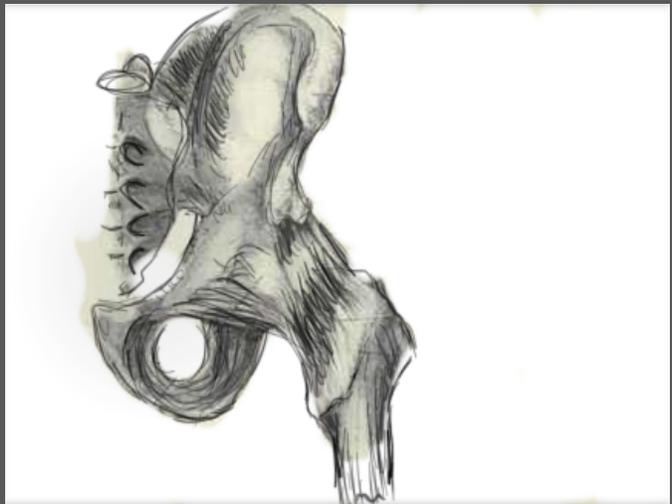


## Dr. Andrew Wolff

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HIP ARTHOSCOPY

DISCHARGE

INSTRUCTIONS

## Bandages

Your hip will have a waterproof bandage on it after surgery. You may shower with this on. It is not uncommon for the bandage to become soaked from the inside out with reddish fluid. This is because there is fluid continuously pumped through the hip during surgery and some of it will leak out afterwards. If the bandage becomes too wet, either from the inside out or the outside in, you may remove it and place a dry bandage or band-aids over your incisions. Otherwise remove the dressing 3 days after surgery and cover the incisions with band-aids after patting them dry after showering. Do not submerge your hip in water (i.e., no bathtubs, hot tubs, swimming pools) until wounds are fully healed (usually 10-14 days).

## Ice

If you will be using a Game Ready, Polar Care or other cooling device after surgery, you will be discharged home with the wrap on your hip. You may set this at any level of temperature and or compression that is comfortable. If you do not find it comfortable, you may remove it and use a bag of ice, or nothing at all. You should keep a layer of clothing between the device and your skin. In general, the more you use this device, or a regular bag of ice, the less pain you will have in the first few days following surgery. As more time passes following surgery, cooling becomes less helpful. After the immediate post-operative period, you will likely find it most helpful after you do your therapy exercises or after exertion.

## Things to watch out for...

It is normal for you to have soreness around your hip after surgery. Some patients will have some numbness or soreness in your groin and/or foot from the traction used at surgery. This will resolve on it's own. It is also not uncommon to have some numbness on the side of your thigh after surgery. This is due to surgical irritation of branches of a sensory skin nerve to your thigh. This is also normal and usually resolves with time.

Contact Dr. Wolff at 202-833-1147 if you have any of these symptoms:

- A large amount of
- Bleeding through the dressing
- Fever over 101.5 degrees Redness and swelling Foul smelling or pus like discharge
- Your medications do not stop the discomfort
- Chest pain or shortness of breath
- If you are excessively dizzy
- Excessive vomiting

If you are unable to contact Dr. Wolff or one of his associates and the symptoms persist, go to the nearest emergency room.

## Medications

Take this medication everyday for the first month following surgery:

**Ibuprofen 800mg** - take 1 pill 3 times a day with food. **YOU SHOULD START THIS THE DAY OF SURGERY AFTER YOU RETURN HOME FROM THE HOSPITAL.** Please note: depending on the time of your surgery, you may only take 1 or 2 pills the day of surgery. This will help with your pain and inflammation and will help prevent heterotopic ossification (an uncommon formation of bone within the soft tissues around your hip). Stop taking this if you having stomach pain. If you have a history of sensitivity to anti-inflammatories (also known as NSAIDs), ulcers or bleeding from your stomach or a history of kidney problems, then do not take and consult with Dr. Wolff.

a. For various reasons, you may be prescribed a different anti-inflammatory (**Mobic, Celebrex, Arthrotec, Naproxen, Indomethacin, etc**). The same reason for taking them and cautions apply.

Take these medications only if needed:

1. **Percocet** (generic called oxycodone/acetaminophen)- Take 1-2 every 4 hours if needed for pain. It is best to stop this medication as quickly as possible--usually within 1-3 days after surgery. This medication will cause constipation. Drink plenty of liquids,

take a stool softener such as colace, supplemental fiber such as metamucil, and/or a laxative such as miralax when taking this. It is not uncommon for this medication to cause itching and upset stomach and to generally make you feel lousy. Stop it as soon as you can. Do not drive a car or operate machinery while taking narcotic pain medications. Do not drink alcohol while taking this medication. For various reasons, you may be prescribed a different pain medication. The same instructions apply.

2. **Phenergan (generic called promethazine)** - Take 1 every 6 hours if needed for nausea. It is not uncommon to have some nausea after anesthesia. Many patients do not need to take this medication at all, but if you do, you will likely only need it for the first several hours (up to 24 hours) after surgery.

***Other medications which you may have been prescribed:***

1. **Aspirin 650 mg daily:** This is given to reduce the chance of getting a blood clot. You should take this everyday for 14 days following surgery. It doesn't matter if you take this by taking two pills at once or one twice per day. You should take this for 2 weeks starting the day after surgery.
2. **Xarelto (also known as rivaroxaban) 10 mg daily:** ***DO NOT START THIS UNTIL THE DAY AFTER SURGERY.*** This will help prevent blood clots. This is given instead of aspirin if you have an increased risk of getting a blood clot (taking hormones, family or personal history of blood clots, if you are a smoker, etc.) If you have a personal or family history of a clotting disorder or a history of ulcers or bleeding from your stomach or a history of kidney problems, please consult with Dr. Wolff.
3. **Omeprazole (also known as Prilosec) 20 mg daily:** ***YOU SHOULD START THIS THE DAY OF SURGERY.*** This will help prevent stomach problems due to the anti-inflammatory medication.

## Getting around

### Crutches

Unless instructed otherwise, you may begin putting weight on the leg which had surgery as soon as it is comfortable. You should, however, use crutches to assist in weight bearing until you do not need them. This typically takes at least 2-3 weeks.

When you use crutches, you should try to walk as normally as possible while putting less weight on the leg that had surgery than you ordinarily would--the rest should be on your hands and the other leg. Do not hop on the crutches. Keep your leg that had surgery on the ground and use it to walk--just put less weight on it. It is easier on your hip to rest your leg on the floor than to use all of the muscles around your hip to pull your foot off of the floor.

Typically, between the 2nd and 3rd week after surgery, you will start weaning off of the crutches outside of the house. Around the house, you may begin to go without crutches sooner if you are not having pain or limping when you walk. Do not limp. If you are limping, you must stay on crutches until you can walk without a limp.

### Bracing

If you require a brace, you will be fitted for this at your first post-op appointment. If you have been given a brace, you should wear this when you are going to be up and around for an extended period of time. This is used to protect the repair of your hip and to unload some of the pressure from your hip. You do not need to wear this while sitting or in bed. You also may forgo the use of the brace for short distances around the home or office. Typically, the brace will be used for the first 3 weeks after surgery—although in some instances longer.

You may have a nerve block on your operative leg and as a result will wake up from anesthesia with a knee brace on this leg. This is to prevent falls from the nerve block you will receive during surgery. You need only wear

this knee brace while you feel your leg is unstable from the nerve block, usually 24-48 hours after surgery. After this time frame you may take it off and discard the brace, there is no need to keep it unless you want to.

### CPM (Continuous Passive Motion) Machine

You may have been given a CPM machine to use after surgery. This machine is used to provide early, comfortable motion to the hip. Unless instructed otherwise, you should use this for up to three hours per day for the first 3 weeks after surgery. This machine should not be uncomfortable. It should be set to 0 degrees of extension (knee and hip lying flat) and 70 degrees of flexion at most. You will start anywhere from 25-45 degrees of flexion and it recommended to increase in intervals of 5 degrees at a time as long as no pain or discomfort is experienced. You may increase until you get to 70 degrees of flexion at your own pace - but do not go past 70 degrees of flexion. Most people will set this up in bed or in a comfortable place where they can do other things while in the machine (sleep, read, watch tv, etc.). You should be lying down flat while in the CPM. If this machine is causing discomfort, adjust the setting until it is no longer uncomfortable. If you cannot find settings that are comfortable, stop using the machine. You may use this for 3 hours straight or break it up into intervals, if it causes pain/pinching/discomfort, discontinue use and try again at the same settings the next day.

### Sequential Compression Devices

You may have been given these to prevent blood clots. These devices go on your legs after surgery. You should wear them when you go to bed or will be immobile for a prolonged period of time in the first 2 weeks after surgery. You should use them for at least 8 hours per day. You may wear them while in the CPM machine and or the cooling machine.

## Positioning, sitting, sleeping, etc.

Unless instructed otherwise, you may sit or sleep in any position that is comfortable for you.

## Ankle Pumps

Ankle pumps are to be done during the time which you are on crutches and relatively sedentary. They can be done with the leg elevated, lying down or sitting. Flex the ankle of the operative leg toward the knee as far as possible and hold for five seconds. Then push the ankle down like stepping on the accelerator pedal of a car and hold this for five seconds. Repeat this motion ten times, and do these in sets of ten as often as possible during the day (at least ten times a day).

## Driving

Assuming you have a driver's license, you may drive as soon as you have stopped taking narcotic pain medications and can safely control your leg. Particularly if you have had surgery on your right leg, you should practice driving in an empty parking lot prior to driving on a street to be sure that you are safe to be on the road.

If you drive a stick shift, it may be a few additional days before you can drive. Just try it out first and see how you feel, if you have pain, wait and then try again a day or so later.

## Going back to work

If you work in a relatively sedentary job, you will typically be able to get back to work within 1 week on crutches.

## Physical Therapy

Appropriate physical therapy is important to the success of your surgery. Physical therapy can be started after your first post-op visit with Dr. Wolff. We recommend that you set up appointments starting the day after your first post-op visit with us. If he then recommends you wait longer, you may just cancel these. You should plan on working with a therapist 1-2 times per week for the first 12 weeks after surgery. This is a general guideline and may be adjusted pending your individual recovery.

The physical therapy and aquatic therapy protocols are available at [www.andrewwolffmd.com](http://www.andrewwolffmd.com). You will need a prescription from Dr. Wolff for Physical Therapy which will be given at your first post-op appointment. On this prescription he will provide direction as to which protocol to follow based on your hip problem, your specific hip surgery and your ultimate goals. Do not ask for this prescription prior to surgery; you will NOT be given it. You may go to Dr. Wolff's website: [www.andrewwolffmd.com](http://www.andrewwolffmd.com) and view the protocols listed under the "Hip Therapy" tab for an idea of what to expect - generally Protocol A is a good guide.

## Follow up Appointments

You should schedule your first post-operative appointment for the immediate Monday following surgery (3-5 days). Your second post-op appointment will be the following week, 10-14 days from surgery, for suture removal. You should schedule both of these appointments prior to surgery with Dr. Wolff's assistant at [Alexandra@wosm.com](mailto:Alexandra@wosm.com).

You should call the front desk to schedule your 6 week post-op appointment at 202-787-5601 option "0" prior to surgery as well in order to ensure the most convenient appointment for you. If you encounter a scheduling conflict - scheduling at weeks 5 or 7 is OK.

There will be additional post-op appointments within the first post-op year at undetermined time points based on your individual recovery, your travel, etc. Because our schedule books out very far, we ask that you schedule all future post-op appointments as soon as you are made aware. Unless told otherwise, you may adjust the timing of your appointment by a week or so to best accommodate between your and Dr. Wolff's schedule. It is our goal to make the entire surgical process as seamless and pleasant as possible for all patients and appreciate your understanding throughout!