

## **HIP ARTHROSCOPY WITHOUT LABRAL REPAIR**

### **Postoperative Instructions**

**MEDICATIONS:** You will be given four prescriptions- Medications to control pain, nausea, and constipation as well as naproxen which you will take twice daily for 4 weeks to prevent extra bone formation. Take as directed. You should also eat yogurt for the first 3 days to help maintain the normal, helpful bacteria within your stomach.

**DRESSING:** After 48 hours, you may remove your dressings. You do not need to redress unless you would like. **LEAVE THE TAPE STRIPS OVER YOUR INCISIONS.** These will be changed at your first visit.

**SHOWERING:** You may shower after your dressing is changed. You do not need to cover the wounds and can use regular soap, but you should not scrub. Do **NOT** immerse in a tub or pool for 4 weeks to avoid excessive scarring and risk of infection.

**ICE:** Icing is very important to decrease swelling and pain and improve mobility. During the first 24 hours, apply ice every 2 hours, 15 minutes each time. After 24 hours, continue to use the ice 3 – 4 times a day, 15 – 20 minutes each time to keep swelling to a minimum.

**WEIGHT BEARING:** You will be flat-foot touch down weight bearing (foot flat but no weight through) for 2 weeks

**ACTIVITIES:** Rest your leg for the first 24 hours. Do **NOT** place a pillow under your knee. Elevate with a pillow under your calf and ankle. Range of motion restrictions are per physical therapy

**CPM:** Start using CPM post-operative day #1 with ROM 0-30° for 6 hours daily (3 2-hr sessions). Increase by 5 degrees daily until maximum of 120°.

**EXERCISES:**

1) Quadricep Contractions:	5 – 10 per hour Push knee into bed Tighten thigh muscle
2) Ankle pumps	10 per hour

If you experience severe pain that your pain medication does not relieve, you should let us know. **If you experience a temperature over 101.5\*, redness or swelling in your thigh or calf, please contact our office daytime, evenings or weekends at (847) 634-1766**

**GOALS:** Pain control and proper progression through physical therapy protocol