
9 AM	1000 mg Tylenol (acetaminophen)
12 NOON	600 mg Advil (ibuprofen)
3 PM	1000 mg Tylenol (acetaminophen)
6 PM	600 mg Advil (ibuprofen)
9 PM	1000 mg Tylenol (acetaminophen)
12 AM (MIDNIGHT)	600 mg Advil (ibuprofen)
3 AM	1000 mg Tylenol (acetaminophen)

Note that the “Significant Pain” regimen is the same as the “Moderate Pain” regimen, however, it splits the Advil and the Tylenol so that they are taken at different times. In this regimen, you are taking SOMETHING every 3 hours, so you are always on the “upswing” of one or the other medication. Just as one of the medications is wearing off, you are dosing yourself with the other medication.

IN ADDITION to the “Over-The-Counter” pain regimens above, the opiate you have been prescribed (typically oxycodone) can be added in AS NEEDED to supplement your pain and manage breakthrough moments of increased pain. You are encouraged to try to stop taking the opiate as soon as possible, and if you can manage without the opiate, please feel free to do so. At each moment that you are taking your other medications, try to assess your level of pain and take an oxycodone

SUGGESTED PAIN REGIMEN – WITH OPIATE	
MODERATE PAIN	
6 AM	500 mg Naproxen 1000 mg Tylenol (acetaminophen) + Pain Level 0-4: NO Oxycodone Pain Level 5-7: ONE Oxycodone Pain Level 8-10: TWO Oxycodone
12 PM (NOON)	500 mg Naproxen 1000 mg Tylenol (acetaminophen) + Pain Level 0-4: NO Oxycodone Pain Level 5-7: ONE Oxycodone Pain Level 8-10: TWO Oxycodone
6 PM	500 mg Naproxen 1000 mg Tylenol (acetaminophen) + Pain Level 0-4: NO Oxycodone Pain Level 5-7: ONE Oxycodone Pain Level 8-10: TWO Oxycodone
12 AM (MIDNIGHT)	500 mg Naproxen 1000 mg Tylenol (acetaminophen) + Pain Level 0-4: NO Oxycodone Pain Level 5-7: ONE Oxycodone Pain Level 8-10: TWO Oxycodone

SUGGESTED PAIN REGIMEN – WITH OPIATE SIGNIFICANT PAIN	
*** If you are following this regimen, and are consistently taking TWO oxycodone at EACH time point, please call Dr. Roth to let him know that you are requiring that level of pain relief. ***	
6 AM	500 mg Naproxen 1000 mg Tylenol (acetaminophen) + Pain Level 0-4: NO Oxycodone Pain Level 5-7: ONE Oxycodone Pain Level 8-10: TWO Oxycodone
9 AM	Pain Level 0-4: NO Oxycodone Pain Level 5-7: ONE Oxycodone Pain Level 8-10: TWO Oxycodone
12 NOON	1000 mg Tylenol (acetaminophen) + Pain Level 0-4: NO Oxycodone Pain Level 5-7: ONE Oxycodone Pain Level 8-10: TWO Oxycodone
3 PM	Pain Level 0-4: NO Oxycodone Pain Level 5-7: ONE Oxycodone Pain Level 8-10: TWO Oxycodone
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Do NOT drive a car or operate any heavy machinery while you are taking narcotic pain medication (OxyCODONE, Oycontin, Norco, Percocet, Tylenol #3, etc.)

ACTIVITY

- Use crutches to assist with walking and help provide you stability as you learn to walk on an injured extremity. Wear your brace when walking. You are permitted to put **50% of your body weight** down on your operative extremity for the first two weeks after surgery, unless a microfracture was performed.
- **If a microfracture was performed, then you will be touch down weightbearing (about 20lbs of force) for 6 weeks with crutches and a brace. You will use a Continuous Passive Motion (CPM) machine for 8 hours a day.** You can break this up into small intervals, or use the CPM machine overnight. This machine passively moves the leg and helps keep your hip from getting stiff.
- Do not hyperextend or hyperflex your hip – only move the hip within a pain free range of motion
- **The day after surgery, if possible, you are encouraged to ride a stationary bike two times per day every day for 5-10 minutes as tolerated. This will help keep your hip from getting stiff.**
- Avoid long periods of sitting with the leg below your waist or long periods of standing/walking for the first 7-10 days after surgery as these activities are likely to increase the swelling of your leg.
- You may return to sedentary work / school 3-4 days after surgery if swelling and pain are tolerable and you are no longer taking narcotic pain medications.
- **DO NOT SMOKE** cigarettes, smokeless tobacco, cigars, dip, chew, or any other tobacco product for at least 3 months after surgery if at all possible, as these will all **inhibit healing of the repair, increase the risk of infection**, and decrease the ability of the wound to heal.

ICE THERAPY

- Dr. Roth highly recommends purchasing an ice machine for the post-operative period as it is much more convenient than ice packs, however, if necessary, ice packs are sufficient as well.
- Start ice immediately after surgery. You will have a bulky dressing on your hip and therefore you may not feel like the cold is penetrating, but it is still helping.
- Ice for 20 minutes a minimum of four times daily, or more often if you prefer, but no more often than 20 minutes every hour. **Be sure there is always something between the ice pack and your skin and do NOT ice for longer than 20 minutes at a time or you could get frostbite.**
- If you had a block at the time of surgery, your leg may be numb for up to 24 hours. It is particularly important during this time to be aware of the clock when you are icing as you will not feel the cold and frostbite is a real concern.

EXERCISE

- You may start your exercises 24 hours after surgery (described below).
- Try to do your exercises a minimum of 3 times per day after surgery.
- Your hip will feel painful and stiff after surgery, which is normal, but it is appropriate and healthy to start trying to bend and straighten it (unless otherwise instructed by Dr. Roth)
- Your goal range of motion at your first post-operative visit is to be able to get the hip completely straight and to 90 degrees of flexion.
- Formal physical therapy will begin after your first post-operative visit.
- Do ankle pumps throughout the day to minimize the risk of blood clots.

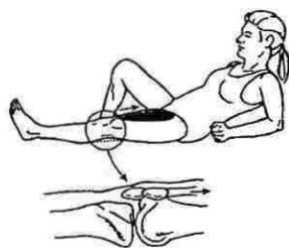
Specific Exercises

- EXERCISE BIKE



- Ideally, try to get onto an exercise bike the day after surgery. If available, this can be at home, at your gym or at physical therapy. Sit upright on the bike (you are not leaning forward in an aggressive racing position, but rather sitting upright). Set the resistance to 0% and just feel the leg go around on the pedals for about 10-15 minutes. Try to do this daily starting the day after surgery.

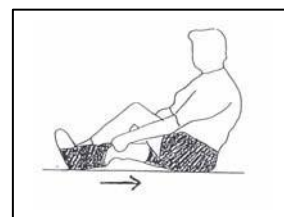
- QUADRICEPS SETS



- Lie down or sit with your leg fully extended. Tighten and hold the muscle on the front of your thigh ("quad") to make the knee flat and straight. Think about pushing the back of your knee down against the bed or floor. If you are doing it correctly, the knee will flatten and the kneecap will slide up toward the thigh muscle.

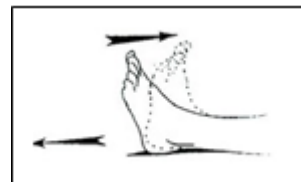
- HEEL SLIDES

- While sitting or lying on the floor or a bed, gently try to slide your heel along the floor toward your thigh by bending your knee. Hold this for a few seconds, and then slowly straighten the knee back out. If you have trouble doing this, you can take a towel and wrap it around the ball of your foot and use your hands to help gently pull your knee into flexion.



- ANKLE PUMPS

- Move your foot up and down like you are stepping on and off of a gas pedal. This helps circulate blood through your leg. Do this about 20-30 times, every few hours.



EMERGENCIES

- Ideally, contact Dr. Roth's office at **650-853-2943** during business hours (8 am – 5 pm) to reach Dr. Roth or a representative.
- For concerns that cannot be addressed during business hours, call the Palo Alto Medical Foundation operator at **650-853-2943**.
- Please contact Dr. Roth's office immediately if any of the following are present, or for any other concerns:
 - Pain that is not controlled by the regimen described above
 - Pain that is unrelenting or getting worse over time rather than staying the same or improving
 - Numbness that lasts longer than 24 hours after surgery
 - Fever (greater than 101° - low grade fever is normal for the first few days after surgery)
 - Redness around the incisions
 - Continuous drainage or bleeding from the incision (some drainage is expected)
 - Difficulty breathing
 - Chest Pain
 - Light headedness or passing out
 - Uncontrollable nausea, vomiting
 - Color change in the operative extremity
 - Blistering of the skin
- If you have an emergency that requires immediate attention, proceed to the nearest Emergency Room.

FOLLOW-UP

- If you do not already have a follow-up appointment scheduled, please call 650-853-29423 to schedule an appointment. Follow-up appointments are generally 7-10 days after surgery.