



EVANGELISTA ORTHOPEDIC CLINIC

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HIP ARTHROSCOPY WITH LABRAL DEBRIDEMENT & FEMOROPLASTY OUTPATIENT DISCHARGE INSTRUCTIONS

- **WOUND CARE:** The hip will be covered with a dressing applied to the front and side parts of the hip. You may remove the dressings after 72 hours and apply a simple Band-Aid (which can then be changed daily). If it is covered with a Hip Wrap bandage dressing and it feels too tight, you can adjust it (gentle compression will be helpful to keep swelling to a minimum). Due to the fluid irrigation during surgery, oozing from the incision may occur and the dressing will get soaked with blood tinged fluid. This should resolve within 24-48 hours. Please do not use Bacitracin or other ointments under the bandage.
- **HIP WRAP:** This is a compression girdle around the hip. Please wear as much as possible for 1 week after surgery. If you feel like swelling has resolved around the hip, you can stop wearing. This is washable.
- **COMPRESSION STOCKINGS** are also known as TED Stockings. These help prevent blood clots. Please wear for 2 weeks after surgery at least. You may wash these. After two weeks, if you have no swelling in the legs, you can begin to wean. If swelling returns during the day, please use the stockings.
- **SUTURES:** If incisions are closed with sutures outside the skin, these sutures will be removed by after 10-14 days following surgery (at the first post-operative visit).
- **BATHING:** Do not get the incision wet for 72 hours after surgery. You may shower at 72 hours after surgery. Use light water pressure to the incision area. Pat the wound dry and re-cover with a dry dressing/*regular* Band-Aids and then replace the Hip Wrap. Do not scrub the incision. Avoid shearing/ rubbing of clothing against wounds (i.e. wear loose-fitting clothing).
 - Do not sit in a tub, pool, hot tub, or ocean water with the wounds submerged until the incisions are completely healed (generally 3-4 weeks following your surgery).
- **ICE & ELEVATION:** Icing is very important to decrease swelling and pain and improve mobility. You may use ice 4-times per day for 15-20 minutes at a time on your hip and elevate your leg with the knee above the level of your heart as necessary to decrease swelling. Be sure not to apply ice directly to the skin. Please keep your leg elevated as much as possible for at least two days. Elevation reduces swelling and your healing may be delayed if too much swelling develops.



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- **MEDICATIONS:**

Please note, all medication refill requests must be submitted to our clinical staff **THREE** business days prior to pick-up.

1. Narcotic pain medication: Take on an “as-needed” basis as prescribed. Many pain medications, such as **Vicodin** and **Percocet**, contain Tylenol. Please avoid taking more than 4000 mg of Tylenol in a 24-hour period.
2. Anti-inflammatory: You will be given **Naprosyn 500mg** twice a day or **indomethacin 75mg** daily for 2-weeks after surgery even if you are not in pain. This is for reducing inflammation and preventing extra bone formation at the portal sites (heterotopic ossification). If you have had difficulty with nonsteroidal anti-inflammatory medications or been told not to take them in the past, please notify us. Also, if you have any history of peptic ulcer disease, GERD, Cardiac, or Renal disease notify us.
3. Deep venous thrombosis (DVT) prophylaxis: You will be given a prescription for a blood-thinning medication, **aspirin 81mg** to be taken twice a day for 3-weeks from the time of surgery. Please also wear your T.E.D. Anti-Embolism Stockings during this time.
4. Gastrointestinal/ulcer prophylaxis medication: Your stomach lining can become sensitive with the aspirin & Naprosyn regimen. While taking the above medications, please also take one of these over the counter anti-acid medications for prevention of stomach ulcers: **Zantac (ranitidine) 150mg** once a day, **Pepcid (famotidine) 20mg** once a day, or **Prilosec (omeprazole) 20mg** once a day. If you are already on an anti-acid medication, you do not need to fill this.
5. If you are diabetic or susceptible to infections, you may be given an antibiotic such as **Duracef (cefadroxil)** or **Clindamycin**; please begin taking this the day after surgery.

- **WEIGHT BEARING & MOVEMENT:**

- Weight-bearing as tolerated; you may use crutches for a couple days after surgery for your own comfort if needed.
- A brace is generally *not* prescribed; if it is, please wear as directed.

- **PHYSICAL THERAPY:** Not needed for labral debridement, however if you feel it would benefit your recovery this can be arranged.

- Your hip should feel better each day. If pain or swelling becomes severe, please call immediately. Please be careful when walking and with transfers. Avoid twisting motions or heavy loading of the hips while you are in the recovery/ healing phase.
- You may experience numbness or tingling (neuropraxia) in your groin, incision sites, thigh, or foot. Please notify us if this occurs.

- **DRIVING:** You must be off narcotic pain medications, and be able to safely get in and out of your car and utilize the pedals. It may be possible in a week but can take longer.



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- Spinal Anesthesia: If given, spinal anesthesia can cause low back pain/muscle spasm and headaches. Please apply a heating pad to the low back, and hydrate and drink caffeinated beverages to resolve the headache.
- **Call our office immediately if you are experiencing the following symptoms:**
 1. Fever of 101.5 degrees Fahrenheit or over
 2. Redness or colored drainage from the surgical incision site
 3. Persistent sharp pain not relieved by pain medication
 4. Persistent and increasing swelling and numbness of the hip/leg.
 5. Calf pain
 6. Chest pain
 7. Shortness of breath
 8. Any other symptoms that you are concerned with.

CONTACT INFORMATION:

Monday through Friday, 9 AM to 5 PM:

To reach Dr. Evangelista's team directly on weekends or evenings, please dial 480-656-0291 and ask the operator for Dr. Perry Evangelista or the physician or physician assistant on call.