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**Adam G. Suslak, MD**

## **Post-operative Hip Arthroscopy**

### **Wound Care**

You will notice that your first dressing may get soaked with arthroscopic fluid. This is normal. You may remove your dressing after three days unless otherwise specified by Dr. Suslak. Nylon sutures are used and will be removed at your first postoperative visit. You are to wear your white compression stockings (TED hose) for two weeks after your surgery to help prevent blood clot formation.

Be sure to watch for signs and symptoms of infection after surgery, which includes: redness, increased swelling, warmth, wound drainage, or fever greater than 101.5 degrees. If you notice any of these signs and symptoms please notify Dr Suslak.

### **Showering**

You may shower, but be sure to keep the surgical sites dry. Recover incisions with bandaids after removing dressing. Remove stockings to shower and replace immediately after drying off. **DO NOT** immerse your incisions under water: No baths, swimming, or hot tubs at least three weeks after surgery.

### **Ice**

Ice will provide comfort, decrease swelling, and help with pain control for the first week following surgery. Please ice your hip three to six times a day for up to 10 mins at a time using a large bag of crushed ice. To avoid frostbite, place a towel between the ice and your skin.

### **Weight bearing**

You will be toe-touch weight bearing for at least **3 weeks** after surgery. This means you will always have crutches when ambulating and you are only allowed to rest your foot on the ground. **DO NOT** walk on the operative leg until cleared by surgeon. If more extensive work is performed, like microfracture, then you may remain toe-touch weight bearing for 6 weeks.

### **Physical Therapy**

You will be prescribed Physical Therapy to start immediately following surgery. There is a standard protocol that you will follow with your therapist. You may use a stationary bicycle at home 2 times a day for 10-20 minutes, starting the morning after surgery. 10 minutes in the morning and 10 minutes at night **WITHOUT** any resistance. You can increase the duration as tolerated. **DO NOT** flex the hip past 90 degrees for the first 3 weeks after surgery.

The first 4-6 weeks will be mostly about achieving a quality range of motion for your hip. The next 6 weeks will be about gently strengthening around your hip. By 3-4 months, we will begin more advanced strengthening and sport-specific exercises, depending on your progress. Have patience and remember that full recovery may take a full year.

### **Medications**

Take as prescribed. Narcotic pain medication: Norco (hydrocodone) or Percocet (Oxycodone) is used for severe pain. It can be taken up to every four hours as necessary. Most patients only require these medications for the first week. Once pain is better, you may simply take extra strength Tylenol or over the counter anti-inflammatory medicine.

You will be placed on Indocin to prevent heterotopic ossification (extra bone) from growing around the hip. You will take this for 10 days after surgery. After you have finished the Indocin, start Aspirin 325 mg twice a day to prevent DVT (blood clot) for a total of 3 weeks after surgery.

Take these medications with food. If you have any problems with taking these medications, please stop them immediately and notify Dr. Suslak.

### **Driving**

For right hip surgery, you will return to driving after you are weight bearing (3 weeks). Check with Dr. Suslak before returning to driving. Left hip surgery can begin driving 1 week after surgery unless you drive a standard car. DO NOT drive while taking narcotic pain medications.

### **Follow-up**

Your initial follow-up visit will be scheduled by the surgical scheduler. If you have any questions, concerns, or problems between office visits, call our office at 518-453-9088.