



Hip Arthroscopy: Labral Reconstruction

Post-Operative Instructions

Medications

- **Aspirin:** This medication is to help prevent blood clots after surgery. Take as directed for 30 days following surgery. You can begin taking the Aspirin the morning after your surgery.
- **Colace (Docusate Sodium):** This medication is to help with constipation. Take 1 pill in the morning and 1 in the evening to prevent constipation as needed. It is normal to take several days to make a bowel movement after surgery. If you have not had a bowel movement in 3-4 days, you may add milk of magnesia or miralax.
- **Hydrocodone/Acetaminophen (Norco):** This is a narcotic medication for pain. This medication is to be taken AS NEEDED. Plan to stay on a scheduled dose of 1-2 tablets every 4-6 hrs for the first 1-2 days. After 2-3 days you should be able to space out or discontinue the medication and transition to Acetaminophen (Tylenol). DO NOT exceed 4,000 mg of Acetaminophen in a 24-hour period. Do not drive, drink alcohol, or take Acetaminophen (Tylenol) WHILE taking this medication.
- **Naproxen (500mg):** This is a medication to help prevent bony overgrowth (called heterotopic ossification) that can be a potential side effect after surgery. DO NOT take NSAIDs while taking this medication.
 - ≥18 years old: Take twice per day with food for 4 weeks beginning the morning after your surgery.
 - <18 years old: Take once per day with food for 10 days beginning the morning after your surgery.
- **Prilosec (20mg):** This is a medication to help prevent GI upset while taking the Naproxen. Take 1 tablet 1 hour before each Naproxen dose.
- **Zofran:** Anti Nausea medication to be taken as needed.

All medications will be sent to your verified preferred pharmacy prior to your surgery. As discussed, we highly recommend picking up your medications prior to surgery day to mitigate unnecessary stress for you on surgery day and allow for the opportunity to troubleshoot any issues with obtaining the medications.

Please note: the medications above may vary slightly based off your current medication list. These variations will be discussed during your pre-operative phone consultation with a PA.



Weight Bearing

- You will be **TOE- TOUCH WEIGHT BEARING** for 4 weeks following surgery. We recommend using crutches, if possible, although a walker is acceptable if you are not able to safely use crutches.
- Do not advance weight bearing status unless directed by the surgical team.

Wound Care: Dressing

- Leave the bulky outer dressing directly over the incisions on until 48 hours after surgery. At that point, you can remove the bulky dressing and leave the steri-strips (white rectangular Band-aids) that have been placed directly over the incisions in place until your initial follow-up visit with Dr. Chahla's office. You do not need to cover the steri-strips unless you would prefer to. If you do choose to cover them, simply use a Band-aid to do so.
- **Do not remove the Steri-Strips.** Please leave these in place until your follow up visit with Dr. Chahla's office.
- It is normal to see some blood-tinged or clear drainage on the dressing from the incision. If you notice a thick, pus-like yellow discharge, please email the practice a photo of your incision at chahlapractice@rushortho.com
- **Do not apply lotions or ointments** of any kind (including Neosporin) to the incision site.

Wound Care: Showering

- **Do not shower for 48 hours after surgery.**
- After 48 hours from your surgery, you can cover the incisions with a waterproof bandage/covering and shower.
- After your sutures are removed at your initial post-operative visit with Dr. Chahla's team, you can shower without a waterproof bandage covering the incisions. When showering, simply let the soapy water run over the incisions. **Do not scrub the incisions.**
- Pat the incisions dry when finished showering. **Do not apply lotions or ointments** until after the sutures have been removed and the incisions are fully healed (typically around 4-6 weeks after your surgery).
- **DO NOT soak or submerge the incision** in a bath/pool until after the sutures have been removed and the incisions are fully healed (typically around 4-6 weeks after your surgery).



Brace

- You will use the brace until you are off crutches/walker. This is typically around 4-6 weeks after surgery.
- When to wear your brace:
 - Sleeping (unless using the booties and post instead)
 - Ambulating with the use of crutches/walker while remaining non-weight bearing.
- When you do not need to wear your brace:
 - While using the ice machine
 - Showering/using the restroom
 - Relaxing in a seated position
 - Laying on your stomach
 - Using the upright stationary bike or CPM

If you have any issues or questions regarding the brace, please call our [DME department directly at: 312.432.2482](tel:312.432.2482)

Icing

- We strongly recommend icing as much as possible for the first 2-3 weeks following surgery to better manage both pain and swelling.
- Icing Options:
 - Ice/Cold Pack: Cycle 20 minutes on and 20 minutes off per hour throughout the day.
 - Cold Therapy Unit: Can be purchased through our DME department located at any of our clinic locations or via phone at 312.432.2482.
 - If you choose to purchase this unit, please use as directed as often as possible.
 - Please be sure to always have a layer between the ice pad and your skin and perform regular skin checks to ensure that the cold is not causing injury to your skin.
 - If you purchase a machine with the option for compression, you can begin use of the compression setting starting the day after your surgery as tolerated by pain.

Physical Therapy

- You will begin physical therapy **1-2 days** following your surgery.
- Please call your physical therapist as soon as possible to schedule your initial appointment. We recommend calling before your surgery to schedule your initial post-op PT appointment.
- On the day of your first post-op PT visit: **Please bring the physical therapy order and protocol** provided to you in the post-operative folder on the day of surgery.



Continuous Passive Motion Machine (CPM)

Upright Bike

General Activity

Motions to Avoid

- Role of CPM: Machine to provide passive hip motion to prevent excess joint stiffness and scarring postoperatively.
- The CPM is *optional*. It is typically not covered by insurance. If you choose not to rent a CPM, we highly recommend having regular access to a stationary upright bike to use instead.
- How to use the CPM:
 - You can begin using the CPM machine for a short time on the day of your surgery if tolerated. Otherwise, begin the day after your surgery.
 - Use for a total of 4 hours per day (can be split in shorter time increments to prevent soreness or fatigue)
 - Initial Settings: 30° extension and 70° flexion.
 - Increase by 7-8° both in extension and flexion per day as tolerated. See instructions provided at the time of CPM delivery for further instructions.
- Should you elect to not proceed with renting a CPM, you can use an upright (not recumbent) stationary bike as an effective alternative to the CPM.
 - Do not use resistance on the bike during the initial phase of recovery (your PT will clear you for resistance)
 - Use your non-operative leg to push the bike pedals forward. Do not use the operative leg to push the pedal.
 - 20 minutes of biking = 1 hour of CPM use

If you have any issues or questions regarding the CPM or CPM billing, please call our [Graymont Medical at: 312.392.2512](tel:312.392.2512)

- Alternate sitting, reclining, and lying down as much as you can tolerate.
- We recommend you get up and move at least once every 30-45 minutes to prevent stiffness and muscle atrophy.
- When using crutches, you can go up and down stairs. Please see crutch training video sent to your email through Patient IQ or consult with your physical therapist for further instructions and guidance regarding this.
- Spend 2-3 hours per day lying on your stomach (you can take the brace off for this) to help keep the hip straight.
- **Do NOT** put full weight on the leg during the first 4-6 weeks following surgery.
- **Avoid** extension and external rotation of the operative hip initially following surgery until released to do so by your PT.



Driving

Follow-Up

When to contact the office

- You will be allowed to drive once you are:
 - No longer using the crutches/walker.
 - No longer using narcotic medications to manage pain.
 - Feel comfortable in your abilities to come to an emergency stop if needed.
- **Initial Post-Op Visit:** 2 weeks post op (sutures will be removed at this visit).
- **Expected Additional Follow-up Visits:** 6 weeks post-op, 3 months post-op, 4.5 months post-op, 6 months post-op
- Please note that it is normal to experience mild temperature fluctuations after surgery. However, please contact our office if you begin to experience a fever **>100.4° F**.
- If you develop chills or continued night sweats.
- If you notice pus, significant pain, or redness surrounding the incision site. Please email the practice a photo of your incision at chahlapractice@rushortho.com
- If you experience constant cramping, tightness, pain, or a persistent Charlie-horse sensation in the calf of the operative leg.
- If you are unable to urinate for greater than 1-2 days after surgery.