



## Center for Orthopedics and Plastic Surgery

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### HIP ARTHROSCOPY POST-OP INSTRUCTIONS

**WEIGHT BEARING:** Due to the surgical repair that was performed in your hip joint, please remain **NON/Partial/As Tolerated** weight bearing with **TWO** crutches for \_\_\_\_\_ weeks, followed by **Partial/As Tolerated/Full WB** with **TWO** crutches for \_\_\_\_\_ weeks. We will discuss the transition to full WB with **NO** crutches at your post op clinic visits.

**NAPROXEN RECOMMENDATION:** Please take Naproxen as follows:

\_\_\_\_\_ As needed per dosing on the prescription bottle.

\_\_\_\_\_ Every 12 hours for 3/4/5 weeks. This is to help prevent heterotopic ossification (HO), which is the presence of bone in soft tissue where bone normally does not exist. Though HO is a rare occurrence after hip arthroscopy, development can occur. With Naproxen use, occurrence is even lower.

\_\_\_\_\_ ***Please discontinue Naproxen 48 hours prior to scheduled PAO/DFO.*** You will resume taking Naproxen post osteotomy procedure.

**DRIVING:** We advise that you refrain from driving for a minimum of 10 to 14 days post operation. This is recommended regardless of which leg receives surgery.

**UPRIGHT STATIONARY BIKE (NO RECUMBENT CYCLE!):** Please begin cycling on an upright stationary bike as early as the first night of your surgery, and no later than 36 hours post- operatively. Set the seat post high (so as to avoid bringing your hip into deep flexion while pedaling.) Cycle without resistance on the bike for the first 2- 4 weeks, as your hip capsule is healing. Pedaling that requires too much effort may stretch the healing capsule too soon after your surgery, thus compromising optimal healing.

Your first session on the bike should be between 5-7 minutes. On the second post-op day, you may cycle twice, once in the morning and again in the evening, for 5-7 minutes each session. Every second or third day thereafter, incrementally increase the time cycling during each session by 10-15% until you are cycling 20-30 minutes twice p e r day. If your hip joint is sore the following day, scale back for several days.

**HIP ROM (RANGE OF MOTION):** Avoid external rotation of your hip for 4 weeks post-op. Avoid excessive ROM (hip extension, flexion) for 4 weeks post-op.

You may sleep on your back or on either hip, but avoid sleeping on your stomach for 4 weeks post-op, (due to external rotation of your hips while in this position.)

**DRESSINGS:** You may change the outer dressing (clear Tegaderm and gauze) if it is wet or soiled. **Do NOT remove the tape strips/steri-strips that are directly over your incisions.** If the steri-strips become loose, you may add more steri-strips on top of the original strips that were placed at the end of your operation, but do not remove the original steri-strips. **Even if the white strips become loose or the sutures are bothersome, do NOT trim or cut them.** The sutures' different lengths are specifically designed for easy removal.

At your first post-op visit (days 12-18), we will remove your sutures and steri-strips, and new steri-strips will be placed over the incisions. Allow these new steri-strips to peel off over the next 3-5 days, or remove them after this time period.

**SHOWERING:** You may shower 72 hours after your surgery, but cover your surgical site to avoid getting your incisions wet. Do NOT immerse in a hot tub, bathtub, or pool until after we see you at your first post-op visit and clear you for immersion.

**POST OPERATIVE CLINIC VISITS:** After your surgery, we recommend follow up physician clinic visits at the following POST OPERATIVE time-points: 12-18 days, 6 weeks, 3 months, 6 months, 12 months, and 2 years. These visits provide a forum to discuss transitions to increasing your activities; answer questions or concerns you may have; and make sure you are on track with your rehab and healing.

**PHYSICAL THERAPY:** Please plan ahead, and schedule your PT appointments in advance, (even prior to your actual surgery date.) Begin formal PT **AFTER** suture removal at the initial post-operative physician visit. And please be certain to start these formal sessions no later than the beginning of the post-op week 3. Once you start PT, plan on attending 1-2 appointments per week for 12 - 20 weeks; plan accordingly and schedule early! You will also have "PT homework" for several months to perform a home exercise program most days of the week.

**PRESCRIPTION MEDICATIONS:** All post-op prescriptions will be given on the day of surgery and include a codeine derivative for pain (usually Percocet), an NSAID to prevent heterotopic ossification (non-steroidal anti-inflammatory, Naproxen), a muscle relaxant (Valium), Losartan to prevent scar tissue, and an anti-nausea agent (Zofran). This combination of prescription medications can and will be altered per your individual needs and concerns. *The Percocet/Oxycodone/Narcotic prescribed for pain management is a DEA controlled substance and REQUIRES a written prescription for a refill.* A refill of the Zofran and Valium can be called in to your pharmacy. Should you need refills, please contact your respective clinic with 48 business hours notice (Monday- Friday, 8:30am to 4:30pm). Refills will not be authorized outside of those hours. Please have the phone number and address available of the pharmacy that you would like to utilize for your refills.