

PLANNING FOR YOUR HIP ARTHROSCOPY

BEFORE SURGERY:

You may continue to exercise, play sports and work up until the day of surgery.

If you have disability forms that need to be completed for your employer or disability carrier, you can drop your forms off at our office or fax them to us at 716-204-3294. These forms will be completed the day of surgery unless otherwise stated.

You will complete your preoperative testing within one month of surgery. This will include labs you may also need a EKG and chest x-ray (you will be notified of this when booking surgery).

You will need to complete a 3D CT Scan at Great Lakes Medical Imaging. The address is 5959 Big Tree Rd, suite 105. Our office will take care of obtaining the authorization and faxing the script. Great Lakes will contact you to schedule.

There is a Kaledia Lab Office down the hall if you would like to get your lab work completed the same day.

You will need to see your PCP 7-10 days before your surgery. Please make sure you have your labs completed before this appointment (if an EKG is needed, your PCP should be able to complete this at the time of your appointment). Your PCP will need the results in order to clear you. Discuss with your PCP about aspirin containing medications- these will need to be stopped 7 days before surgery.

You will receive a call the Friday before your surgery with your arrival time and surgery time.

SURGERY:

Nothing to eat or drink after Midnight the day of surgery

Any medication that your Primary Care Physician advised you must take the morning of surgery can be taken with a small sip of water.

You will need to arrive at the surgery center two hours prior to your surgery time.

Your surgery will take approximately 1.5-2 hours and will be performed under general anesthesia.

You will leave the surgery center with crutches, these will be provided to you.

You will leave the surgery center with an ice pack on your hip. You will want to use this multiple times a day during the first few weeks, this will help reduce swelling.

Your incisions are closed with sutures that will be removed by physical therapy around two weeks post op.

You will need to keep your incision dry when showering while the sutures are in.

Scripts will be sent to your pharmacy for hydrocodone for pain and aspirin for DVT prophylaxis, have your driver stop on the way home for you. Anti-inflammatories such as Aleve or Motrin can help with any discomfort or break through pain after surgery.

You may drive when you are no longer taking pain medication and you feel comfortable.

Your return to work will depend on your type of work.

You will be seen in our office 3-4 weeks following surgery.

LABRAL REPAIR:

You will be on crutches for three weeks, weightbearing as tolerated.

No hip flexion greater than 90 degrees for 6 weeks.

You will start outpatient physical therapy 1-2 days after your surgery. You will attend physical therapy twice a week for approximately 6 weeks.

You will work on range of motion exercises from weeks 6-12.

Strengthening usually will begin around week 12.

You will need to avoid pivoting, twisting or loading your hip joint for 4-6 months.

LABRAL REPAIR/ FEMORAL NECK OSTEOPLASTY:

You will be on crutches for three weeks, weightbearing as tolerated.

No hip flexion greater than 90 degrees for 6 weeks.

You will start outpatient physical therapy 1-2 days after your surgery. You will attend physical therapy twice a week for approximately 6 weeks.

You will work on range of motion exercises from weeks 6-12.

Strengthening usually will begin around week 12.

You will need to avoid pivoting, twisting or loading your hip joint for 4-6 months.

LABRAL DEBRIDEMENT:

You will be on crutches for about two weeks.

No position restrictions.

Avoid high impact and pivoting activities for a couple of months.

You will start outpatient physical therapy 1-2 days after your surgery. You will attend physical therapy twice a week for approximately 6 weeks.

MICROFRACTURE CHONDROPLASTY:

You will be toe-touch weightbearing on crutches for 6 weeks.

You will have a suture removal appointment with our office at the two-week mark.

TROCHANTERIC BURSECTOMY WITH IT BAND LENGTHENING:

You will be partial weightbearing on crutches for 6 weeks.

You will have a suture removal appointment with our office at the two-week mark.

There will be no physical therapy for 12 week. After 12 weeks we will determine if physical therapy is required.

PLEASE CALL THE OFFICE IF YOU:

Have a sudden increase in extreme pain.

Redness or drainage from your incision

Fever or Chills

Calf/ankle swelling that does not improve with elevation

