

# Covenant Medical Group • Orthopaedics

## Orthopaedic Surgery & Sports Medicine • Garrett Kerns, DO

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### CLINICAL PROTOCOL FOR HIP ARTHROSCOPY – CAREGIVERS

Thank you for taking time to familiarize yourself with Dr. Kerns' protocol for hip arthroscopy patients. **Your role is essential** as your friend or family member recovers from hip arthroscopy – thank you for your kindness and dedication! These are general guidelines and are not intended to substitute for the skilled instruction and individual adjustments required from a trained physical therapist, which are also part of the recovery process.

#### GENERAL INSTRUCTIONS FOR HIP ARTHROSCOPY RECOVERY

- Hip arthroscopy procedures at Covenant HealthCare are performed on an outpatient/same-day surgery basis. Patient must return to Dr. Kerns' office after surgery for a post-op check-up, with physical therapy to follow immediately thereafter.
- Hip arthroscopy involves making small incisions in the skin and slightly larger ones in the ligament capsule surrounding the hip joint. The post-op leg positioners, hip brace and Continuous Passive Motion machine (CMP) are designed to initiate healing of the deep incisions properly.

**Dr. Kerns believes that early and skilled physical therapy and one-on-one involvement from a caregiver combine to produce optimal patient recovery. Your efforts in assisting the patient with therapy and proper leg positioning WILL greatly impact their outcome in a positive way!**

#### IMPORTANT POSITIONING INFORMATION

- Patients need to sleep on their back – no front or side-lying positions are allowed.
- Patients need to lie on their stomach with their legs flat on the bed, 3 times a day for 20 minutes each time.
- Thigh-high TED hose need to be worn on the unaffected leg at all times.

#### ABDUCTION CYLINDER AND BOOTS USE

The Philippon® Hip Cylinder and Boots must be worn at all times while the patient is in bed, EXCEPT when using the CMP machine.

- Patient needs to be lying on their back.
- Feet are to be placed in the black boots, in toes-up position.
- The cylinder needs to be placed between the feet with the cylinder's white foam surface against the mattress.
- Apply the Velcro straps around the mid-foot of the boot and attach to the black cylinder.



## HIP BRACE USE

All hip arthroscopy patients are pre-fit for a hip brace, which is set to allow full extension and 90 degrees of flexion. The braces is to be worn at all times, EXCEPT when using the CMP machine.

### Brace application:

- Apply the padded waist strap around the patient's torso, just above the top of the pelvic bones.
- Attach the thigh straps to the operative thigh loosely. The strap needs to maintain contact around the whole thigh, but still leave enough slack to easily slide one finger between the strap and the thigh.

## CPM USE

It is very important to use the Continuous Passive Motion machine (CPM) for prevention of adhesion formation around the hip joint (CPM machines are delivered to the patient's home prior to surgery).

- Patient needs to be lying on their back.
- Feet are to be in a toes-up position while in the CPM, with the setting between 0-90 degrees.
- Six hours of CPM use is required daily, which can be done in 6/1 hour sessions or 3/2 hour sessions.

## EZY WRAP® ICE THERAPY USE

Ice will greatly decrease post-op pain and swelling (edema).

- Lay the Ezy Wrap over the operative hip AT ALL TIMES to keep it cold.
- The only time the Ezy Wrap can be off is if it's too difficult to keep in place when using the CPM.

## AMBULATION STATUS

- Hip arthroscopy patients are restricted to 20 lbs foot-flat weight bearing with crutches for the first 2 weeks after surgery.

## MEDICATIONS

Post-op medications are prescribed and need to be filled prior to surgery.

- The general regimen includes a narcotic pain medication, a sleep aid, a nausea medication and an NSAID (Indocin®, naproxen, or Celebrex®) for prevention of bone formation in the soft tissues of the hip after surgery. Medications given in the hospital will vary, but must include an NSAID.
- The patient can take all medications as prescribed on an as needed basis EXCEPT the NSAID pill AND any injectable blood thinner which is taken as prescribed and a scheduled dose with food.

## DRESSING CHANGE

- The bulky, post-op dressing may show signs of drainage the first night after surgery. If so, simply reinforce the dressing as needed.
- The next morning the bulky dressing will be removed, the skin cleaned and a small adhesive OpSite® Dressing applied.
- Each day thereafter for the first week, and any time the dressing appears wet or dirty, the dressing must be removed, the skin cleaned with a soft cloth and water, and a new OpSite Dressing applied.

## LEAVING THE HOSPITAL

- In most cases, hip arthroscopy surgery is an outpatient procedure, with the patient returning to Dr. Kerns' office within **3 days** for a post-op check up (Wednesday for Tuesday **[1 day]** surgery and Monday for Friday surgery).
- If staying overnight, the patient will have a session of physical therapy that must include the primary caregiver's participation. This therapy session is usually between 8:30-9:00 am the day after surgery. Before the patient leaves the hospital, they will be scheduled for a follow-up session with an outpatient therapist and a 2 week post-op visit with Dr. Kerns.

## SHOWERING

- The patient can shower 48 hours postoperatively.
- Be gentle – DO NOT scrub or vigorously dry the incisions.
- Taking baths, going swimming or into a hot tub is not allowed until cleared by Dr. Kerns.

## DRIVING

Patients are not allowed to drive until they are completely off all sedating medications and crutches.

- For right hip surgeries or standard transmission drivers, driving is not permitted until at least 6 weeks post-op.
- For left hip surgeries, driving is not permitted until at least 2 weeks post-op.

## SCHOOL OR WORK

- To allow healing and recovery, returning to school or work for the first 2 weeks after surgery is not permitted.
- After 2 weeks, how soon one can return to school or work is different for each patient. You may return once cleared by Dr. Kerns.
- Arrangements should be made in advance for students to receive school assignments during this period.

*These are general guidelines and may vary depending on your surgery/surgeon.*

