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Omer Mei-Dan, MD

Preparing for Hip Arthroscopy: Post-operative management
www.cuhipclinic.com

WEIGHT BEARING (WB): Post-op WB status will be determined <u>during</u> your operation and is based on your anatomy as well as the work performed during the procedure. We will inform you and your family after the surgery what your WB status will be.

CRUTCHES: Please obtain crutches in advance of surgery and bring them to the hospital on the day of your surgery. The hospital does not provide crutches. Regardless of your weight bearing status, your will remain on crutches for 6 weeks.

DRIVING: You are to refrain from driving for a minimum of two weeks post op. This is recommended regardless of which leg receives surgery. You will be cleared to drive at the post op visit.

STATIONARY BIKE (NO RECUMBENT CYCLE!): Begin cycling, without resistance, on an upright stationary bike as early as the afternoon or evening of your surgery if you are not dizzy or light headed. Set the seat post one notch higher than normal to avoid bringing your hip into deep flexion (> 80 degrees) while pedaling. Progression to cycling with resistance will begin after 4 weeks post op.

Your first session on the bike should be between 5-7 minutes. On day two, you may cycle twice, once in the morning and again in the evening, for 5-7 minutes each session. Every day thereafter increase the time cycling during each session by 1-2 minutes with a goal of twice daily for 30 minutes by 4 weeks.

Refer to the website for the stationary bike video and protocol: www.cuhipclinic.com

HIP ROM (RANGE OF MOTION): Avoid hip flexion beyond 80 degrees, hip external rotation beyond neutral and hip hyperextension for 4 weeks post op. Refer to the website for video demonstration of the ROM restrictions.
You may sleep on your back or on either hip with a pillow between your legs but avoid sleeping on your stomach for 4 weeks post-op.

PHYSICAL THERAPY: Prior to surgery, consider where you would like to attend post-operative physical therapy. Once determined, inform the staff and a referral will be sent accordingly.
Call to schedule your PT appointments in advance of your surgery date to ensure initiation in a timely manner. You may begin formal PT with a preferred therapist within the first week after surgery. If you plan to use a P.T. other than those on our preferred list you should schedule to start around 14 days post op.
Once you start PT, plan on attending 1-2 appointments per week for 12 – 16 weeks; plan accordingly and schedule early! You will also have "PT homework" for several months, most days of the week.

PRESCRIPTION MEDICATIONS: **All post-op prescriptions will be given on the day of surgery and cannot be prescribed in advance.** Typically, our PA-C will prescribe either Percocet 5/325 mg or Oxycodone 5 mg for pain. The following medications are also prescribed; **Naproxen** to prevent heterotopic ossification (H.O.), **Valium** for muscle spasm, **Zofran** for nausea and **Losartan** for scar tissue prevention. This combination of prescription medications can and will be altered per your individual needs and concerns.
Please confirm that the clinic has your preferred pharmacy on file. Please also alert of any medication, latex, iodine, or adhesive allergies.

POST OPERATIVE CLINIC VISITS: After your surgery you will follow up with Dr. Mei-Dan and the team during these POST OPERATIVE time-points: 14-21 days, 6 weeks, 3 months, 6 months, 12 months, and 2 years. These visits provide a forum to discuss surgery questions, weight bearing progression, return to work or school and transition to higher level activities. We will also answer questions you may have; and make sure you are on track with your rehab and healing. The first two appointments will be scheduled for you by our surgery coordinator at the same time your surgery date is confirmed.