



Washington University in St. Louis

SCHOOL OF MEDICINE

Department of Orthopaedic Surgery

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HIP ARTHROSCOPY POST-OP INSTRUCTIONS

Follow up Appointment:

November 7, 2019 @ 10:15am at the Chesterfield Orthopedic Center

WEIGHT BEARING: Due to the surgical repair that was performed in your hip joint, please remain _____ weight bearing with crutches for _____ weeks.

STATIONARY BIKE (NO RECUMBENT CYCLE!): Please begin cycling on a stationary bike as early as the night of your surgery, and no later than 36 hours post-operatively. Set the seat post high (so as to avoid bringing your hip into deep flexion while pedaling.) Cycle without resistance on the bike for the first 4 weeks, as your hip capsule is healing. Pedaling that requires too much effort may stretch the healing capsule too soon after your surgery, thus compromising optimal healing.

Your first session on the bike should be between 5-7 minutes. On the second post-op day, you may cycle twice, once in the morning and again in the evening, for 5-7 minutes each session. Every second or third day thereafter, incrementally increase the time cycling during each session by 10-15% until you are cycling 20-30 minutes twice per day.

If your hip joint is sore the following day, scale back for several days.

PHYSICAL THERAPY: You **MUST** start physical therapy **2 WEEKS** after your surgery. Please be proactive about finding a place that is convenient for you and in-network in your insurance. Schedule an appointment and let us know where you are going so we can get the orders. If you need help finding a place, please contact the office.

HIP ROM (RANGE OF MOTION): Avoid external rotation of your hip for 6 weeks post-op. Avoid excessive ROM (hip extension, flexion) for 6 weeks post-op.

You may sleep on your back or on either hip, but avoid sleeping on your stomach for 4 weeks post-op, (due to external rotation of your hips while in this position.)

DRESSINGS

You may change the outer dressing (clear Tegaderm and gauze) if wet or soiled. Please do NOT remove the tape strips/steri-strips that are directly over your incisions. You may add more steri-strips on top of the original steri-strips that were placed at the end of your operation, but do not intentionally remove the original steri-strips. Let those fall off on their own about 10-14 days after surgery. You may remove your outside dressing (not the steri-strips) after 3 days, but cover your incision to shower. 3 weeks after surgery, you may remove the steri-strips. Please contact our office if the incision is not completely healed.

SHOWERING: You may shower 48- 72 hours after your surgery, but cover your surgical site to avoid getting your incisions wet. Do **NOT** immerse in a hot tub, bath tub, or pool until after we see you at your first post-op visit and clear you for immersion.

ICE COMPRESSION MACHINE/ICE PACKS: You may use the ice either an ice machine or ice packs as much as needed. We recommend not using it for sleeping.

RETURN TO WORK: If you have a light duty/desk job, you may return to work as soon after surgery as you are comfortable. Physically demanding jobs may require up to 3 months of recovery before returning to work.

WHEN CAN I DRIVE? When you are bearing full weight on the extremity, have muscle control of the extremity, you are off narcotic pain medication and you feel safe and comfortable behind the wheel.

WHEN SHOULD I STOP THE MEDICATION? You may require pain medication for the first month after your surgery. You may be taking Indocin 75mg or Naproxen 500mg twice a day for 10 days to prevent heterotopic bone formation only if indicated. You will take an enteric coated 325 mg aspirin twice a day for 6 weeks. (NO ADDITIONAL ANTI-INFLAMMATORY MEDS AT THIS TIME). After 6 weeks you may take anti-inflammatory or aspirin based medicine.

In the interim, any questions about suture removal, physical therapy, activities, return to work, or any concerns or problems- please feel free to call. Nearly all of these issues can be addressed easily by telephone.



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