



Sports Medicine, Joint Preservation & Cartilage Restoration

Kelechi R. Okoroha, MD

HIP, KNEE, SHOULDER, ELBOW

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HIP ARTHROSCOPY

Post-Operative Instructions

****Please note that the instructions provided below are general guidelines to be followed; however, any written or verbal instructions provided by Dr. Okoroha or his team supersede the instructions below and should be followed.**

WOUND CARE

- Leave the bulky surgical bandage on and **DO NOT shower for 48 hours.**
- After 48 hours, remove bandages and gauze, but **LEAVE STERI-STRIPS (white tape) IN PLACE.**
- You may shower at this point.
- Cover incision sites with waterproof bandage prior to getting into the shower.
- Should the incisions accidentally get wet, pat them dry with a clean towel. **DO NOT SCRUB.**
- Keep incisions dry, open, and exposed to air
- Wear loose fitting clothing while the incisions are healing
- It is normal to see a lot of blood-tinged, soaked fluid on the bandages.
- This may appear to be a pinkish-yellow fluid and is normal.
- In between showers, leave the incision sites open to air
- **DO NOT APPLY LOTIONS OR OINTMENTS TO THE INCISION SITES**
- Your stitches will be removed at your first post op visit.
- You may shower at this point without waterproof bandages over the incision sites.
- **DO NOT scrub the incision sites-** you may let soap and water run down the incisions and pat dry with a towel once you're done.
- **DO NOT** soak in any pool/bath water until 4 weeks after surgery.

ICE THERAPY

- Icing is very important in the initial post-operative period and should begin immediately after surgery.
- Use ice machine continuously to ice for 45 minutes every 2 hours daily until your first post-operative visit.
- Use the ice machine (when prescribed) as directed for the first 2-3 days following surgery. Ice at your discretion thereafter.
- When using "real" ice, avoid direct skin contact > 20 mins to prevent damage / frostbite of skin. In either case, check the skin frequently for excessive redness, blistering or other signs of frostbite.
- Remember to keep the extremity elevated while icing when able.
- For technical questions regarding the ice machine, please contact the vendor directly using the telephone number on the device.



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MEDICATIONS

- Local anesthetics are injected into the wound and joint at the time of surgery. This will wear off within 8-12 hours and it is not uncommon for patients to encounter more pain on the first or second day after surgery when swelling peaks.
- It is recommended to begin the prescription pain medication provided to you upon arriving home, and continue every 4 hours for the first 1-2 days after surgery.
- Common side effects of the pain medication are nausea, drowsiness, and constipation. To decrease the side effects take the medication with food. If constipation occurs, consider taking an over the counter stool softener such as Dulcolax or Colace or a laxative.
- If you are having problems with nausea and vomiting, contact the office to possibly have your medications changed.
- Do not drive a car or operate machinery while taking the narcotic medication.
- If you are having pain that is not being controlled by the pain medication prescribed, you may take an over the counter anti-inflammatory medication such as ibuprofen or naproxen in between doses of pain medication. This will help to decrease pain and decrease the amount of narcotic medication required. Please take as directed on the bottle.
- For **3 weeks following surgery take one 325 mg aspirin daily** to lower the risk of developing a blood clot after surgery. Please contact the office should severe distal arm pain occur or significant swelling of the distal arm and/or hand occur.

WEIGHT BEARING

- If you received REGIONAL anesthesia (a “block” to the leg), DO NOT attempt to weight bear for the first 24-36 hours.
- After the feeling has returned to my leg, you may be flat-foot weight bearing.
- This is not our preferred form of anesthesia, and only performed if requested for medical reasons.
- We typically do GENERAL anesthesia for this surgery. Foot Flat Weight Bearing otherwise
- Walk with your foot flat to the ground, and “mimic” a normal gait (walking pattern).
- Once you are 2 weeks out from surgery, you may begin to progress your weight bearing slowly as directed by your physical therapist to full weight bearing, as long as your pain is not increasing while walking.
- Getting off of the crutches takes all patients a different amount of time (General time period is 4-6 weeks)
- Take your time and don’t try to rush yourself to get off of the crutches.

BRACE

- You should be fitted for the hip brace prior to surgery (at our DME store) and will be given the brace to bring to surgery or will have it delivered to the hospital on the day of surgery.
- Over the first few days, concentrate on icing the hip and wear the brace when you are up and about.
- The brace should be worn until you are off the crutches (Generally at about 3-4 weeks)
- You do NOT need to wear the brace:
 - While sleeping
 - On the CPM machine
 - Laying on your stomach
 - Using the upright bike
 - Using the ice machine
 - Showering and using the bathroom
- The lateral (outside) post on the brace should be positioned over the lateral aspect (outside) of the leg
- The Velcro on the distal (lowest) strap can wear out quickly
- You can call the brace company to get a replacement strap if this happens (Number listed on the last page of the packet).
- The point of the brace is to prevent hyperflexion and abduction (bringing the leg too close to the chest or bringing the leg too far away from the body).



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PHYSICAL THERAPY

- Physical therapy should start ideally on day 1 or 2 post op.
- If your surgery is on Thursday or Friday it is okay to wait until early the following week.
- On the first visit to your therapist you should expect to:
 - Be taught proper weight bearing technique
 - Proper utilization of your crutches
 - Passive range of motion exercises
 - Isometric exercises to be done at home
 - Stationary bike (upright ONLY- NOT recumbent)
- Choose a physical therapy clinic close to your home so you can be compliant with your program.
- PT will be 2x/week for roughly 3 months, then 1x/week between 3-6 months post-op
- Please bring your prescription for therapy and physical therapy protocol (provided on surgery day and also on the website) to your first appointment.

NIGHT TIME PADDING

- Wear the padding at night time.
- The point is to make your toes point straight up (no rotation).
- Use this padding for 2 weeks post-op.
- If you cannot sleep, alternatives are:
 - Take your non-operative leg out of the boot/padding .
 - Sleep in the brace.
 - Take the post out of the middle and sleep with just the feet strapped together.
 - Use pillows in bed to prevent rolling/rotating

CONTINUOUS PASSIVE MOTION MACHINE

- Selective option for postoperative passive motion. This is NOT mandatory. This machine will provide passive motion in the hip to prevent excess joint stiffness and scarring postoperatively.
- We will order this device for all patients and the vendor will contact you a few days prior to surgery
- How to use:
 - You may start the machine on the day of surgery for even a short amount of time. Otherwise, starting the day after is okay.
 - You may use the machine for up to 4 hours per day, split in time increments to prevent soreness or fatigue.
 - The initial settings of the machine should be at 30 degrees extension and 70 degrees of flexion.
 - You may increase by 7-8 degrees per day as tolerated.
 - Example:
 - Day 1: 30 degrees of extension and 70 degrees of flexion.
 - Day 2: 22 degrees of extension and 78 degrees of flexion.
 - Day 3: 14 degrees of extension and 86 degrees of flexion.
 - The device is often not covered by insurance. Please be in touch with the vendor to discuss insurance approval/denial, out of pocket costs for purchase or rental, and pick up/drop off dates/times
 - Our office will not complete any letters of medical necessity, peer reviews, or other correspondence with the insurance company regarding this device. All correspondence will have to go through the vendor should you choose to accept the device.
 - Call the vendor to schedule a pickup for 2 weeks post-op.

REMINDER:

***These machines are indicated for use by Dr. Okoroha's patients, but are entirely elective. Dr. Okoroha's office does not assume responsibility if the equipment is not covered by your insurance. Questions about equipment use and insurance coverage should be directed to the company that provides the equipment. These companies should outline a payment plan for you in the event that your insurance does not cover the equipment. ***



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BIKING

- You may start biking on post op day 1
- You may use the upright bike ONLY, no recumbent bike!
- No use of the Nustep!
- No resistance while on the bike
- Use your non operative leg to push the operative leg around
- 20 mins on upright bike = 1 hour on motion machine
- You do not have to go out and buy a bike, you may use the one that is provided for you at your physical therapy sessions.

GENERAL ACTIVITY LEVELS

- It is beneficial to change positions often after hip arthroscopy.
- Alternate sitting, reclining, and lying down as much as you can tolerate
- We recommend you get moving once every 30 minutes to prevent stiffness.
- Do not stay in a seated position for longer than 30-45 minutes
- If you need a work note to get up from your desk, please let us know and we can send it in to your employer.
- Spend 2 to 3 hours per day on your stomach (you can take the brace off for this) to help keep the hip straight
- Laying around too much will make you stiff, so feel free to move around your home as you can tolerate. Perform ankle pumps (like pushing the gas pedal) and elevate the legs to help prevent blood clots.

EMERGENCIES**

- Contact Dr. Okoroha's PA at OkorohaPA@gmail.com if any of the following are present:
- Painful swelling or numbness (note that some swelling and numbness is normal)
 - Unrelenting pain
 - Fever (over 101° - it is normal to have a low grade fever for the first day or two following surgery) or chills
 - Redness around incisions
 - Color change in distal arm and/or hand
 - Continuous drainage or bleeding from incision (a small amount of drainage is expected)
 - Difficulty breathing
 - Excessive nausea/vomiting
 - Calf pain
- If you have an emergency **after office hours** or on the weekend, contact the office at **313-916-2181** and you will be connected to our pager service. This will connect you with the Orthopedic Physician on call.
- **If you have an emergency that requires immediate attention proceed to the nearest emergency room.**

FOLLOW-UP CARE/QUESTIONS

- If you do not already have a post-operative appointment scheduled, please contact the our scheduler at 313-916-2181 to schedule.
- Typically the first post-operative appointment following surgery is 10-14 days following surgery
- The first post operative appointment may be with one of the Physician Assistants. They will assess the wound, and answer any questions you may have regarding the procedure
- If you have any further questions please contact Dr. Okoroha's physician assistant at OkorohaPA@gmail.com for the fastest response. If e-mail is not an option please call the practice at 586-247-2992.



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