



# Hip Arthroscopy

---

**Dr R. Presley Swann**

**799 E Hampden Ave, Ste 400**

**Englewood, CO 80113**

**(720) 475-3355**

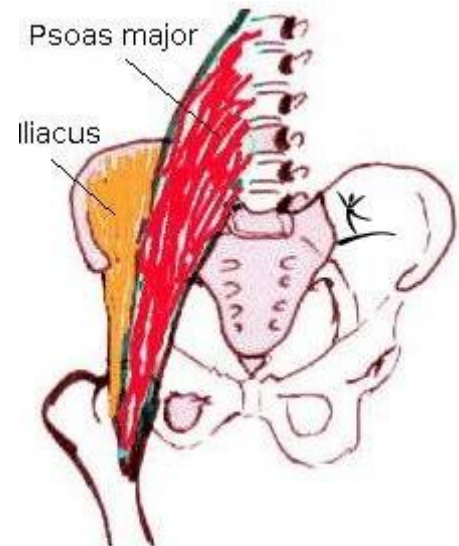
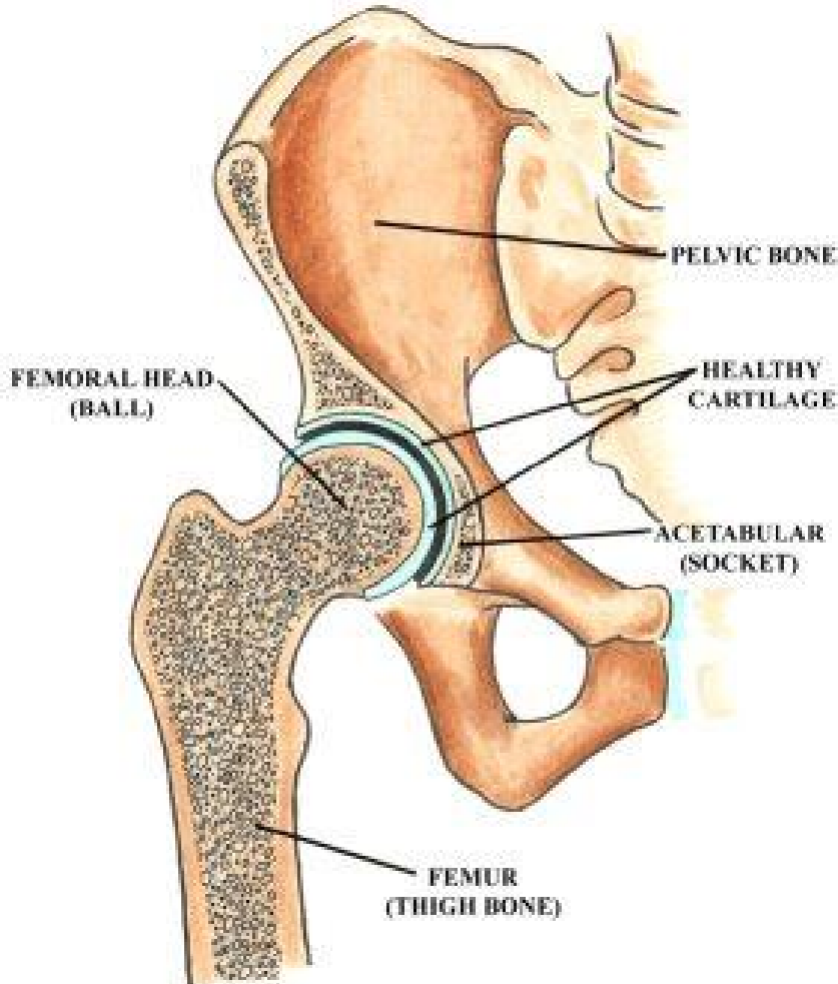
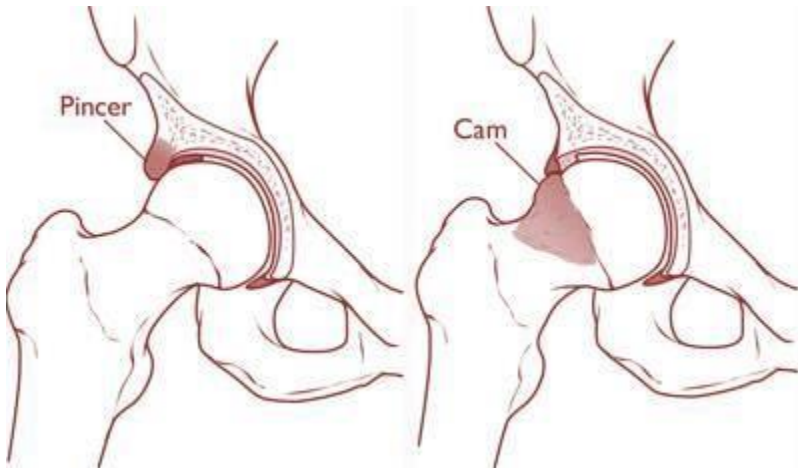
**Caleb – PA-C**

**Jennifer – MA/ Surgery Scheduler**

## **About Arthroscopic Surgery**

Arthroscopic surgery is done to decrease the trauma to the joint, increase healing time, and decrease risk of infection. Recovery from arthroscopy is faster than recovery from traditional open joint surgery.

- \_\_\_Acetabuloplasty (Pincer)
- \_\_\_Femoroplasty (CAM)
- \_\_\_Femoroplasty (dec offset)
- \_\_\_Labral repair vs. debridement
- \_\_\_Other



You will have an estimated 50 lbs of traction during the surgery. Numbness

around the incisions, lateral thigh and foot are normal and do not last.

### **Hip Arthroscopy for FAI - Terminology**

**Acetabuloplasty** – to surgically reshape the acetabulum (Pincer type) changing the depth and / or orientation.

**Femoroplasty** - to surgically reshape the femur at the head / neck junction relieving a CAM or a decreased offset

**Labral repair** – to surgically repair a tear of the labrum along the rim of the acetabulum

**Debridement** - to surgically remove damaged tissues relating to the labrum or articular cartilage

**Psoas release** - to surgically “soften” the tight band of the psoas as it crosses over the rim of the acetabulum

**Capsular closure** – a surgical closure of the hip capsule as a routine part of hip arthroscopy

**Capsular repair** – a surgical closure of a defect or laxity in the hip capsule



## Preparation for Surgery

**Time off work** – if you are taking time off work, please provide to our office any paperwork you need filled out at least 2 weeks prior to surgery. Include a name and fax number where the documents need to be returned.

### Typical time frames off work

- 1 week off work , resting at home is required
- Return to desk job as tolerated by most patients around 2 weeks
  - o you may require more and this will be assessed on a case by case basis
- Physical jobs require 2-3 months off unless you can return with restrictions
- You will need to be prepared to use crutches for up to 3-4 weeks (determined by your PT and /or Dr. Swann) and used at all times.

### Equipment

- **Crutches:** You may bring them to surgery or a pair will be given to you upon discharge at the hospital. Please ask Vanessa or Caleb for these **if you are having surgery at a surgery center** as they do not have these available. You will be on crutches until you can walk without a limp or pain with walking (typically 2-4 weeks)

### Young Families

- If you are a caregiver for young children, you will need to arrange help in the first couple weeks while you are on crutches and lifting restrictions.

### Driving

- You may drive when off narcotics and walking with good control
- Left hip likely to be quicker than right hip

## Medications / Anesthesia

**Prior to surgery** – if you are taking medications, the nurse at Pre-admissions, will guide you on what you can and cannot take prior to surgery. These will also be discussed with Caleb at your preoperative visit.

- Regular use of narcotics prior to surgery will make it more difficult to manage your post-operative pain
- We strongly recommend you reduce or stop narcotics prior to surgery

## Post – operative medications

### Pain Control

- **Tylenol** – This will be your primary method for pain control. You may take 1000mg, every 6 hours for regular pain relief.
- **Ultram (Tramadol)** – You will also get a script for Ultram in your post-operative packet. This is the first medication you should use for breakthrough pain relief. You may take Ultram 50mg every 6 hours.
- **Oxycodone** – This is your last option for pain relief. This script will also be provided in your post-operative packet that you will receive in the recovery room. You may take 1-2 pills every 4-6 hours as needed for breakthrough pain relief.

### Anti – inflammatories:

- Standard protocol is Mobic for first 2 weeks and then continuing with Naprosyn (Aleve) as needed afterwards.

### Aspirin –

- We will call in a script for Aspirin 81mg, 1 pill, 2 times per day for 4 weeks to decrease the risk of a blood clot.

## Pain medication side effects

- Constipation.
  - o Take over-the-counter stool softeners (Colace am and pm while on pain medications as needed). Drink at least 8 glasses of water a day during the first couple weeks following surgery.
- It is also common to develop some heart burn/gastric reflux symptoms or nausea. If you develop any of these symptoms, feel free to call Sarah and she can get a script called in to your pharmacy.

## General anesthesia



- You will meet the morning of surgery with the anesthesiologist
- Discuss any concerns you have about medications during surgery at that time.
- Can cause nausea and difficulty with memory in the first several days



## **Day of Surgery**

### **Length of surgery**

- Estimation of surgery: 1-1.5 hours. You will discharge the same day.

## **First week at home**

### **Showering**

- 48 hours after surgery – remove the surgical dressing and leave the sutures in place. You will then have these removed at your 2 week appointment where steri-strips will be placed and stay on until the fall off. (2-3weeks average)
  - o Water can run over however do not soak surgical incisions.
- Pat dry and cover with dry Band-Aids if needed. No ointment.

### **Crutches**

- WBAT using 2 crutches at least 2 weeks and PT will wean you off unless instructed otherwise by Caleb or Dr. Swann.

### **Signs of infection**

- Fever greater than 101 deg F, Redness beyond the incisions, Worsening / intolerable pain and possibly – nausea, pus or smelly discharge

### **Rest**

- Icing for the first week home when you are not taking care of basic needs or doing your physical therapy) to manage post-operative inflammation / swelling.
- Put layer (pillow case) between your skin and ice pad
- Lie on your stomach for 3-4 times per day for 30 mins. to prevent a hip flexion contracture
- ie: For every 30 mins. you are up, lie down for the next 1.5hours

### **Home therapy program?**

- You should begin within the first 24-48 hours. (Page 10)
- If your pain is increasing more than 2 points on pain scale, back off of your stretches by being less aggressive or reducing the number of reps.

### **Post-operative pain**

- Pain is individual however; it is recommended you take your pain medication as prescribed as needed for the first week.
- Ice is a natural analgesic: ice for the first 7 days continuously to control pain and swelling





## Post-Operative Expectations

### Recovery time

- You will feel 60-70% by 10-12 weeks (for the average patient) based upon your iHOT score.
- It will take up to a year to work towards full recovery for most patients.
- Complete relief from pain and return to all desired activities might not be a realistic goal depending upon your hip findings during surgery. This is linked to the level of wear in your hip. When you experience a set back or begin limping again – go back onto your crutches
- 

**0-4 weeks:** activities for grooming, bathing and general light activity in the home / desk job at 2 weeks / no more than 30 mins continuously without rest in community (1 time per day only) after the first week. Crutches for any procedure 2-4 weeks. Off when you are not limping

- **Pain changes in 3 ways – Frequency, Intensity and Duration as you move toward pain-free.**

**4-8 weeks:** light activities in the community, up to 30-60 mins duration of community ambulation / light house work / no heavy lifting at home or work.

- Guided gym activities – cycling, swimming and upper body. Lower body as guided by PT based upon your hip symptoms.

**8-12 weeks:** moderate activity in the community (2 hours walking), at work (up to 10 lbs carrying or lifting), and at home moderate house work but no twisting. Light to moderate gym activity with guidance

- May begin an approved higher level activities if no psoas release or Osteoplasty

**12 + weeks:** ramping of activities / hobbies as pain dictates. Sport specific training. Do not jump or run prior to 12 weeks for risk of post-operative fracture. All restrictions are lifted unless indicated by PT and MD.

- All procedures may begin higher level activities or return to walk/jog program if approved by therapist / MD

## Home Exercise Program

Begin the day you go home from surgery and complete for the 1st week - Complete your HEP every 2-3 hours while you are awake.

### Ankle Pumps – For Blood Clots

- Laying on your back, move the ankle through full range of motion. Complete 10-15 reps 6 times per day. **START THESE WHEN YOU WAKE UP FROM SURGERY**
- TED hose knee high both legs for first week



### Quad Sets

- Place towel under back of the knee. Push knee into the towel contracting the quadriceps. Hold for 5 seconds. Complete 10-15 reps 3-4 times per day



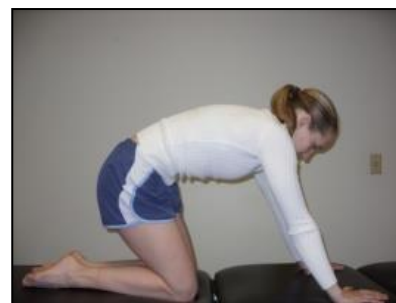
### Glut sets

- Laying on your back, contract your gluteals. Hold for 5 seconds. Complete 10 reps 3-4 times per day



### Quadruped rock backs (start on day 3 if you cannot complete at 24 hrs)

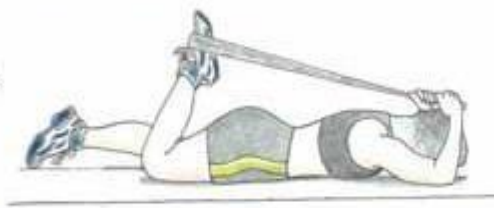
- Begin in a neutral position on all fours. Begin to slowly shift your weight and rock backward towards your heels till you begin to feel a slight stretch in your gluts. Perform 10-20 reps at 2-3 times per day.



### Prone Quad Stretch (start on day 3 if you cannot complete at 24 hrs)

- Position yourself onto your stomach and pull foot toward buttock as far as you are able with a rope/belt/dog leash. Perform 10 reps at 15 sec holds, 4 times per day.

FIGURE 5C  
PRONE  
FLEXION  
EXERCISES



### Biking

- You may ride a stationary bike at home 10-20 mins without resistance – daily

## **Early Pitfalls following Hip Arthroscopy**

### **Joint swelling / edema**

- Early weight-bearing without crutches can significantly delay your recovery
- Persistent swelling / edema will prevent successful transition to normal daily activities and return to higher level activities
- This delay can add an additional few weeks to few months to your rehabilitation, resulting in longer time frame with pain, higher usage of pain medications and potential need for oral steroids / cortisone injections

### **Range of motion**

- Delay in restoring your symmetric motion is directly related to joint swelling /edema.

### **Too much too soon**

- Activity progression: if activity is ramped up too quickly, you may experience soft tissue pain. This is most commonly associated with overload /overuse.

**Ice machine- ice 24/7 first week home**

If you purchased:

### The placement of the pad

- Lateral /anterior thigh. The straps go around your waist and lower thigh as the picture shows.
- The Velcro should be snug but not restrictive
- Place either the white pad or a pillow case between the pad and your skin



### Precautions

- Make sure a barrier is between you and the pad. Burning from the cold is possible if you do not have enough of a barrier.
- Take off to walk
- Buy ice every 1-2 days to supplement your ice maker

### Purpose

- To help control soft tissue edema and joint swelling
- To help knock down pain 1-2 points on a pain scale
- Important after 1<sup>st</sup> week to manage increased evening and night time pain

\*\*\* Lie on stomach for \_\_\_mins\_\_\_times per day.

- Increase your time lying on your stomach if you are sitting more to prevent hip flexion contractures.



## APPOINTMENTS

Surgery Date: \_\_\_\_\_ / Therapist Name: \_\_\_\_\_

1 <sup>st</sup> week PT: Day: _____	DATE: ____/____/____	DATE: _____	TIME: _____AM/PM
2 <sup>nd</sup> week PT: Day: _____	/____/	DATE: ____/____/____	TIME: _____AM/PM
3 <sup>rd</sup> week PT: Day: _____	DATE: __/__/____		TIME: _____AM/PM
4 <sup>th</sup> week: Day: _____			TIME: _____AM/PM

MD POST OP Follow up: at your \_\_\_\_ week PT appointment

### Visits to physical therapy and physician follow ups

- **Post op's week 1,2, 3 and 4.**
  - You will see Dr. Swann's PA around your 2 week visit, as needed until 12 weeks and at 1 year.
  - If you are workman's comp or has disability insurance, you will have to see him every 30 days. You are responsible for making sure you are scheduled.
- **Post op's after 4 weeks** - is every 2-3 weeks depending upon status

### Program Design

We are an integrated Physician / Physical Therapy model.

- Visit frequency
  - Dr. Swann and Therapy have developed a **highly independent program** that uses critical but limited therapy sessions. Your compliance to each therapy session is vital to your recovery.

### Research Team

### How to Use Crutches

#### Walking with Crutches

1. You should bear the weight on your hands and not lean on the crutch pads at the armpits when walking.
2. Place crutches forward first.
3. Move your injured leg forward and place heel down landing in line with crutches.
4. Shift as much weight as tolerated onto surgical leg and push down on crutches to "unload" weight as needed
5. Step through with healthy leg.
6. Roll over toe and bend knee to move your injured leg forward again.
7. Go slowly at first.



#### Going Up Stairs

1. Approach step closely.
2. Place your health leg up on the step – keep your injured leg and crutches on the ground.
3. Place your weight on your healthy – step up.
4. Bring the crutches and surgical leg up to same step.



## **Going Down Stairs**

1. Approach edge of stair closely, and place weight on healthy leg.
2. Lower crutches and step down leading with the involved leg.
3. Shift your weight to the crutches and injured leg.
4. Carefully place your healthy down on the step.

*REMEMBER: UP WITH THE GOOD...DOWN WITH THE BAD*

## **Surgical Procedure: Hip Arthroscopy: FAI**

### **Pre-surgical requirement:**

- Clinical: Positive history and clinical exam for FAI
- Physical therapy: Pre-operative education
- X-ray: AP/ Dunn / False Profile
- MRI/CT: Yes both
- Testing:
- ROM: NA

### **Surgical post op:**

- Hospital: 23 hour stay
- Medication: Percocet or Norco, Anti-inflammatories
- Weight bearing: WBAT
- Brace: No
- ROM: As tolerated
- Wound Care: Dry / covered with steri-strips
- Follow up: 1<sup>st</sup> pov in PT

### **First post op (6-8 days):**

- Location: Physical therapy
- Treatment: 1<sup>st</sup> POV therapy
- Medication: May need refill pain meds at first POV
- Physical therapy
  - Weight bearing: WBAT / off when no limp AND no pain with weight bearing
  - Brace: No
  - Exercises: Core / Motion / Gait / Proprio
  - Assistive Device: Yes – bilateral until no limp and no pain with ambulation
- Wound Care: check for signs of infection / steri-strips covered for 3 weeks / internal sutures
- Restrictions: off work 1-2 weeks / no lifting, twisting, bending or stooping

### **Second post op (14 days/ 2 weeks):**

- Location: Physical Therapy / Combo appt
- Treatment: PT and 2 week x-rays
- Physical therapy
  - Weight bearing: WBAT still on crutches
  - Exercises: Core / Motion / Gait / Proprio
  - Assistive Device: progress from 2 to 1 / off if no limp and no pain with weight bearing
- Wound Care: no soaking until 3 weeks / leave steri strips in place
- Restrictions: Work – return to desk job / no sport / no lifting, squatting, bending or twisting



### **Third post op (21 days/3 weeks):**

- Location: Physical Therapy
- Treatment: PT
- Physical therapy
  - Weight bearing: no restrictions
  - Exercises: Core / Motion / Gait / Proprio / Double leg / Dynamic surface
  - Assistive Device: WBAT / off when no limp AND no pain with weight bearing
- Wound Care: can soak / steri strips can come off
- Restrictions: return to desk job / no sport / no lifting, squatting, bending or twisting
- Motion/ Post-Op concerns: Motion goals: Hip flexion >90 deg, Hip IR >10 deg (unless symmetric), Hip ER >15 deg (unless symmetric).
  - Motion that is > than 50 % less than pre –operative measures

### **Fourth post op (4 weeks):**

- Location: Physical Therapy
- Treatment: PT
- Physical therapy
  - Weight bearing: no restrictions
  - Exercises: Core / Motion / Gait / Proprio / Double leg / Dynamic surface
  - Assistive Device: None and full weight bearing
- Wound Care: closed / no concerns expected
- Restrictions: return to desk job / no sport / no lifting, squatting, bending or twisting
- Motion/ Post-Op concerns: Motion goals: Hip flexion >90 deg, Hip IR >10 deg (unless symmetric), Hip ER >15 deg (unless symmetric).
  - Motion that is > than 75 % less than pre –operative measures
  - Consider oral steroid between 3-6 weeks if highly irritable
    - Painful global loss of ROM or Psoas tendonitis –painful anterior hip with active hip flexion

### **Work Implications:**

- Return to desk work: 2 weeks w/ restrictions
- Return to physical labor: 6 months
- Return to Sport: 6 months (after passing sport test)
- ADL's: 0-4 weeks light activity in the home (watching for hip flexor tendonitis), 4-8 weeks progressive activity but no deep squatting, twisting or lifting greater than 10 lbs, 8-12 weeks no deep squatting, twisting or lifting greater than 15 lbs.

### **Goals:**

- Return to sport / work: running, golf – putting / chipping – around 4 months
- Physical therapy visits: Weekly for the first month then every 2-3 weeks until goals met
  - Average 10 visits