

THE OREGON CLINIC

Hip Arthroscopy

Orthopedics

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Portland, OR 97213

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Preparing for Hip Surgery

2 weeks before surgery

- Stop taking vitamin E supplements, fish oil supplements, ginkgo biloba or herbal remedies. We want to avoid any interactions with anesthesia or medications you may be given during your stay.
- Arrange to have someone take you home when you leave the facility. You will also need someone to help you at home for approximately 1-2 weeks.
- Arrange for someone to pick up your prescriptions from your pharmacy.
- **Prepare your house for your recovery:**
 - Make plans for someone to care for your pet
 - Clear stairs and pathways of any clutter.
 - Remove throw rugs
 - Place slip-proof mats or strips in the bath/shower
 - Make sure bath rugs are slip-resistant and water absorbent
 - Make sure the path from bedroom to the bathroom is well lit. Nightlights are recommended.

1 week before surgery

- Stop taking aspirin products. **If you are taking aspirin as prescribed by your physician, consult with him/her before stopping.**
- **Stop taking GLP-1 agonist medications or other drugs being used for weight loss purposes**
 - Dulaglutide (Trulicity)
 - Exenatide extended release (Bydureon bcise)
 - Exenatide (Byetta)
 - Semaglutide injection (Ozempic)
 - Liraglutide (Victoza, Saxenda)
 - Lixisenatide (Adlyxin)
 - Semaglutide by mouth (Rybelsus)
- Call to schedule a physical therapy appointment within 2 weeks of your operation. If you need recommendations on locations that work with your insurance, call our office at **503-238-1061**

3 days before surgery

- Stop taking any medications that may cause bleeding: anti-inflammatories, Motrin, Naproxen, Voltaren and Advil. If you have any questions about a medication, call our office.
- Nursing staff may contact you to review your health history and give you instructions on what to expect the day of your procedure. `
- Take your 1st of 3 showers. Specific instructions in "**3 days, 3 showers, fewer germs**" section on page 4.

2 days before surgery

- Take your 2nd of 3 showers. Specific instructions in "**3 days, 3 showers, fewer germs**" section on page 4.

Night before surgery

- Take nothing by mouth after midnight. This includes candies, gum, cigarettes, chewing tobacco, coffee, and water.
- Your anesthesiologist will make an effort to contact you the night before your surgery to discuss any concerns you might have. It is important to let your anesthesiology provider know about all medications and supplements you take and if you or a family member ever had problems with anesthesia in the past.

Day of surgery

- Take your usual morning medications with sips of water unless otherwise instructed by your surgeon, anesthesiologist, or nurse. If you have diabetes or take anticoagulation medications, please check with your surgeon or primary care doctor as to when to stop or continue taking these medications.
- **What to bring**
 - This brochure
 - Your own assistive device (walker or crutches) if you own one. If not, we can provide one for you with minimal to no cost to you.
 - **Clothing:** Comfortable, loose-fitting clothing that is easy to get on and off (shorts or sweats). Non-skid socks will be provided
 - Shoes or slippers with flat, non-skid soles and an enclosed heel to practice walking. Your feet may swell, so please bring a shoe that is looser fitting.
 - Personal devices: hearing aids, eyeglasses and dentures
 - DO NOT bring any medications from home unless specifically instructed to do so.

3 Showers, 3 days, fewer germs

All humans have bacteria and germs that live on their skin—usually completely harmlessly. Before surgery, however, your body needs to be as clean as possible because these bacteria can sometimes cause an infection.

It is essential that you shower at least once a day in the 3 days leading up to your surgery:

- **First Shower** – two or three days before your surgery.
- **Second Shower** – one or two days before your surgery
- **Third Shower** – the day of surgery or the night before

Shower Instructions:

- You should take time to scrub the hip that you are having surgery on with soap.
- DO NOT shave the surgical area.
- Make sure that you rinse your body thoroughly.
- Use a fresh, clean towel to dry your body and after your shower, dress in freshly washed clothes.
- DO NOT use lotions, powders, or creams after this shower.
- Sleep in fresh, clean sheets and pillowcases for the next 3 days.

Recovering from Hip Surgery

After Surgery

- Your surgeon will call the person who is picking you up and let them know how everything went during the surgery. It will then be about an hour or two until you have recovered enough to go home.
- During the first two hours after surgery, you will be cared for in the recovery room where nurses will check your blood pressure, pulse, oxygen level, manage your pain and watch you closely for the next several hours.
- The nursing staff will go over the post-op instructions in detail once you have recovered enough from the anesthesia.
- You may not remember this portion of your day, so the surgeon or physician assistant will make sure to go over the procedure specifics at your first post-op visit.
- Please keep in mind throughout your recovery that everyone's experience is unique, so rehabilitation may take more or less time than you anticipate.

After Discharge

Wound Care

- Keep the dressings in place until 48 hours after surgery. Then remove the tape and the gauze bandages.
 - Expect some bloody drainage on your surgical dressing, this is normal.
 - The incisions will have white/brown tapes (steri-strips) over them. Leave those on as they will fall off on their own. If they are still on after 14 days, you should remove them.
- Once the dressings are removed (after 48 hours), you can get the incision wet in a regular shower, however, do not take a bath or use a pool or hot tub for 3 weeks.
- You may notice that the incision looks a little puffy and pink around the edges. This is normal inflammation and healing.
- **Call your doctor if you develop any of the following signs:**
 - Severe redness, increased pain or increased swelling of the incision
 - An increase in the amount of drainage from the incision
 - Thick or foul-smelling discharge from the wound
 - Separation of wound edges
 - Body temperature higher than 101 degrees

Activity

- **LABRAL DEBRIDEMENT** – Weight bear as tolerated. Off crutches after 2 weeks
- **LABRAL REPAIR** - Touch down weight bearing for 2 weeks then weight bear as tolerated. Off crutches after 4 weeks.
- **MICROFRACTURE/OATS** - Touch down weight bearing for 4 weeks then weight bear as tolerated. Off crutches after 6 weeks.

Elevate your leg above your heart as much as possible, especially the first few days to minimize swelling.

Ice Machine

Use the ice machine with the sleeve continuously while the dressing is in place for the first 2 days. Then, after the dressing is removed, use it with a towel between the sleeve and your skin for roughly 30 minutes to an hour to minimize swelling and pain.

Check the skin regularly to ensure that the skin does not get too cold. Follow the directions on the cooler of the ice machine.

Medications

You should resume all your regular medicines as previously prescribed starting the day after surgery. You will also be prescribed several medications for post-op use.

Your doctor will write prescriptions for the following medications. Be sure to pick them up and have them ready before your surgery:

- **Mobic**
- **Ondansetron**
- **Colace**
- **Oxycodone**—these will be given to you on paper, rather than called in, and will need to be taken to the pharmacy to fill.

The pain medication should be taken as follows:

- **Tylenol extra strength** (acetaminophen): 2 tabs every 8 hours. DO NOT exceed 6 tabs (3000mg) per day.
- **Mobic**: 1 tab daily
- **Aspirin (81 mg)**: 2 times a day for 21 days to prevent blood clots

- **Oxycodone:** 1 tab every 4-6 hours as needed, with food. **If you're still in pain, it's ok to take 2 Oxycodone tabs every 3-4 hours.** Pain medication can cause the following side effects:
 - **Nausea and vomiting:** Remember to take your medication with food
 - **Itching and/or rash:** Notify your doctor.
 - **Dizziness:** Be especially cautious when first standing up. Rise slowly and be sure to have a person or sturdy object to help you until you find your balance.
 - **Constipation:** Drink plenty of fluids while taking pain medications
 - DO NOT drink alcohol or drive when taking narcotic pain medications (e.g., Tylenol with codeine, Vicodin, Oxycodone, Percocet, Norco).
- **Ondansetron (zofran):** every 8 hours as-needed for nausea
- **Colace:** every 12 hours as-needed for constipation

PREVENTION OF BLOOD CLOTS

Blood clots can form and cause symptoms in either leg up to three months after surgery. Blood clots can break free and travel to the heart and lung, causing life-threatening problems.

To recover fully and to prevent blood clots from forming, it is important that you continue leg and ankle exercises and gradually increase your activity and walking distance.

Pain and/or significant swelling in the calf of either leg may be signs of a blood clot. Report them to your doctor immediately.

Call 911 if you notice the following signs as they could indicate a blood clot in your lungs:

- Difficulty breathing
- Chest pain
- Coughing up blood
- Unusual upper back pain

Frequently Asked Questions

Why am I bruising?

It is normal to be bruised after surgery. Sometimes the bruising can be seen in the foot since the blood follows gravity. The bruising can be worse when you're on blood thinners.

How often should I ice?

The first two weeks ice routinely, every few hours for 20 minutes. After this, you can continue to ice as needed.

How long should I be using the pain medications?

We recommended initially (roughly the 1st week) having a consistent pain medication regimen and then you can begin to wean down as needed. This can be done by spacing out the medication or reducing the dose. It is best to wean off narcotics first and continue with Tylenol and/or NSAIDs as needed.

When can I drive?

You should not be driving if you have consumed narcotics in the past 6 hours. **For the left hip**, you may start driving when you can comfortably get into and out of the car. **For the right hip**, you will need enough strength and coordination to be able to slam on the brakes. This will typically be around 2-6 weeks depending on the procedure.

When can I go back to work?

Everyone's job requirements are different! If you can work remotely, you can return to work when you are off narcotic pain medication. If you work in a physical job, you may not be able to return for 3-6 months. We will work with you to provide notes for any modifications or light duty.

Why does my hip hurt around the 6-8 week mark?

It is common for you to experience similar pain to what you had before surgery around this time period. Don't worry! It is normal to have increased pain as you increase your activity. The pain should continue to subside over the subsequent 2-3 weeks.

Why does my hip click and pop?

Clicking and popping are normal sounds from any joint. Once you have surgery, the clicking may get worse in that specific joint. This is completely normal—don't worry!