

RALEIGH ORTHOPAEDIC



CLINIC



Joseph U. Barker, MD
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Hip Arthroscopy Post-Operative Instructions

Joseph U. Barker, MD

Nick Rosage, PA-C

Clinical Assistant: call Pam Newsome, MA (919) 781-5600 ext 5205

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Prescription Refill: (919) 781-5600 ext 5605

1. After arthroscopy the wound is covered with gauze and tape. These should generally be left in place for 72 hours. Due to the large amount of fluid used during the arthroscopy, it is normal to see some bloody drainage on the dressings. If bright red blood persists despite elevation and icing, please call Dr. Barker's clinical assistant Pam Newsome. The dressing should be removed and wounds covered with Band-Aids on the third day after surgery. Do not cut any of the visible suture. Wounds should be kept dry until you are seen for suture removal in the clinic. Showering is allowed with plastic covering the wounds. The wound should not be submerged in a bathtub, hot tub, sauna or pool until 1 week after the sutures are removed. Do not apply any ointment to the incisions.

2. Icing is very important for the first 5-7 days postoperative. While the post-op dressing is in place, icing should be continuous. Once the dressing is removed on the third day, ice is applied for 20-minute periods 3-4 times per day. Care must be taken with icing to avoid frostbite to the skin. Do **not** apply ice directly onto the skin.

3. Weight-bearing will be determined at the time of surgery based on the procedure performed. Crutches will be used to maintain partial weight bearing (50% of your weight) on the operative leg for approximately 2 weeks. Leg elevation for the first 72 hours is also encouraged to minimize swelling. Gentle range of motion and ankle pumps (move your ankles up and down) are encouraged for the first 7 days after surgery and are to be started the evening of surgery.

4. Plan on using a stationary upright bike the day after surgery. While on the bike there should be minimal resistance and your goal is 20 minutes twice per day. While exercise is important, don't over-do it. Common sense is the rule.

5. The anesthetic drugs used during your surgery may cause nausea for the first 24 hours. If nausea is encountered, drink only clear liquids (i.e. Sprite or 7-up). The only solids should be dry crackers or toast. If nausea and vomiting become severe or the patient has dehydration (lack of urination) please

call Raleigh Orthopaedics. A low-grade fever (100.5) is not uncommon in the first 24 hours but unusual beyond. Please call the doctor with any temperature over 101.0 degrees.

6. You should take the prescribed aspirin (325 mg) twice per day for 4 weeks after surgery. This will lower the risk of a blood clot developing after surgery. Should severe calf pain occur or significant swelling of calf and ankle, please call the doctor.

7. Local anesthetics are put into the joint during surgery. It is not uncommon for patients to encounter more pain on the first or second day after surgery. This is the time when swelling peaks. Using the pain medication as directed will help control pain with little risk of complication. Taking pain medication before bedtime will assist in sleeping. It is important not to drink or drive while taking narcotic medication. Most patients will be prescribed narcotic medication (i.e. percocet, vicodin, hydrocodone, norco) this pain medication should be taken as needed for moderate to severe pain. You should resume your normal medications for other conditions the day after surgery. We have no specific diet restrictions after surgery but extensive use of narcotics can lead to constipation. High fiber diet, lots of fluids, and muscle activity can prevent this occurrence.

8. The doctor will need to reexamine you 10-14 days after hip arthroscopy. A follow up appointment will be scheduled for you. Please refer to your post operative folder for location and time. If this date needs to be rescheduled please contact the office.

9. Most patients are able to drive if surgery does not involve their right leg as soon as they stop taking narcotic pain medications. Driving while under the influence of narcotic medications is dangerous and discouraged in all patients. Returning to school or work also depends on the degree of postoperative pain and the demands of your job. Pain is generally an appropriate guide.

10. Physical therapy appointments should be scheduled immediately after surgery. The goal is to be in therapy within 5 days of your procedure. You will be given specific physical therapy instructions at the time of surgery. Please bring the therapy protocol included in your post operative folder to your first therapy appointment.

11. You may feel numbness and/or tingling in the groin, thigh, and/or foot region. This is called "neuropraxia." It is temporary and will usually resolve in the first few days. Rarely it will last up to 8 weeks.

12. An anti-inflammatory has been prescribed (Vimovo, Naprosyn, Celebrex) which is to help prevent new bone formation as well as keep inflammation to a minimum. You should take this with food for 2 weeks after the procedure. Do not take this with any other anti-inflammatory (i.e. naproxen, voltaren, advil, ibuprofen). It is OK to take this medication with the Aspirin used to prevent blood clots.

With any further questions please call the office. I or my Physician Assistant will attempt to call every patient the night after surgery or the next day to personally check in with you and your family.

Thank you,

A handwritten signature in black ink, appearing to read "Joseph U. Barker". The signature is fluid and cursive, with a long horizontal stroke at the end.

Joseph U. Barker, MD