

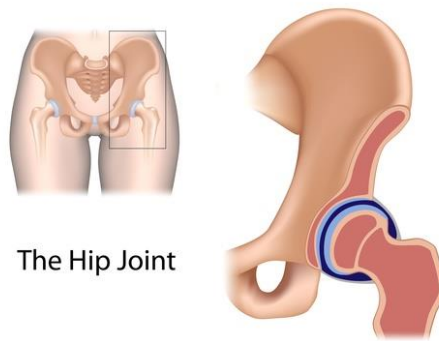
# HIP SCOPE

## GENERAL INFORMATION

### Understanding the Hip

The hip joint is the largest weight-bearing joint in the body. It is a ball-and-socket synovial joint. The ball is the head of the femur and the socket is the acetabulum. This helps the hip remain stable even during twisting and extreme ranges of motion. A healthy hip joint allows you to walk, squat, and turn without pain.

- **Cartilage** is a layer of smooth tissue. It covers the ball of the thighbone and lines the socket of the pelvic bone. Healthy cartilage absorbs stress and allows the ball to glide easily in the socket.
- **Muscles** power the hip and leg for movement.
- **Tendons** attach the muscles to the bones.
- **Labrum** is a ring of cartilage that follows the outside of the socket (acetabulum). It acts like a rubber seal to hold the ball within the socket and seal the fluid in the joint.



The Hip Joint

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### What is a Hip Labral Tear?

A hip labral tear involves the rim of the hip socket. Depending on the severity of the tear, the labrum will fail to provide adequate cushioning to the hip joint. The attachment between the femur and acetabulum will slowly begin to separate causing a range of symptoms.

- The labrum, because of its function in distributing weight-bearing forces, is susceptible to injury from forces that occur with twisting, pivoting, and repetitive impact.
- Labral tears may be associated with femoroacetabular impingement (FAI) (see below), and may not be associated with a specific traumatic event.
- Labral tears can cause instability of the hip joint, leading to increased stress between the femur (ball) and acetabulum (socket), which can lead to cartilage damage and progression of arthritis.



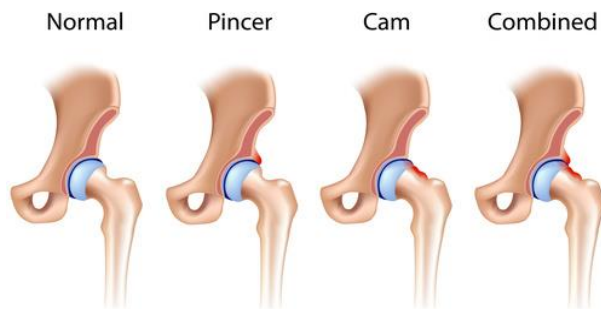
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## Femoroacetabular Impingement (FAI)

The result of a CAM lesion, a Pincer lesion, or a combination of both.

- A **CAM lesion** is when the femoral head has an abnormal “bump” of extra bone, with a loss of the normally round shape. The “bump” can cause impingement or pinching against the labrum. This may occur due to genetic or acquired factors, such as abnormal closure of the femoral head growth plate during adolescence, especially in young athletes.
- A **Pincer lesion** refers to an abnormal socket where the rim protrudes over the head causing impingement of the femoral head/neck. This impingement promotes pinching of the labrum and a rocking motion of the head which then damages the labrum and/or cartilage over time. This can occur from overgrowth of the edge or an abnormally oriented (retroverted) acetabulum.

### Femoroacetabular Impingement

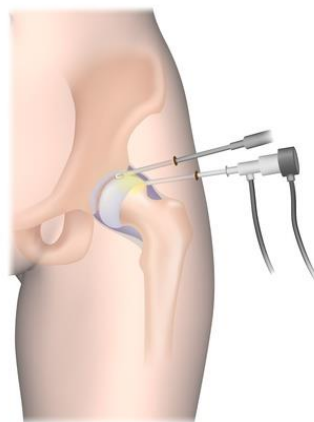


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## What is a hip arthroscopy?

- After you receive anesthesia, your leg is gently pulled to widen the hip joint. Next, your surgeon makes a few small incisions called portals. Through these portals, he inserts surgical tools, including the arthroscope (small camera). The arthroscope sends images of your joint to a screen. These images allow your surgeon to look inside your joint. The joint is filled with sterile fluid to help your surgeon see more clearly.

### Hip Arthroscopy



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## SURGERY DESCRIPTIONS

- **Labral repair:** The labrum is reattached to the acetabulum with suture anchors and stitches are tied to allow for healing.
- **Labral debridement:** Removal of small frayed edges of the torn labrum by an arthroscopic shaver tool.
- **Osteoplasty:** A motorized burr is used to shave down the bony abnormality and re-create a “normal” shape of the femoral neck. We utilize a portable X-ray machine in the operating room to help guide the removal of bone.
- **Rim trimming (acetabuloplasty):** A motorized burr is used to address the overhanging abnormality of the hip socket (acetabulum).
- **Microfracture:** A technique used to address a cartilage lesion on the socket or ball (femoral head). A pick (awl) is used to carefully poke holes in the bone where the cartilage is damaged with the goal of allowing bone marrow cells to fill the defect with cartilage. The process of cartilage growth is delicate and requires minimal weight bearing and good mobility for proper healing.
- **Chondroplasty:** Minimal cartilage damage is addressed by using a motorized shaver to remove loose or frayed edges.
- **Capsular closure:** In order to access the hip, a surrounding envelope of ligaments (capsule) is opened at the beginning of the case. At the end, the capsule is closed to restore the anatomy of the hip joint.
- **Capsular plication:** Performed in some cases to tighten a loose capsule. The capsular tissue is overlapped and closed with sutures to hold the tissues together thereby adding stability to the hip joint.
- **Synovectomy:** In patients who exhibit significant inflammation of the lining of the hip joint, a heat probe and/or motorized shaver will be used to remove the irritated tissue.
- **Greater trochanteric bursectomy:** The arthroscope is inserted in the trochanteric bursa, on the outside of the hip joint, and a shaver is used to remove inflamed, pain generating bursa.
- **Iliotibial band release:** The iliotibial band (ITB) is a thick band of tissue that runs from the hip to the knee along the outside of the thigh. A release of this band is performed with a heat probe and/or shaver in order to remove any excessively tight areas which are causing irritation (bursitis) to the outer hip.

## CALENDAR LAYOUT

5 Days Before Surgery	2 Days Before Surgery	1 Day Before Surgery	Day of Surgery	Post-op Day 1	Post-op Day 2	Post-op Day 3+
<ul style="list-style-type: none"> <li>• Stop blood thinning medications (i.e. Advil, Aleve, Aspirin, Fish Oil, Vitamins, Supplements, etc.</li> <li>• Ensure you have attended your pre-operative clearance appointment with your primary care provider.</li> <li>• Do not shave surgical area</li> </ul>	<ul style="list-style-type: none"> <li>• Place ice packs in freezer.</li> <li>• Ensure medications have been picked up from pharmacy. See attached sheet for medication instructions.</li> <li>• Purchase waterproof bandage for shower.</li> </ul>	<ul style="list-style-type: none"> <li>• Wash your hip, gluteal region, and groin thoroughly with soap and water.</li> <li>• The surgical center will reach out to you today to relay your surgical time. Surgical times are subject to change, please keep your schedule open.</li> <li>• Ensure you have spoken to your transportation, a friend of family, regarding your transportation home. Patients will not be discharge to a Lyft, Uber or Taxi.</li> </ul>	<ul style="list-style-type: none"> <li>• Follow same instructions.</li> <li>• Stop all food and drink at midnight the day of surgery.</li> <li>• Evening: Start medications. See attached sheet for medication instructions.</li> <li>• Begin icing.</li> <li>• Start aspirin 325 mg twice daily for 30 days.</li> <li>• Wear foam boots at night.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to ice the hip.</li> <li>• Take medications as instructed.</li> <li>• No showering.</li> <li>• Continue aspirin 325 mg twice daily for 30 days.</li> <li>• Use crutches.</li> <li>• Start post-operative exercises.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to ice the hip.</li> <li>• Take medications as instructed.</li> <li>• You may remove the bulky outer dressing. <b>DO NOT REMOVE STERISTRIPS</b>-these will be removed at postop visit.</li> <li>• Showering may begin but <b>INCISIONS MUST STAY COVERED</b>-use waterproof band aid.</li> <li>• <b>CONTINUE GENTLE RANGE OF MOTION EXERCISES.</b></li> </ul>	<ul style="list-style-type: none"> <li>• Continue to ice the hip.</li> <li>• Take medications as needed.</li> <li>• <b>CONTINUE GENTLE RANGE OF MOTION EXERCISES.</b> Reference postop exercise sheet for instructions.</li> <li>• See us for your scheduled post-operative appointment. We will remove your steri-strips at this visit.</li> </ul>

## POSTOPERATIVE PAIN EXPECTATIONS

The aim of hip surgery is to decrease pain, improve motion, and have a better quality of life. We do our best to minimize postoperative pain by prescribing the medications below, but it is important to note that some level of discomfort is to be expected the first few days following surgery.

### Postoperative Medications and Instructions

- **Percocet 5/325 mg (oxycodone 5 mg/acetaminophen 325 mg) \*\*\*Optional**
  - Take 1 or 2 tabs every 4-6 hours as needed for postoperative pain.
  - Percocet is a narcotic pain medication and may cause **constipation**. If constipation occurs, you may use **Miralax or Colace** which can be purchased over the counter at your local pharmacy.
  - Percocet should not be taken in combination with prescribed sleep medication.
  - **It is not safe to use more than 4,000 milligrams of acetaminophen in one day (24 hours).**

*If you are regularly prescribed pain medication from another provider, you will need to call your pain medication prescriber for postoperative narcotic pain medications.*

- **Colace (docusate) 100 mg: \*\*\*Optional**
  - Take 1 tablet twice daily to prevent constipation caused by the Percocet.
- **Aspirin 325 mg; an NSAID (Non-steroidal Anti-inflammatory) \*\*\*Necessary**
  - Take 1 tablet twice daily.
  - You should begin taking this medication the night of the surgery.
  - This medication **serves three purposes**: it will **reduce the amount of narcotic** medication needed postoperatively; it will **decrease bone from re-growing** (heterotopic ossification) around the hip and **decreases the possibility of blood clots**.
  - You are to take this medication for the first **30 days** post operation.
  - If you have any difficulty using anti-inflammatory medications (examples – ibuprofen, Advil, Motrin, Aleve, Naprosyn) or aspirin or have a history of peptic ulcer disease, please let us know.
- **Pepcid (famotidine) 20 mg: \*\*\*Necessary**
  - Take 1 tablet twice daily to protect your stomach while taking aspirin.

### Other Medications

- Many patients find they may have less pain in the daytime hours following their operation, with more pain at night. In these instances, pain medication (Percocet) may be used. If you have a history of sleep apnea or respiratory problems, you should discuss medications with your primary care provider prior to their use.
- **Miralax (polyethylene glycol 3350): \*\*\*Optional** – The bottle top is a measuring cap marked to contain 17 grams of powder, stir and dissolve in any 4 ounces of beverage then drink once a day to prevent constipation caused by the Percocet.
- **Zofran (ondansetron) 4 mg: \*\*\*Optional**
  - Take 1 tablet every 6 hours as needed for nausea/vomiting.
- **Flexeril (Cyclobenzaprine) 10 mg: Dr. Robinson will order if needed for muscle spasm.**
  - Take 1 tablet every 8 hours as needed for muscle spasms
  - Do not take more than 30 mg (3 tablets) in one day

Your pharmacist is a great resource for medication questions. You may also call our office with any questions preoperatively.

**After surgery, call the clinic if you have....**

- A fever higher than 101° (38.3° C).
- Changes in your incision: opening, drainage, redness.
- Numbness or tingling or loss of function of your leg.
  - Numbness around the incisions is normal.
- Increased pain or swelling in your calf.
- Nausea or other side effect not controlled by the medications you are given.
- **CALL 911 IMMEDIATELY IF YOU HAVE CHEST PAIN OR SHORTNESS OF BREATH.**

## POSTOPERATIVE INSTRUCTIONS

- **Weight bearing**

- You should weight bear as tolerated after surgery.
- You must use crutches for 2-3 weeks postoperatively to provide you with extra stability and to protect your hip.
- Do not hyperextend (leg behind you) or hyperflex (leg too close to chest) your hip. This will be painful. Only move your hip within a pain-free range of motion.
- If you undergo microfracture or labral reconstruction, then your weight bearing will be restricted, typically for a total of 6 weeks.

- **Movement & Home Exercise Plan (HEP)**

- It is beneficial to change positions often after hip arthroscopy. Alternate sitting, reclining, and lying down approximately every 30 minutes. Feel free to move around at home as much as you can tolerate, as we do not want your hip to get stiff.
- **DO NOT STAY IN BED.** We recommend at least 10 minutes of walking every hour.
- **Spend 1-2 hours per day on your stomach.** 10-20 minutes, 7-8 times per day.
- The **day after surgery**, we encourage you to motion your hip with the following methods.
  - You may ride a **stationary bike** twice a day for 5-10 minutes (**no resistance**). Keep hip flexion less than 90 degrees – adjust seat to ensure < 90 degrees.
  - **Ankle pumps:** with leg straight, pump foot up and down. 20-30 reps, three times per day.
  - **Gluteal sets:** tighten buttock muscles for 5-second hold. 20-30 reps, three times per day.
  - **Transverse abdominal sets:** squeeze belly button toward spine without moving your pelvis for a 5-second hold. 20-30 res three times per day.

- **Sleep**

- **Foam boots** have been provided for you to use while sleeping. Please wear it at night while you sleep for the first week after your surgery. This will keep your feet straight and not allow your legs to turn out.

- **Ice**

- Use bagged ice **as much as possible** when you get home at intervals of 30 minutes on and off. You should use ice for approximately two weeks. Do not use ice while you are sleeping.
  - Place the ice onto the hip over a thin layer of clothing or a towel, never directly on the skin.

- **Wound care, Dressings/Bandages**

- Leave surgical bandage on and do not shower for 48 HOURS
- After 48 hours, remove bandages and gauze, leave steri-strips (white tape) in place during showers.
- Its normal to see bloody soaked fluid on the bandages.
- Apply waterproof band-aide (i.e. shower shield) to each incision prior to showering. If wounds get wet while showering, this is OK; however, we prefer for keep the wounds dry during the first 5 days after surgery.
- In between showers, leave the incisions open to air with steri-strips in place.
- Do not apply lotions or ointments to the incisions.
- Your stiches under the skin are absorbable – you will not need stiches removed after

surgery.

- Do not soak incisions in any pool/spa/bath water until 3 weeks after surgery or until your incisions are completely closed.
- Do not allow pets to sit on your lap or sleep in your bed for at least 4 weeks following surgery. Pets may harbor fleas, mites, or other organisms that may cause infection.



# TIMELINE AND INSTRUCTIONS

## • BEFORE SURGERY

### ○ 5 days before surgery:

- Notify Dr. Robinson if there has been a change in your medical condition (cold, infection, fever, etc.). It may be necessary to reschedule your surgery.
- Arrange for a family member or friend to accompany you on the day of your surgery, and for someone to stay with you for the first night you return home.
- Please discontinue NSAID medications such as Ibuprofen and Aleve as well as those listed below:
  - Ex. Fish oil, Vitamins (i.e. E, C, K, B), Supplements, St. John's Wort, Glucosamine, etc.
- Discontinue blood thinners (Aspirin, Plavix, Coumadin, etc.).
- You may continue to take Celebrex, Tylenol, Tramadol, and pain killers (i.e. Norco, Vicodin) up until the day prior to surgery.
- Ensure pre-operative appointment with PCP has been completed, if required.
- Do not shave surgical area.

### ○ 2 days before surgery:

- Place ice packs in freezer.
- Purchase waterproof Band-Aids or Shower Shield (or equivalent).
- Ensure postop medications are picked up from pharmacy. See attached sheet for medication instructions.

### ○ 1 day before surgery:

- **Ensure you have a family or friend driving you home from surgery. Patients will not be discharged to an Uber, Lyft, taxi, etc.**
- The surgery center will call you 1 day before surgery with your arrival time and surgical time.
- Stay well hydrated. Drink plenty of fluids, including water, Gatorade, or juice.
- If you have a fever, cold, or upper respiratory infection please call and inform Dr. Robinson's team.

### ○ Day of surgery:

- **Stop all food and drink at midnight. It is okay to brush your teeth.**
- You may take your regular medications such as those for high blood pressure, thyroid, and seizures the morning of surgery.
- Wear loose fitting, easy to remove clothes to the surgical center.
- Keep your schedule open, surgical times are subject to change.

## • AFTER SURGERY

### ○ Postop Day 1

- Ice the hip in 30-minute intervals.
- Start postop medications. Reference postop medication section for instructions.
- Use crutches.
- **Start aspirin 325 mg, twice a day for 30 days following surgery.**
- Begin exercises in HEP (Page 4).

### ○ Postop Day 2

- Continue icing.
- You may remove the bulky dressing. **Do NOT remove steri-strips.** These will be removed at your postoperative visit.
- **You may shower but surgical incisions MUST remain covered.**

- Continue gentle range of motion exercises (page 4).
- **Postop Day 3+**
  - Continue Icing
  - Continue medication regimen with pain meds as needed
  - Continue gentle range of motion exercises
  - See us for your scheduled post-operative appointment. We will remove your steri-strips at this visit

## CLEANSING SOLUTION OPTIONS



Benzoyl Peroxide 10% Acne Face Wash.

Wash hip, groin, thigh region with this starting 2 days before surgery, 1 day before surgery and on the morning of surgery.

Apply the solution to the rinsed shoulder for 3 minutes before washing it away. This will decrease your risk of surgical infection.

Do not use this solution after the surgery.

**OR**



If you cannot find Benzoyl Peroxide, use Hibiclens skin cleaners [ask pharmacist for location].

Wash hip, groin, thigh region with this starting 2 days before surgery, 1 day before surgery and on the morning of surgery.

Follow instructions on the bottle.

Do not use after surgery.

**Pre-Op Shopping Checklist:**

- Post-op Meds
- Cleansing solution
- Gel Packs
- Miralax OR Colace (if needed)