



Postoperative Instructions: Hip Arthroscopy and Labral Repair

Please read these instructions thoroughly. Most of your questions will be addressed here. The first page is a summary. You can find additional details on the following pages. Following these precautions will help minimize complications and address concerns about your surgery. Additional information can be found at www.bradleysmithmd.com.

SUMMARY PAGE

Weight-bearing status: Flatfoot partial weight-bearing 20 lbs with crutches.

Range of Motion: Avoid hip hyperextension and external rotation.

Medications:

Oxycodone 5 mg: 1-2 tabs by mouth every 4-6 hours as needed for severe pain.

Methocarbamol 750 mg (optional): 1 tab by mouth every 8-12 hours as needed for muscle spasms.

Tylenol 325 mg: we recommend 2 tabs (650 mg) every 6 hours until your pain is low enough for you to switch to taking this as needed.

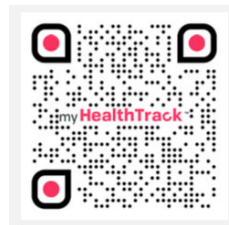
Celecoxib 200 mg: 1 tab by mouth two times per day to prevent heterotopic ossification.

Aspirin 81 mg: 1 tab two times per day to reduce the risk of blood clots.

Pain control:

You likely received a nerve block for postoperative pain control. We recommend that you start your pain medication when you get home from the hospital. Continue the medication for the first 1-2 days until the block wears off and you have a better idea of how you will handle the pain. Use **ice** as much as possible to help with pain and swelling.

MyHealthTrack: Hip arthroscopy and labral repair



Follow up: 10-14 days



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Pain Control and Medications

You may have received a nerve block or a local anesthetic injection to help with pain control. This will likely wear off 8-12 hours after surgery. You should start taking pain medication when you get home and before you go to sleep so that you have something working before the block wears off. Otherwise the pain can be difficult to control. Typically, pain is the worst during the first 2-3 days after surgery before starting to subside.

Medications:

Prescription:

- Oxycodone 5 mg: this is a strong narcotic medication. You may take up to 1-2 tablets every 4-6 hours AS NEEDED for the first few days after surgery. After 2-4 days, you should be able to space out or discontinue this medication. Do not drive or drink alcohol while taking this medication.
- Methocarbamol 750 mg: this is a muscle-relaxer that can help with muscle spasms and pain. Be careful taking this medication with narcotic pain medications, as they both can cause drowsiness. Do not drive or operate heavy machinery while taking.
- Celecoxib 200 mg: this is an anti-inflammatory medication that is prescribed to reduce the risk of heterotopic ossification, or abnormal bone formation around your hip after surgery. This is a known risk of hip arthroscopy. You should take 1 tablet every 12 hours for 2 weeks to reduce the risk of heterotopic ossification following surgery.

Over-the-counter:

- Tylenol (Acetaminophen) 325 mg: this is a strong non-narcotic medication for pain. You should take 2 tablets (650 mg) every 6 hours. This can be taken with the oxycodone, and can reduce the amount of oxycodone that you need to reduce your pain.
- Aspirin 81 mg: this medication is to help prevent blood clots after surgery. Please take 81 mg two times daily for a total of 2 weeks after surgery.

If you have any side effects (i.e. nausea, rash, trouble breathing) from a medication, discontinue its use and call our office. Constipation is common after surgery and while you are taking narcotics for pain control. Drink plenty of clear liquids, and consider using an over-the-counter stool softener such as Docusate or Miralax.



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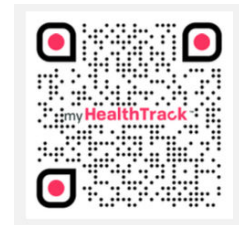
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Wound Care and Showering

- Leave the surgical bandages on and do not shower for 48 HOURS.
- It is normal for the joint to bleed and swell following surgery – if blood soaks onto the dressing, simply reinforce with additional gauze dressing for the remainder of day and check again.
- After 48 hours, remove bandages and gauze. It is normal to see bloody fluid on the gauze sponges.
- After removing the dressing, you may shower. You can get the incisions wet in the shower and let water run over the incisions. Gently pat the incisions dry when done, and cover the incisions with band-aids.
- Do NOT use Bacitracin, lotions, or other ointments to the incisions.
- Do NOT soak incisions in any pool/bathwater until 3 weeks postoperatively or until your incisions are completely closed.
- Do not allow pets to sit on your lap or sleep in your bed for at least 4 weeks following surgery. Pets may harbor flies, mites, or other organisms that may cause an infection.

Physical Therapy

- Physical therapy is necessary after labral repair surgery. You should plan to start physical therapy within 1-2 weeks of your surgery, and you may begin within a few days if you would like.
- It is recommended that you have your first physical therapy scheduled by the time you have your surgery.
- An optional but beneficial supplement to physical therapy is the myHealthTrack app. This app can be downloaded using the QR code or by going to mht.link/precision2. Then choose **Dr. Smith** → **Operative** → **Hip** → **Hip Arthroscopy and Labral Repair**.



Activity

- **Weight-bearing:** partial flatfoot weight-bearing 20 lbs. This means try to walk with your foot flat on the ground, and only put about 20 lbs of pressure on your leg.
- To get a sense for what 20 lbs means, step on a scale with your leg until it shows 20 lbs. That is how much pressure you can put on your operative leg after surgery.
- **Crutches** are necessary for the first 4 weeks to help provide support and aid in ambulation.



Ice

- Try and rest the first few days following surgery.
- Ice should be used as much as possible for the first 3-5 days to help decrease swelling.
- After the first 3-5 days, ice your hip 4-5 times per day as needed.
- Never place ice directly on skin. Use a thin towel or clothing between the ice and your skin.

Follow-Up

- Please contact the office to schedule an appointment 10-14 days after your surgery.
- You will be seen by Dr. Smith for your first postoperative visit to review your intraoperative findings and to go over any questions you may have. Sutures will also be removed at that time.

Driving

- Do not drive a car or operate machinery while taking narcotic pain medication.
- In general, you can return to driving when you are able to walk comfortably without assistive devices.
- It is recommended that you test drive in a parking lot or somewhere else safe to make sure you can tolerate driving and braking safely.

When to call for help

Call 911 anytime you think you may need emergency care. For example, call if:

- You pass out (lose consciousness).
- You have severe trouble breathing.
- You have sudden chest pain and shortness of breath, or you cough up blood.
- You have severe nausea or vomiting.

Call the office if:

- You have pain that does not go away after you take pain pills.
- You have a fever over 101.3°F.
- You have loose stitches, or your incision comes open.
- Your incision keeps bleeding 3 days after your surgery.
- You have signs of infection, such as redness around the incision or pus draining from your incision.



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