



EVANGELISTA ORTHOPEDIC CLINIC

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HIP ARTHROSCOPY WITH LABRAL REPAIR/MICROFRACTURE DISCHARGE INSTRUCTIONS

Phase 1: (First 2 weeks) Improvement seen on a **day to day** basis
First post-operative visit at 10-14 days from surgery

1. The hip will be covered with a dressing applied to the front and side parts of the hip. You may remove the dressings after 48 hours. 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. Please change the dressing as needed. This should resolve within 24-48 hours. Please do not use Bacitracin or other ointments under the bandage.
2. If incisions are closed with sutures outside the skin, these sutures will be removed after 10-14 days following surgery (at the first post-operative visit).
3. You may shower the second day following surgery if the incisions are dry. Make sure the incisions are covered with a water-proof Band-Aid during the showering. 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).
4. 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).
5. You may use ice 4 (four) 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. Frozen vegetable bags serve as a good means of ice application. 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.
6. **Pain medication** should be taken 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.



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7. You will be given a prescription for **Naprosyn** 500mg to be taken twice daily for the following 2 weeks even if you are not in pain. This is for inflammation. 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.
8. You will be given a prescription for a blood-thinning medication, **81mg of aspirin** twice daily, to be used for deep venous thrombosis (DVT) prophylaxis. Please take this medication for 6 (six) weeks from the time of surgery, as well as wear your T.E.D. Anti-Embolism Stockings during this time. You must take gastrointestinal/ ulcer prophylaxis medication (**Protonix, Pepcid**, or equivalent) with the aspirin/ Naprosyn regimen.
9. Please refer to your **Physical Therapy instructions** for weight-bearing guidelines: for **labral repairs and/or microfracture**, you must be **Toe-Touch weight-bearing with crutches for 6 weeks** (if no labral repair/microfracture was performed, then weight-bearing as tolerated).
10. Please schedule your first **Physical Therapy** appointment as soon as possible. This should ideally be within 1-5 days after surgery. A brace is generally not prescribed; if it is, please wear as directed.
11. If prescribed, **use your Continuous Passive Motion (CPM)** machine for a minimum of 4 hours a day the first 3 weeks. You may break up the total 4 hours into smaller sessions: for example, 1 hour in the morning, 1 hour in the afternoon, 1 hour mid afternoon, and 1 hour in the evening. Generally, the machine should be set to “Zero to 30 degrees” the first day and advanced as tolerated. If you underwent a microfracture procedure, it is important to use the CPM for 4-6 hours a day. Otherwise, CPM is not “essential” and do not worry if your insurance did not cover this. If labral repair was performed, it is important not to flex your hip beyond 90 degrees on the CPM. Extreme flexion may compromise your labral repair.
12. 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.
13. You may experience numbness or tingling (**neuropraxia**) in your groin, incision sites, thigh, or foot. It is temporary and will resolve in a few days, but may take up to 6-8 weeks.
14. **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.
15. If you are experiencing the following **symptoms**, please call our office:

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



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Phase 2: (Next 6-8 weeks)Improvement on a week to week basis **Second post-operative** visit at **6 weeks** from surgery.

Contact information: Monday through Friday, 9 AM to 5 PM: (480) 656-0291 Weekends and evenings: (480) 656-0291