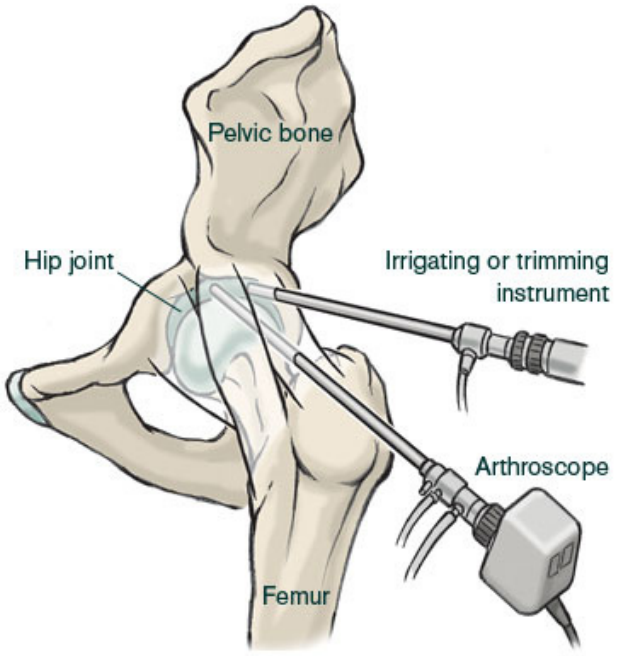
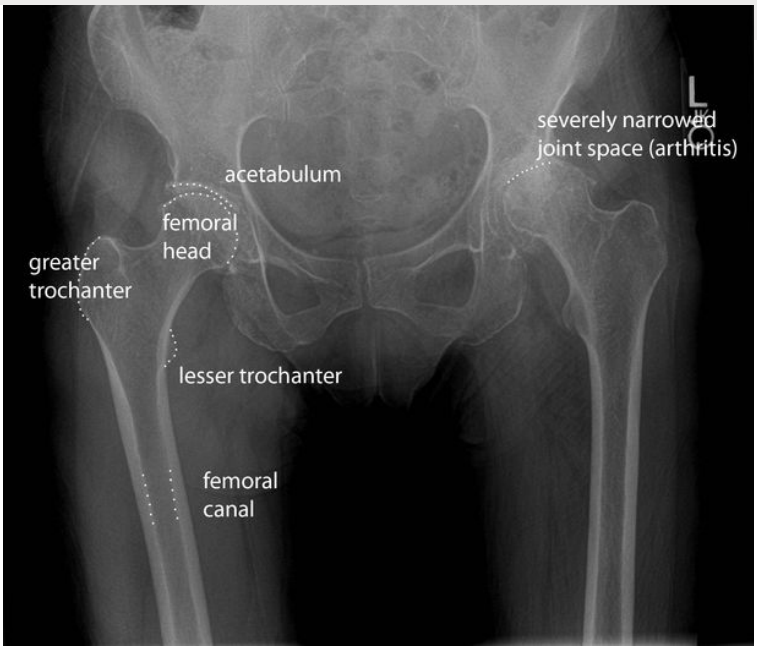
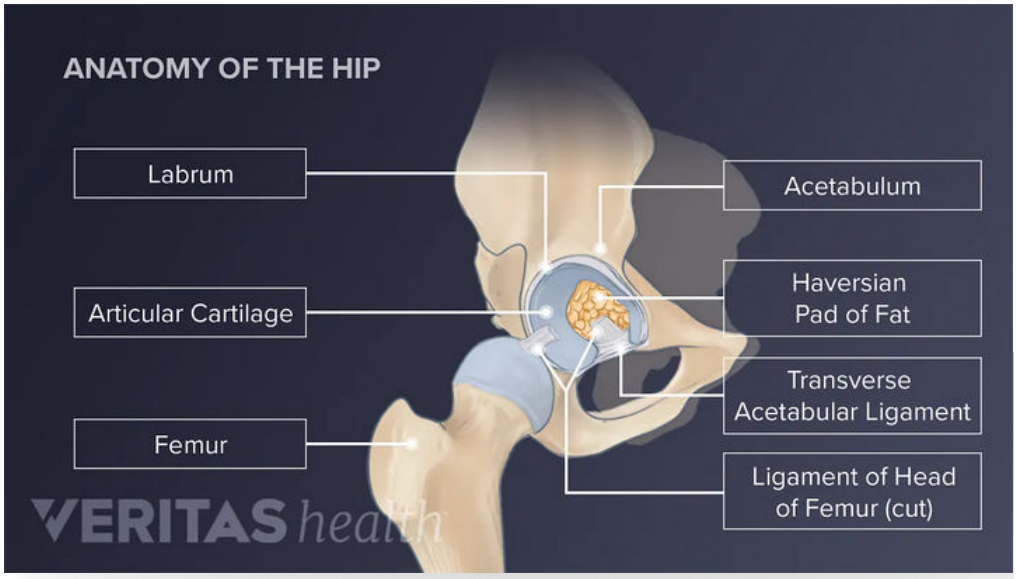
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Hip Arthroscopy







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WELCOME



Ascension

DR. CHAD CONNER

AMG PROVIDENCED ORTHOPEDICS &
SPORTS MEDICINE

Dr. Conner specializes in sports medicine and arthroscopic and reconstructive surgery of the shoulder, hip, knee, and ankle. He is board certified in orthopedic surgery by the American Board of Orthopaedic Surgery with a subspecialty certification in orthopaedic sports medicine. He grew up in Dallas, Texas and attended Lake Highlands High School. Beginning at age five, he practiced gymnastics and went on to compete for the University of Minnesota gymnastics team in Minneapolis, Minnesota.

Dr. Conner attended The University of Texas Medical Branch for his medical school training and subsequent orthopedic surgery residency training. Following this, he completed a fellowship at the world renowned Southern California Orthopedic Institute. There, he specialized in sports medicine, arthroscopy, and reconstructive surgery of the shoulder, hip, knee, and ankle. He helped care for athletes from the high school level to the professional level. His training also included specialization in total/reverse shoulder replacement surgery.

Dr. Conner currently practices at AMG Providence Orthopedic & Sports Medicine in Waco, Texas and is a team physician for a local high school team. He is a member of the Arthroscopy Association of North America, the American Orthopedic Society for Sports Medicine, and the American Academy of Orthopaedic Surgeons.

He has done extensive research on treatment of massive rotator cuff tears, ACL reconstruction, hip arthroscopy and ankle arthroscopy. He has also been involved in teaching hip arthroscopy as an associate master instructor at the Arthroscopy Learning Center in Chicago, IL. With Baylor University, he gives lectures for pre-health student information courses and is involved in the Baylor Health Science Studies internship program mentoring students interested in orthopedic surgery.

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Dr. Conner also volunteers and helps lead a monthly orthopedic and rehabilitation clinic at a community outreach organization called Mission Waco, which strives to provide Christian-based holistic, relationship-based programs that empower the poor and marginalized and was named Business of the Year by Mission Waco for 2013.

Outside of the office, Dr. Conner enjoys his wife and children, church, work outs, mountain biking, wake surfing, and the outdoors.



MEMBERSHIPS

SPECIAL SOCIETY

AMERICAN ORTHOPAEDIC SOCIETY FOR SPORTS MEDICINE
ARTHROSCOPY ASSOCIATION OF NORTH AMERICA
AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS

STATE MEDICAL SOCIETY

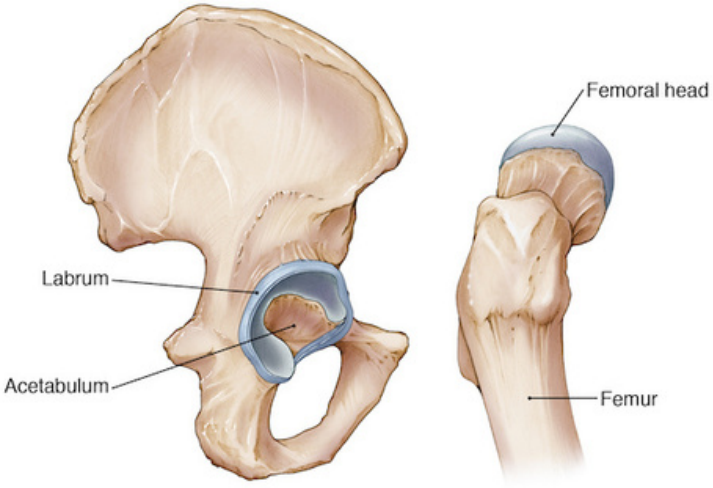
TEXAS MEDICAL ASSOCIATION

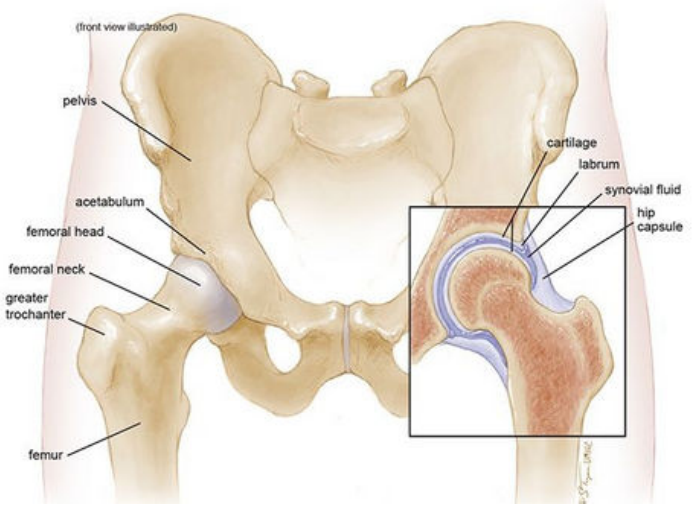
INTRODUCTION

This booklet will provide a general guide to the common indications for hip arthroscopy, what to expect if undergoing the surgery, the significant risks, and a general guide to the expected recovery pathway. This document is not by any means fully comprehensive, and any specific questions should be addressed with your surgeon. The development of the techniques has improved drastically over the last few years and this has allowed surgeons to improve the treatment of hip injuries.

Normal Hip Joint

The hip joint is one of the most important joints in the body. It is particularly important when it comes to weight bearing and retaining balance. This joint is able to do this because of its ball-in-socket shape, with the femoral head being the ball and the acetabulum being the socket. This shape allows the joint to very stable. Despite this, some patients develop symptoms from the tears of the labrum and other problem associated with the shape of their hip.



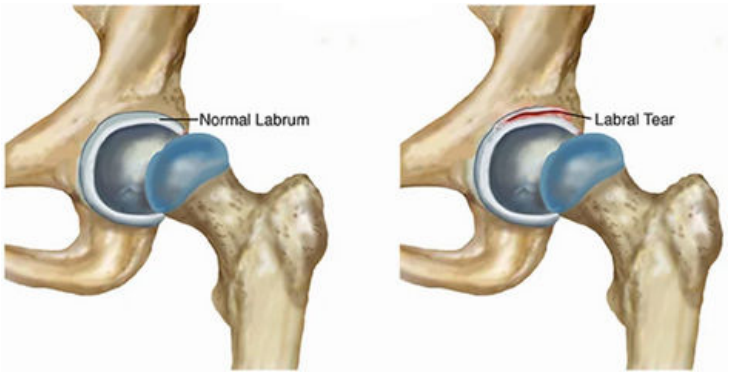


INDICATIONS FOR ARTHROSCOPY

Since the early 20th century, when hip arthroscopy was regarded as being almost impossible to undertake, the procedure has developed in leaps and bounds. Presently, there are many reasons for recommending a hip arthroscopy. Some of the more common problems are:

1. Correction of femoracetabular impingement
2. Removal or repair of a torn acetabular labrum
3. Removal of loose or foreign bodies
4. Management of damaged hip ligaments
5. To evaluate unexplained hip pain (diagnostic hip arthroscopy)
6. Repair of damaged articular cartilage
7. Management of hip joint infection
8. Inflammation of hip lining
9. Investigation of a painful joint replacement or hip resurfacing.
10. Lengthening of the hip flexor (psoas) tendon

The two most common current indications for hip arthroscopy include an acetabular labral tear and FAI. These injuries commonly occur at the same time. These two problems are discussed in more detail below.



Acetabular Labral Tears

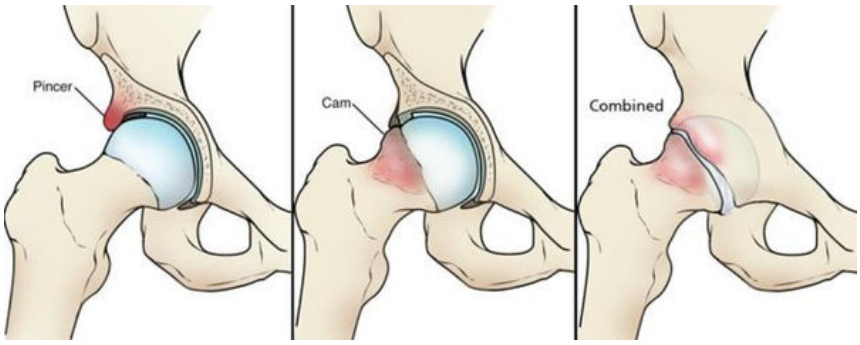
The labrum can be torn. This is usually associated with FAI, but not always. With hip arthroscopy, the labrum can be either debrided (remove the damaged tissue only) or repaired. Occasionally a labrum can also be grafted. MRI and/or CT scans, although often performed before hip arthroscopic surgery is undertaken, do not always reveal every labral tear.

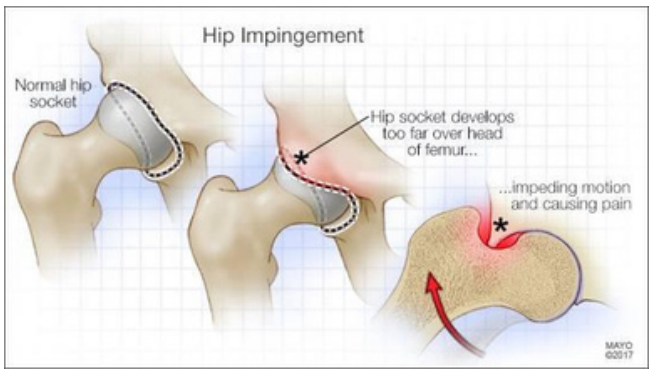
INDICATIONS FOR ARTHROSCOPY CONT.

Femoroacetabular impingement (FAI)

FAI is a condition affecting the hip joint and is characterized by abnormal contact between the femoral head (hip ball) and the rim of the acetabulum (hip socket) leading to damage to the articular cartilage (lining) in the acetabulum, or to the labrum of the hip, or both. The labrum is a ring of cartilage that surrounds the acetabulum. The labrum serves to deepen the socket and maintain a normal joint. Damage to the labrum and/or articular cartilage will often cause pain and is often the reason a patient will come to the office.

An abnormality in the shape of the femoral head or acetabulum, or both, may cause FAI. Activities that involve recurrent hip motion can increase the frequency of this abnormal contact, e.g. kicking sports. FAI generally presents in three forms: cam impingement, pincer impingement and mixed impingement (involving both cam and pincer types).





FAI can affect all age groups from the early teens to throughout adult life and is being increasingly recognized as one of the predisposing factors for osteoarthritis of the hip. It is felt by many that without early intervention surgery, there is a high likelihood of developing osteoarthritis ('wear and tear'). Hip arthroscopy can be used to reshape the femoral head and socket to prevent impingement, and aims to protect the hip from developing osteoarthritis, as well relieving current symptoms.

WHAT IS HIP ARTHROSCOPY?

HIP ARTHROSCOPY IS A PROCEDURE THAT ALLOWS YOUR ORTHOPAEDIC SURGEON TO INSPECT YOUR HIP FROM WITHIN AND THEN DIAGNOSE, AND TREAT PROBLEMS INSIDE THE JOINT.

Overview

The bones of the hip joint (the ball and socket) are separated by approximately 1 cm (1/2 inch) by applying traction to the foot while wearing a special boot. The joint entry is guided by x-rays (FIGURE 1). Distracting the hip provides room for a small tube (arthroscopic camera) to be introduced into the joint, Initially, air and/or fluid are injected into the hip, under x-ray guidance. Once correct placement of the instrument has been confirmed, two, three, or sometimes four small incisions are made around the hip. Each of the these incisions generally measures approximately 5 to 10 mm in length.

Through these small holes, the arthroscopic camera and instruments are passed into the joint (FIGURE 2). The surgeon will then be able to see the hip joint, identify the problem(s), and complete the repair. The operation duration will vary depending on the problem in the hip joint but typically last about 2 hours. During the surgery, further x-rays may be taken.

Depending on the problem encountered, your surgeon will perform the appropriate procedures. In most cases, there is a labral tear, which is either taken out (debrided), or most often repaired back to the bone with small anchors (FIGURE 3) that is placed into the acetabulum.

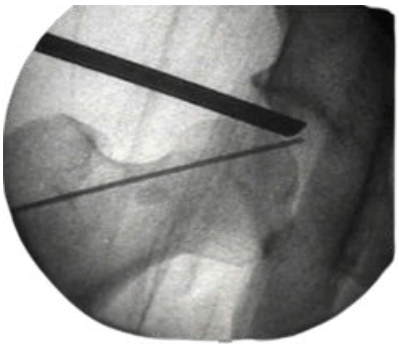


FIGURE 1: X-ray guidance for entry into the joint.



FIGURE 2: Instruments in place with the joint distracted.



FIGURE 3: Anchor used to repair the labrum to the acetabulum (socket) bone.

TYPES OF PROCEDURES

Cam FAI

The procedure that is most commonly performed is a femoral neck resection. It involves visualizing the abnormal (extra) bone as shown below. Once the area is exposed, your surgeon will use the view from the camera as well as x-ray guidance to remove the bony ridge.

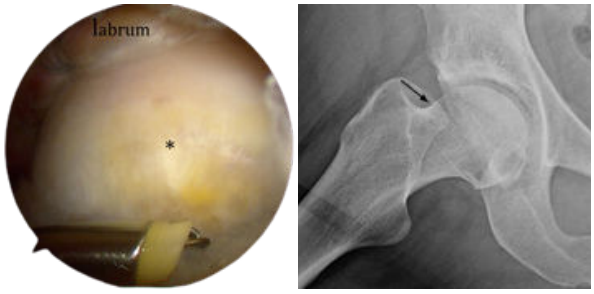


FIGURE:
(Left Image) Area of cam impingement (*) before removal. Note the radiofrequency device used to remove or stabilize tissue as well as the repaired labrum at the top of the figure.

(Right Image) Area of bony impingement (arrow) before removal.

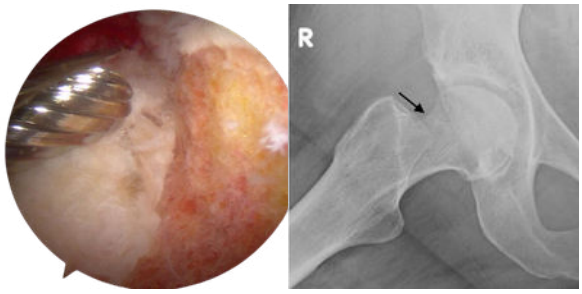
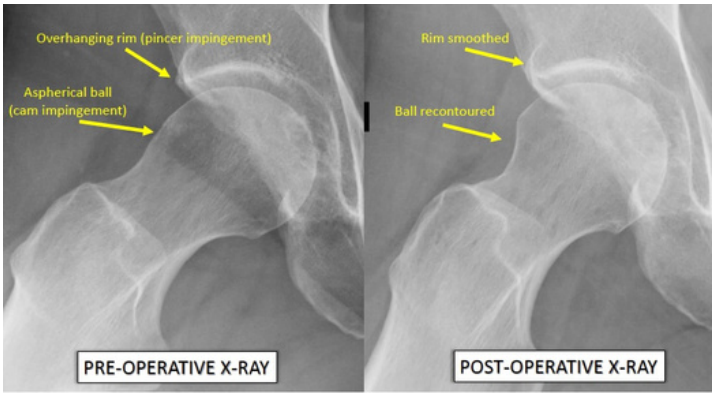


FIGURE:
(Left Image) The area of cam impingement has now been removed. Note the burr used to remove the bone and the new concave shape.

(Right Image) Area of bony impingement is now removed (arrow).

Pincer FAI

In these cases, the problem is extra bone on the acetabular (cup) side of the joint. The surgeon will remove excess bone from the acetabular rim (see figures below) and then repair any cartilage problems that are seen at the same time. In most of the cases, there is a coexistent problem of cam impingement that is dealt with as described above.

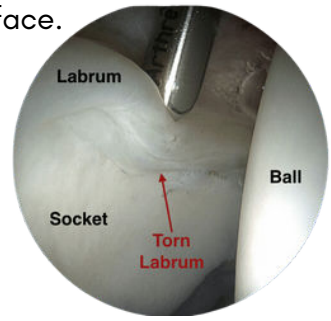


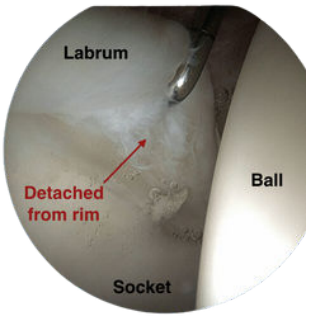
TYPES OF PROCEDURES CONT.

Labral Tear

The most common reason for arthroscopic surgery of the hip are labral tears. Most patients have thought some impingement that may be addressed at the same time as the labral tear. The tear, however, is thought to be the reason that the hip is painful or causes feelings of giving out or catching. The normal labrum (Figure) has a smooth surface and serves to both stabilize the joint as well as maintain normal joint fluid around the cartilage surface.

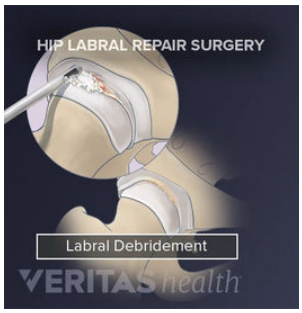






Labral Debridement

In most cases, the surgery involves debridement (removal) of the frayed labral portion. This is accomplished with the use of a small (4.5 mm) motorized shaver that is inserted into the joint.





Before



After

Labral Tear Repair

In most cases, the more robust labral tissue is repaired back to the hip socket. This occurs when the torn labrum is healthy enough to repair. This is accomplished with the use of an anchor that is placed in the bone. The anchor has suture material that allows the surgeon to sew the tissue back into place.





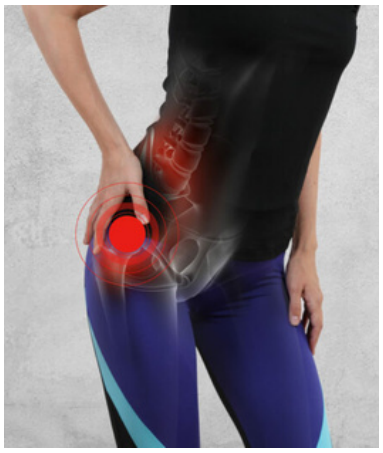
Before



After

WHICH PATIENTS SHOULD CONSIDER HIP ARTHROSCOPY?

Patients with symptoms of hip pain that have not responded to conservative treatment and do not have significant arthritis, might be candidates for a hip arthroscopy. In addition, sensations of “popping”, “snapping”, or “clunking” in the hip joint can be treated with arthroscopy. A loose body in the hip joint can cause all of the above symptoms, as can a tear in the lining of the rim of the hip socket (labrum). A variation in the shape of the hip socket, femoroacetabular impingement (FAI), can also be treated arthroscopically.





Nonsurgical treatment includes rest, physical therapy, and medications or injections that can reduce inflammation. Inflammation is one of your body's normal reactions to injury or disease. In an injured or diseased hip joint, inflammation causes swelling, pain, and stiffness.

A preoperative MRI with gadolinium or hip arthrogram can help to confirm the diagnosis of these problems prior to the arthroscopy. Arthroscopy has also been used to diagnose and evaluate diseases such as Rheumatoid Arthritis, Pigmented Villonodular Synovitis (PVNS), Synovival Chondromatosis, and Psoas Tendonitis of the hip, or others.

What are the Results of Hip Arthroscopy?

Patients without arthritis and who have acetabular labral tears or loose bodies, often have excellent results. It has been reported that some patients do not improve after excision of diagnosed labral tears or loose bodies. This most commonly occurs in the case of significant, coexistent degenerative arthritis in the hip joint. Patients with FAI also can have associated arthritis in the joint that may preclude a good outcome. In published studies of patients following hip arthroscopy, there are good results in greater than 90% of the patients with no pre-existing arthritis. In cases where there is arthritis that is seen on x-rays, there can be failure in up to 40% of the cases. Often, the failures occur rather quickly after the hip arthroscopy (as early as 3 months later). You should discuss your individual case with your surgeon, as there are many factors that impact your outcome.

WHICH PATIENTS SHOULD CONSIDER HIP ARTHROSCOPY CONT.

Risks Associated with Hip Arthroscopy

Most patients do not experience complications from hip arthroscopy. As with any surgery, however, there are some risks. Potential risks with any surgery include but are not limited to pain, bleeding, infection, damage to surrounding structures like nerves or blood vessels, failure to heal or cure, need for additional procedures, and any medical or anesthetic complication. Loss of limb or death would be exceedingly rare with hip arthroscopy surgery.

Though usually uncommon, there are a few specific risks associated with hip arthroscopy. Those reported include nerve injuries, traction injuries, pulmonary embolism (blood clots), and complex regional pain syndrome (CRPS). CRPS is a rare chronic pain syndrome with an uncertain cause. The most encountered issue is that of numbness of the front of the thigh, or the foot. In some cases, there may be an area that may continue to go numb for a couple of weeks. Very rarely, there is a permanent patch of numbness that can remain.

Another risk of the surgery is hip stiffness, or adhesions. Though some stiffness is expected, inadequate exercise and physical therapy can cause unnecessary stiffness. The hip motion exercises that are begun the day of surgery help minimize this risk. It is important to do these exercises as adhesions can lead to the need for additional surgery. Additionally, over doing it or inadequate rehabilitiation during the recovery time period can also lead to a tendonitis of the psoas tendon (front hip tendon) or trochanteric bursitis (side hip pain).

Other risks such as femoral neck fracture after the surgery or avascular necrosis (the bone loses blood supply) or fluid extravasation to the abdominal/thoracic compartment are quite rare <1%. Typically, an arthritic-type process has begun and there is no guarantee that hip arthroscopy will decrease or take away the potential need for a total hip replacement in the future, but if the surgery is offered, it is expected to improve the patient's current symptoms.



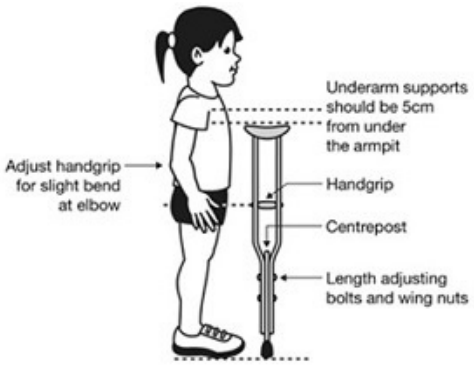
Realistically, there are some cases were patients simply do not get the pain relief from the operation that is expected. The reasons for this problem are usually associated with more extensive arthritis than was noted on preoperative studies such as x-rays and MRI.

PREPARING YOURSELF & YOUR HOME BEFORE SURGERY

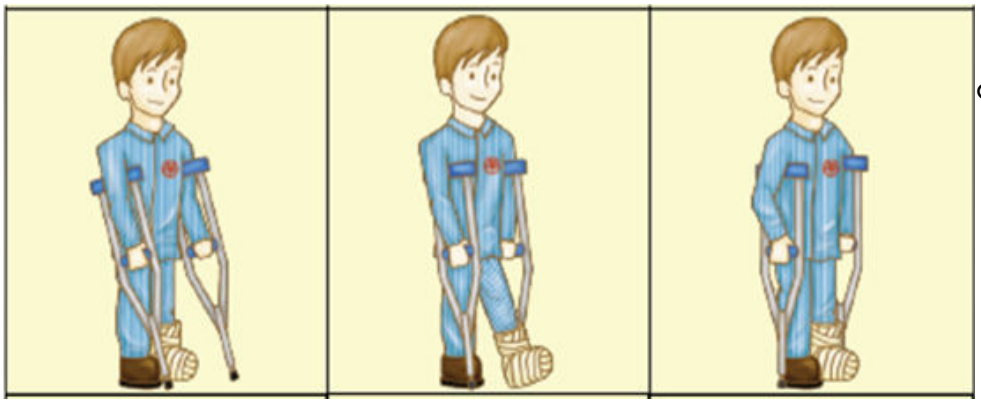
Recovery is a gradual process and will take time after surgery. Plan for your return home before you enter the hospital. Most patients return home the same day of surgery.

- Ask your spouse, children, or friends if they can assist you with activities of daily living for about two days.
- Before surgery, it maybe helpful to practice daily activities that will be affected by surgery.
- Ensure that your crutches are at a comfortable height. There should be about 5 cm (2-3 fingers width) space between the top of the crutch pad and your armpit. Additionally, the hand grips should be at wrist level when your arms are hanging by your side. Practice using your crutches before your surgery to ensure you are familiar with using them.

How to Fit Crutches



How to Use Crutches



Put weight on your uninjured leg, move both crutches & the surgical leg forward at the same time.

Put about 25% weight on the surgical leg.

Try to walk with a normal heel to toe gait, just putting most of your body weight through the crutches, but the weight of the leg on the ground

If you're interested in assistance from a home healthcare agency, select the agency before hospitalization. Your doctor's office can help you with these arrangements. Most of the time, your insurance will cover the cost of home health care after surgery if it is difficult for you to leave your home. It can be arranged that you have a nursing assistant come to your house and help with day to day things you may need as well as help with physical therapy exercises if needed.

BEFORE SURGERY CHECKLIST

SLEEP



A good night's rest is important before surgery.

NO FOOD/DRINK



Before surgery, do not eat or drink anything after midnight. Your stomach must be empty before you receive the anesthetic. This helps prevent nausea, vomiting and other complications during and after anesthesia.

SUPPLEMENTS



Supplements: in general, you should discontinue all herbal over-the-counter supplements one week before surgery. You may continue multivitamins and the Vitamin C, but nothing else. Some supplements affect bleeding tendencies and may cause problems with wound healing.

SHOWER



Take a shower or bath the evening before surgery. This will help decrease the amount of bacteria on your skin.

POST-OP MEDICATIONS

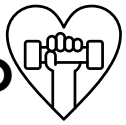
Please make sure you have picked up your post-op medications **PRIOR** to your surgery. Failing to do so can lead to delays in receiving the medications and pain relief. Notify the office if they were not called into your pharmacy on the day surgery was scheduled.

OTHER MEDICATIONS



You should stop all medications that have a potential to cause bleeding before surgery. The most common medications that fall into this category include aspirin (14 days prior), anti-inflammatories (such as Advil, Motrin, Naprosyn) (7 days prior) and blood thinners such as Plavix and Coumadin. (ask your PCP or refer to the surgery medication sheet you were given by Dr. Conner's office)

PT APPT. SCHEDULED

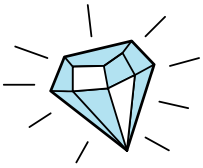


An order for physical therapy has been placed for you to begin therapy 2-3 days after your surgery. Please contact physical therapy or our office to schedule if not already scheduled.

DAY OF SURGERY CHECKLIST

You will be provided a time to come and check into the surgery center or hospital. It is important to follow these instructions:

☐ NO VALUABLES



Leave your valuables at home.

☐ SHOES



Comfortable, non-skid walking or athletic shoes. Elastic laces are available, eliminating the need to tie your shoes. Athletic shoes are available with hook and loop fasteners. Another option are slip on shoes or slippers.

☐ CLOTHES



Clothes that are soft and loose fitting. Bring comfortable clothes that open in the front with buttons or a zipper. Women can bring pants with elastic waistbands. For men, gym pants are easiest.

☐ MAKEUP



Do not wear makeup the morning of surgery. This includes nail polish.

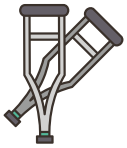
☐ USUAL MEDICATIONS



Take only the medications your physician or nurse tells you to take on the morning of your surgery. (with a small sip of water)

Do **NOT** bring your medications that you usually take. It is important to have a list with the appropriate dosages. This will be requested from you at the time of registration.

☐ CRUTCHES/WALKER



Please remember to bring your crutches or walker!

YOUR SURGERY CENTER OR HOSPITAL STAY

You will be provided a time to come and check into the surgery center or hospital.

MORNING OF SURGERY

- After admission, the nursing staff will take your temperature, pulse, respiration rate, and blood pressure.
- The anesthesiologist will discuss the types of anesthesia to be used.

GOING TO SURGERY

- You will be asked to empty your bladder.
- Remove all jewelry (including rings), dentures, and contact lenses.
- You may wear your glasses/hearing aid if necessary.
- You will be taken to the operating room on a hospital bed.
- An intravenous (IV) line will be started before surgery.
- The affected hip may be shaved and scrubbed to prepare for surgery.

ANESTHESIA

The surgery is most commonly performed under general anesthetic. In most cases a regional local anesthetic block is performed by the anesthesiologist prior to the surgery. The surgeon will typically put a local anesthesia in the hip after surgery to help decrease pain for the first 8-12 hours after surgery.



WHAT TO EXPECT AFTER SURGERY

IMMEDIATELY AFTER SURGERY: 

After surgery, you will be moved into the Post-Anesthesia Care Unit (PACU). Your relative(s) will be told when you are in the PACU. One of the most important functions of the PACU is to manage pain and nausea as you awaken from anesthesia. Nurses will monitor your vital signs, alertness, pain or comfort level and need for medication.

In the PACU, you may notice a variety of equipment. The room is brightly lit, and as you awaken, the noises may seem louder than usual. If you feel cold, blankets are available. It is normal to receive oxygen through a facemask.

It is normal to feel pain or discomfort after surgery. Tell the nurse if you are having pain or discomfort. When you have pain, the nurse will ask you to rate your pain on a scale of zero to 10. (O= no pain, 10= worst pain imaginable).

Your pain may not be totally relieved. However, pain medication can be given to make you more comfortable. Tell your nurse if you experience any other discomfort. If you suspect the pain medication is causing any nausea or other symptoms, let your nurse know.
There are many different medicines that are used for pain control and these are all available to you while you are in the surgery center or hospital.

The average length of stay in the PACU is one hour. If there is an extended delay, your relative may check with the staff. When the nurse decides you are ready to leave, your family member will be notified and you will be transported via wheelchair to your car.

WOUND CARE: 

Your wounds have stitches that are deep under your skin and will not need to be removed. After 2 days you may remove dressing and shower. After shower apply clean, dry, bandaids over the portal sites. There will be white paper strips (steristrips) over the wounds. Leave these in place until your first post operative visit when they will be changed. You should not submerge the wound either in bath or pool for 3 weeks. Avoid prolonged sun exposure. Too much sun may cause permanent irregular pigmentation changes to the incisions for the first year. Adequate sun protection with SPF greater than 50 should be used in the first year to minimize the scar.

WHAT TO EXPECT CONT.

CRUTCHES: 

You will be provided with a set of crutches or walker. It is really important to use them as a result of the dysfunction of your leg muscles immediately following surgery. You will have a sense that your leg is working properly, but in many cases the function is impaired and a lack of support with crutches will lead to a fall, potentially damaging the surgery or causing other damage to yourself.

Your doctor will discuss the length use of the crutches either with you or your family member that is present at the surgery and how much weight you put on your leg. If there is any doubt, you should continue to use the crutches until you have spoken with the doctor or a member of our staff that has confirmed the time that they will be used to protect your surgical procedure.

ICE, NO HEAT: 

Not only in the immediate phase, but for six weeks after the surgery, as helpful:
Apply ice to your hip before and after exercise to reduce pain and swelling. Do not put a heating pad on the joint as heat will increase swelling in the joint. A good rule of thumb is to use an ice pack twenty minutes out of every hour, applied to the front and side of the hip, directly over the bandage.

BLEEDING: 

In some cases, oozing at the point of incision does persist for 1-2 days. If this should persists beyond this amount of time please contact our office.

SWELLING: 

Swelling is commonly experienced after the surgery. To minimize the swelling, utilize ice on the hip for 20 minutes every 1-4 hours if desired. The use of ice packs over the affected hip improves the swelling and gives pain relief.

NUMBNESS/TINGLING: 

It is not unusual to experience some diffuse numbness and tingling along the operated leg. In most situations, the feeling will subside within about 6 to 8 hours. If there is continued numbness, you should contact our office.

WHAT TO EXPECT CONT.

PAIN MEDICATION: 

You will be prescribed pain medication to be used at home after your surgery. This is a narcotic pain reliever. Take 1-2 tablets every 4-6 hours as needed for pain. It is usually recommended to take the pain medicine every 4 hours for the first 24-48 hours, and then take it as needed. Keep in mind that the medication will cause drowsiness and should not be used with alcohol. Also, taking this medication on an empty stomach may result in nausea. It is common to feel discomfort when lying down to sleep at night, so you may find it beneficial to take the pain pill at bedtime. If unusual side effects occur, please discontinue the medication and contact our office. Hopefully, in a short period of time (3-5 days) you will be able to use over-the-counter medications for relief of pain and save the prescribe medication for use only when necessary.

DIET:  

The day after surgery, drink lots of fluids and eat soft, nutritious foods. An adequate diet is essential for the healing process.

NAUSEA AND VOMITING: 

Although unusual, both can be experienced after anesthesia. If you have a tendency for this, please discuss it with the anesthesiologist. Otherwise, it is usually alleviated with a clear liquid diet or the anti-nausea medicine

DROWSINESS: 

After anesthesia, drowsiness may persist for quite a while. It should cause no undue concerns. Do not drive until you feel clear-headed, are off narcotic medication, and have adequate leg control.

POST-OP HIP EXERCISES

Exercising your legs after surgery is one way to promote blood flow and decrease your chance of developing a blood clot or adhesions and promote muscle reactivation which will speed recovery. Begin the day of surgery.

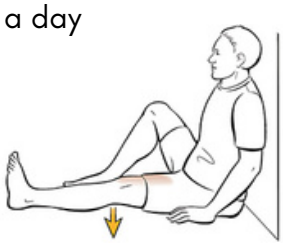
To exercise your feet:

- Push your toes toward the end of the bed
- Pull your toes up toward the head to the bed
- Relax
- Repeat 10 times every hour awake.



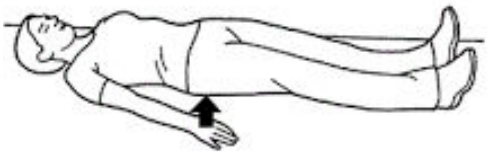
To exercise your legs:

- Lie on your back
- Tighten the muscle on top of your thigh by pressing your knee down toward the bed
- Hold for five seconds
- Relax
- Repeat 10 times on each leg 4-5 times a day



To exercise your buttock:

- Lie on your back
- Squeeze your buttock together
- Hold for three to five seconds
- Relax
- Repeat 10 times 4-5 times a day



To provide gentle motion of your hip:

- Lie on your back
- Have a family member or friend gently grasp your leg with the knee bent and move it in gentle pendulum circles.
- Relax during the exercise and do not try and help your assistant or do this yourself.
- It should not be painful.
- Repeat 20-30 times each way, a minimum of 4-5 times a day.
- Doing it every hour while awake may help further decrease the risk of adhesions
- If no one is present, you can place a belt under your leg, while sitting, to gently move your leg in circles yourself.



PHYSICAL THERAPY



After surgery, you should begin your formal physical therapy program within the first week of surgery. You will be given a prescription for therapy at your preoperative appointment so that you can set up your rehabilitation program prior to your surgery. It is ideal to have visits set up with your therapist so that you begin within the first week.

At your first appointment a physical therapist will examine you. Physical therapists are trained professionals in rehabilitation. With direction from your surgeon, they will determine an exercise program for you.

Your physical therapy program will include "passive" and "active" exercises for your affected hip. Your therapist will gently perform "passive" exercises with your leg in order to maintain your hip motion and minimize irritation of the injured soft tissues. In these exercises, you relax and the therapist carries the weight of the leg through the various movements. He or she also will teach you "active" exercises (those you can do by yourself). Your therapist will check your progress and will keep your surgeon informed should there be any abnormal issues that develop.

If possible, a member of your family or a friend should accompany you to some physical therapy sessions to learn the exercises you should do at home. Your friend or family member will practice these exercises at your sessions, under the supervision of the physical therapist. The therapist will give you and/or your relative or friend verbal and written instructions on how to assist you with these exercises.

Therapy following hip arthroscopy should be "feel good" therapy. It should help you feel good while doing it. There may be some occasional muscle soreness from working your muscles, but if you are having pain feeling sore or aching, then you are probably pushing too hard in therapy and should slow down some. Communicate this to your therapist.

Continuing the Naprosyn or another ant-inflammatory can help decrease inflammation during physical therapy.

RETURN TO ACTIVITY

Activity at Home:

Everyone's progress is different after this surgery. Listed are guidelines to follow. Follow all specific instruction s from your surgeon, nurse and physical therapists. The following guidelines may be of benefit:

- Use your crutches as directed. They will provide stability for the hip and allow the soft tissues to heal and regain normal strength.
- No lifting or holding weight until given permission by the surgeon. No heavy housework such as vacuuming. Some housework can be done earlier, but in many cases, heavy work is limited for the first six weeks. At the six week follow-up appointment, your surgeon may permit you to start lifting.
- Increase your activity only as your surgeon has directed . It may take three months to one year before you regain optimum function and strength of your leg and hip.

DRIVING:

You should not drive until you have completely stopped using the postoperative narcotic medications. If there is any question, you should wait until you see the surgeon at your post-operative visit. In addition, you should have good control of your leg so that you can step effectively on the pedals if an emergency situation arises.

SEXUAL ACTIVITY:

You may resume sexual activity as soon as you are comfortable. Some positions may be more suitable or comfortable. Feel free to discuss sexual activity with your surgeon, nurse or physical therapist.

DIET:

Follow an eating plan to achieve and maintain a healthy body weight for the rest of your life.
Eat a variety of foods to maintain a nutritionally balanced diet. This means including foods from all food groups on a daily basis. Wound healing depends on a well-balanced diet.
Constipation can occur as a side effect of pain medication and as a result of decreased activity after surgery. Eat high fiber foods such as fresh fruits/vegetables and whole grains to help prevent constipation. Drink six to eight glasses of water daily unless instructed otherwise.
Ask a dietitian for your general nutrition questions.

RETURN TO ACTIVITIES CONT.

RETURN TO WORK:

The decision to return to work is made depending on your job requirements. In most occupations that involve office and/or computer work, you may be able to return within a few days. The return at this point will not be normal and you may not be able to work all day, but you will certainly be able to be productive. Complete, unrestricted abilities with regards to office work will occur by about one week to ten days.

If your job requires significant manual labor, lifting, or time on your feet, the return will not occur completely until at least three months following surgery. Even after the three months, there may be significant restrictions if you are still not fully rehabilitated.

RETURN TO SPORT:

The first six weeks following surgery should be reserved for returning your range of motion and activating your muscles under the guidance of a physical therapist. The use of a stationary bicycle is appropriate in the first few days and will be encouraged by your physical therapist, also. Your therapist will guide your total body fitness and recovery exercises during the post operative period. Increasing activities including elliptical training and more active swimming are instituted by about six to eight weeks.

Complete unrestricted sports and lifting activities are delayed until three months postoperatively. This includes sports such as soccer, football, tennis, waterskiing, etc. Essentially any sports requiring higher impact to the hip should be delayed until this time.





FOLLOW UP WITH YOUR SURGEON

WHEN TO CONTACT YOUR SURGEON:

Please contact our office if you are experiencing any of the following after your surgery:

- Drainage or odor from the incision
- Fever (temperature above 101.4 degrees F for more than 1 day)
- Increased pain unrelieved with pain medications
- Sudden, severe hip pain or calf pain
- Increased redness around the incision(s)
- Increased swelling at the incision(s)
- A bulge that can be felt at the hip
- Numbness or tingling of the leg that does not resolve in a few days after surgery.
- Changes in color and temperature of the leg
- Change in motion ability



POST-OPERATIVE APPOINTMENTS

Your surgeon will have you return for a follow-up examination to help monitor and instruct you during your healing. Your first follow-up will typically be with one of Dr. Conner's physician assistants or nurse practitioners 5-10 days after your surgery. An appointment can be set up for you at the time your surgery is scheduled.

At the time of the appointment, x-rays will be obtained in most cases to evaluate the bone work performed.

Following the initial appointment, you will need to be seen approximately 6 weeks postoperatively, then at 12 weeks postoperatively with your surgeon. If everything is going well at that point, you will be released to return to all activities.

QUESTIONS:

Please feel free to contact our office at any time if you have any questions or concerns: 254-752-9638.





Ascension