

# JointVenture

Rebuilding Together

**Hip**Arthroscopy  
800.635.6197



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SURGICAL HOSPITAL  
physician owned. patient centered.  
**TOTAL JOINT REPLACEMENT CERTIFIED**

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# Preparing for Your Hip Arthroscopy

## History and Physical Exam

If needed, or if required, you may be asked to schedule an appointment with your primary care physician 7–10 days prior to the day of your surgery for a health history and physical examination. Blood work, an ECG (electrocardiogram) of your heart and a chest x-ray may be requested. This is needed to evaluate your current health status and safeguard against any potential complications. Oftentimes, younger patients with limited medical problems will have the history and physical done by their surgeon on the day of surgery and will not need to see a primary care physician.

## Medications

Discuss with your primary care physician the medications you take including prescription, non-prescription, herbal products, vitamins and supplements. You may need to stop taking certain medications before surgery but recommendations vary depending on the patient, medical professional and reason for the medication. If you would like to take over the counter pain medications, please verify with your primary care physician prior to consuming to ensure it is appropriate prior to your surgery. Examples of over the counter medications to verify with your physician include:

<b>Ingredient(s)</b>	<b>Brands</b>
Ibuprofen	Advil Motrin
Naproxen	Aleve All Day Relief Flanax Pain Relief Naprosyn Pamprin All Day Relief Max
Aspirin	Aspir-81 Aspir-Low Ecotrin St. Joseph Low Dose
Acetaminophen	Tylenol
Acetaminophen/Aspirin/Caffeine	Excedrin Headache Relief Bayer Migraine Migraine Formula Headache Formula Pain Reliever Plus Pamprin Max
Aspirin/Citric Acid/Sodium Bicarbonate	Alka-Seltzer Antacid/Pain Relief

## Medications (cont.)

If you are diabetic, please also discuss with your primary care provider about possible dosage changes around the time of your surgery.

Remember to ask your primary care provider these questions during your visit prior to your surgery:

1. **Which medications should I stop taking prior to surgery? If yes, when should the medication be stopped?**
2. **Which medications should I take the morning of surgery with a sip of water?**
3. **Inform your provider about all supplements, herbal products and vitamins; ask which medication can be taken prior to surgery?**

Please do not start taking any medications after your pre-operative appointment without discussing it with your primary care provider.

## Lifestyle

Health problems such as diabetes and high blood pressure will need to be controlled before surgery.

You will need to maintain proper nutrition, maintain a healthy weight and reduce alcohol intake. If you smoke or chew tobacco, try to cut down on the amount you smoke or chew tobacco. It would be ideal if you quit before your surgery. This will improve healing and reduce complications after your surgery. OakLeaf Surgical Hospital is a tobacco-free campus which means that smoking is not permitted during your Hospital stay.

Follow your doctor's recommendations for exercise. It is important to be in the best possible overall health to promote the ideal surgical experience. Developing upper body strength is important to help you maneuver a walker or crutches after surgery. Strengthening the lower body to increase leg strength before surgery helps reduce recovery time.

## Illness or Infection Prior to Surgery

Call your surgeon's office if you notice any signs of illness or infection such as the flu, a cold, boils, abscesses, lesions, in-grown toenails, poison ivy, etc. This will need to be addressed before surgery and treated to help prevent complications after surgery.

If you have a history of a MRSA infection please contact your surgeon.

## Pre-Operative Phone Call

1 to 3 days before your surgery, an OakLeaf registered nurse will call you. If you are not home during the day, a message will be left asking you to contact a nurse in the Pre-Op Department at **715.895.9547** or **800.635.6197** between 9:00 am and 2:00 pm. During this call, the nurse will discuss the following:

- |                                     |                                   |
|-------------------------------------|-----------------------------------|
| <b>Medical and surgical history</b> | <b>Allergies</b>                  |
| <b>List of medications</b>          | <b>Your questions or concerns</b> |
| <b>Specific instructions</b>        | <b>Advance directives</b>         |
| <b>Discharge planning needs</b>     |                                   |

You will be receiving a second phone call. The nurse will discuss:

- |                                       |   |
|---------------------------------------|---|
| <b>Time to arrive to the Hospital</b> | <b>Time to stop eating and drinking</b> |
|---------------------------------------|---|

## Preparing for Time Off

To help you prepare for time off after your surgery, please refer to these guidelines to help you plan. The time off is dependent upon the type of surgery you have as well as the type of work you do. Return to exercise is sport specific, but these are some general guidelines. You will need to talk to your doctor to get more specific instructions on when it is safe for you to return to activity. The timing for return to activity and recreation will depend on your sport, and its requirements.

**Remember, these are general guidelines.**

Type of Surgery	Off Work or School (Non-strenuous or sit down)	Off Work High Demand	Activity Sport Specific
Labral Resection without Proximal Femoral Osteoplasty	1–2 weeks	4–6 weeks	Return to competition in 3–4 months
Labral Repair/Resection with Proximal Femoral Osteoplasty and/or Acetabuloplasty	2–4 weeks	8–12 weeks	Return to competition in 6–9 months

## Preparing Your Home

In anticipation of your return home, we included a list of tips that will help you at home during recovery.

### General Household Tips

Be sure you have a good chair to sit in when you come home. (A good chair is firm and has arms.)

If your bedroom is not on the main floor, consider a main floor temporary sleeping arrangement.

Items that you use often should be kept within easy reach.

It is a good idea to carry a portable phone with you, especially when home alone.

Put clean linens on your bed.

Prepare meals in advance and freeze them or purchase prepared meals.

Mow the grass, tend to the garden and complete other yard work before surgery.

Pick up throw rugs and tack down any loose carpeting.

Remove or tape down electrical cords and other obstructions in walkways.

Install nightlights in bathrooms, bedrooms and hallways.

Make sure you have a cart available to move hot, heavy or large items.

Install a railing along one side of the staircase, if applicable.

Arrange for someone to collect your mail and newspaper.

Arrange for someone to care for your loved ones and/or pets.



## Bathroom Tips

If your bathroom is not on the main floor, consider main floor temporary options.

Use a rubber-backed bathroom rug to avoid slipping outside your shower.

Apply adhesive strips or a rubber mat inside the tub or shower to prevent slipping. These can be purchased at your local home improvement or discount store.

Consider installing a hand-held showerhead for easier bathing.

Consider installing grab bars in your shower or tub for support as you get in and out.

A listing of equipment vendors is located on page 30.

## If You Are a Student

In anticipation of your return to school, you will want to consider the following to make your transition back to school easier. You can anticipate being out of school for 1–2 weeks.

Let your teachers (including your physical education teacher) know that you are having surgery and that you will be on crutches for several weeks. Also, advise them that it may take you a little longer to get to class.

Obtain an elevator pass from your teacher.

Obtain permission to carry a back pack while in school.

## If You Attend College

In anticipation of your return to classes, you will want to consider the following to make your transition back to classes easier. You can anticipate being out of classes for 1–2 weeks.

Let your teachers know that you are having surgery and that you will be on crutches for several weeks. Also, advise them that it may take you a little longer to get to class. For a large campus, consider looking into forms of campus transportation or handicap parking passes. A temporary handicap parking permit is advised so you do not have to walk so far.

## Preparing Yourself for Discharge

### Arrange Transportation

You will need someone to drive you to and from your:

**Physical therapy sessions**

**Follow-up appointments with your surgeon**

### Driving

You will be able to drive when your weight bearing restriction has been lifted and you have regained your strength and mobility. For most people this is between 2 and 6 weeks after surgery. You must no longer be taking narcotic pain medications, however, Tylenol and anti-inflammatory medications are okay. Driving is dependent upon your physician's recommendations.

#### **Handicap Parking Permit:**

Temporary permit forms are available at OakLeaf Surgical Hospital

The form needs to be signed by a health care specialist.

The form can be mailed to the DMV in Madison or taken to your local DMV.

The cost is \$9.00 at the DMV or \$6.00 when mailed to Madison.

Note that it takes 7–10 days for processing once they receive it.

### Help at Home

Make plans for someone to help you at home. If this is not possible and you need assistance, please let the nurse know during your pre-op phone call.

## What to Pack for the Hospital

Your photo ID and insurance card.

Shoes with a closed-in heel and non-slip soles for the day you go home.

Bring all prescription medications you are taking (in their original containers.)

A list of your allergies and reactions.

Glasses, hearing aids and other personal care items that you use daily.

Comfortable, loose-fitting clothing for your ride home.

Leave all money, credit cards, jewelry or other valuables at home.

Copy of your advance directives, living will and/or durable power of attorney for health care, if you have one. Though not required in order for you to have surgery, they are encouraged. For your convenience, forms are available at OakLeaf Surgical Hospital.

A handy checklist is located in the front pocket of this binder.

You do not need to bring this binder to the Hospital.

### Equipment

Bring a walker and/or crutches if you have them. Label your equipment with your name.

A shower chair is optional, but is useful if you are having difficulty standing while showering.

Other options would be to borrow equipment from someone you know or to rent equipment.

A list of resources where you can purchase or rent these items is included in the back of this binder on page 30.

## Two Days Before Your Surgery



### Shower

Shower following the directions that come with the StartClean cleansing kit on how to use the kit. You will be using the kit for 3 separate showers, beginning 2 days before your surgery date, for a total of 3 showers, including the day of surgery. Your first shower using this kit will be 2 days before your surgery date.

Do not shave your legs or underarms within 3–4 days of surgery to avoid any cuts. Cuts increase your risk for infection.

Do not apply lotion after your start taking showers using the StartClean cleansing kit.



## The Day Before Your Surgery

Follow your regular diet, but do not eat, drink, smoke or chew anything – not even gum – after midnight. Doing so may cause your surgery to be delayed or postponed.

### Shower

Shower following the directions that come with the StartClean cleansing kit on how to use the kit. This will be your second shower using the kit.

Remember to shampoo your hair using your own favorite shampoo. Rinse thoroughly.

Use a fresh clean towel to dry, and dress in your clean clothing.

Remove all jewelry, seen and unseen, body piercings, makeup and nail polish on your fingers and toes. If you have acrylic nails, please remove one acrylic nail from a finger, so we can monitor your oxygen levels during surgery.

## On the Day of Your Surgery

### At Home

On the morning of your procedure, you may brush your teeth and rinse your mouth, but do not swallow any water. You may be asked to take some of your routine medications with a sip of water, but please follow instructions given to you by either your surgeon or pre-op nurse.

Shower following the directions that come with the StartClean cleansing kit on how to use the kit. This will be your third shower using the kit.

Do not apply any makeup.

### Pre-Op

Arrive at the Hospital at the scheduled time to register. Please arrive on time. In some cases, lateness can result in moving your surgery to a later time that day.

Check in with the receptionist located in our main lobby. You will then be directed to Registration where you will need to present photo ID and insurance cards.

After you have registered, a pre-op nurse will greet you in the main lobby. You will be then be escorted to our pre-op area to prepare for surgery. This includes:

- Changing into a hospital gown.
- Verifying your medical and surgical history along with any allergies.
- Signing any necessary consent papers pertaining to your surgery.
- Providing education about your surgery including information on recovery, pain management and answering any further questions.
- Starting your IV and drawing any necessary lab work.
- Washing your surgical site.



### Types of Anesthesia

Your personal comfort and care is our top priority while you are here. Decisions regarding your anesthesia are tailored to your personal needs and health history. On the day of surgery, you will be meeting with an anesthesiologist to discuss anesthesia. At that time, any questions or concerns regarding anesthesia will be addressed.

#### General Anesthesia

Medications are given through your IV which allows you to be asleep during the entire procedure.



### Meet With Your Physician

Your physician will meet with you to answer your questions and mark the surgical site with his initials. This is a safety measure to ensure the correct surgical site.

### Surgery

You will meet with your operating room nurse who will interview you and discuss going back to the operating room.

You will be brought to the operating room where your surgical and anesthesia teams will monitor your comfort and keep you asleep during your surgery. You will be in the operating room approximately 2 to 3 hours. During this time, your family/friends will return to our main lobby or they may visit our Bistro and enjoy a meal prepared especially for them.

### Post-Op/Recovery Room

Following surgery, you will be moved to the recovery room and cared for by a registered nurse. You will remain there until you are awake and alert – approximately 1 to 2 hours.

You may wake up with an oxygen mask over your nose or a nasal cannula in your nose. This provides extra oxygen while you are still sleepy. When you awaken, you may experience blurred vision, a dry mouth, chills and/or nausea. It is normal to experience these. We will do everything we can to minimize this.



## Post-Op/Recovery Room (cont.)

You may also experience some discomfort and pain during your time in recovery. Everyone has a different pain threshold and reacts to pain differently. We will monitor your vital signs and provide proper pain management so that you are kept comfortable.

Your friends and family will be unable to visit you while you are in the Recovery Room. However, they will be notified when you are transferred to your room and they will be able to join you there. We ask that you please be patient with this process. Nursing staff will make every attempt to keep your family updated on your progress.

## Discharge

You may be discharged home from the Recovery Room depending upon how well you are doing. If you need an extended recovery you will go to the Second Floor Unit for a few hours or you may stay overnight if needed until you are ready for discharge.

Discharge teaching will be given to you along with teaching sheets that are yours to keep. We will review the following with you and your family/friends:

- Follow-up appointments with your surgeon and physical therapist.
- Medications and prescriptions
- Exercises to do at home.
- How to use cold therapy.
- How to do dressing changes.
- Other informational items specific to your care.

## Extended Recovery

If you need an extended recovery you will go to the Second Floor Unit where a registered nurse will care for and assist you in managing your post-operative recovery needs.

We recommend that visitors are kept to a minimum on the day of your surgery to allow for your rest and recovery.



## Extended Recovery (cont.)

A “Hospitalist” or an “Internal Medicine” doctor may see you while you are here. They are responsible for your medical care outside the surgeon’s scope of care. Your surgeon may request a Hospitalist to manage your medical conditions while you are recovering from surgery. The Hospitalist assists in monitoring any pre-existing medical conditions, such as: diabetes, high blood pressure, respiratory issues, etc.

The Physician Assistant and/or Nurse Practitioner who works with your surgeon may also be seeing you and managing your care while you are here.

Your nurse will provide instruction on activities once you are in your room.

We encourage you to do the following activities at least once an hour:

### **Ankle Pumps**

Begin these right away to prevent blood clots from forming. This exercise can be done by flexing your ankles and feet up and down.

### **Coughing and Deep Breathing**

Begin coughing and deep breathing to prevent lung congestion.

### **CPM (continuous passive motion machine)**

Your physician may order a CPM for you to use while in the Hospital. It will gently mobilize the hip, reduce stiffness, while promoting good blood flow and reduce swelling.

### **Diet**

You will be started on oral fluids if you are not experiencing any problems with nausea. Initially, after surgery we encourage you to eat lightly. You will progress to a regular diet as tolerated. Diabetic vegetarian, and gluten-free meals are available for our patients.

### **Activity**

The goal is for you to walk a short distance. A physical therapist or your nurse will assist you with this process.

### **Elimination/Bowel and Bladder**

Many patients experience constipation after surgery as a result of the pain medication, decreased activity and diet alterations. You should drink plenty of fluids and increase your fiber intake throughout your recovery. The goal is to promote a bowel movement within 2–3 days following surgery.

## Equipment Used After Your Surgery

### **Oxygen Therapy**

Most patients require oxygen for a short period of time after surgery. How long you receive the supplemental oxygen is patient specific. However, being consistent with your respiratory exercises will shorten the time it is needed.

### **Cold Therapy**

This is a cooling device that allows ice water to circulate through the pad. This is applied immediately to your surgical site after surgery to help keep swelling to a minimum and reduce your pain. You will wear this as much as possible throughout your stay and also when you go home. Instructions will be provided for you on its use throughout your stay.

### **IV Therapy**

You will receive fluids through your IV for hydration, antibiotic therapy and pain management after surgery.

### **SCD's (sequential compression devices)**

A soft, plastic Velcro wrap will be applied to your calves. These will periodically fill with air, massage your legs and then deflate. SCD's are used to increase circulation to your legs and help prevent blood clots.

### **Assistive Equipment**

Assistive equipment is required for your weight bearing restriction.

#### **CRUTCHES**

Most patients use crutches for walking. A Physical Therapist will fit the crutches and instruct you on how to use them.

#### **WALKER**

If you are having difficulty with crutches, a walker may be more appropriate.

#### **SHOWER CHAIR**

A shower chair is optional, but is useful if you are having difficulty standing while showering.



We aim to aid in your comfort and ensure the best possible patient experience for you and your family during your hospitalization. Your recovery is our priority.

## Pain Management

Our goal is to individualize your care and to manage your pain using multiple methods that will assist you in functioning to the best of your ability. Pain will be managed by techniques within the operating room which will result in minimal need for additional pain medications including opioids. After surgery you may have some discomfort. Pain medications will be reserved for pain preventing you from participating in expected activities. Your healthcare team will work with you during your stay to assure that you are able to perform expected activities with a tolerable level of pain.

We provide a menu of different options that will meet your comfort needs.

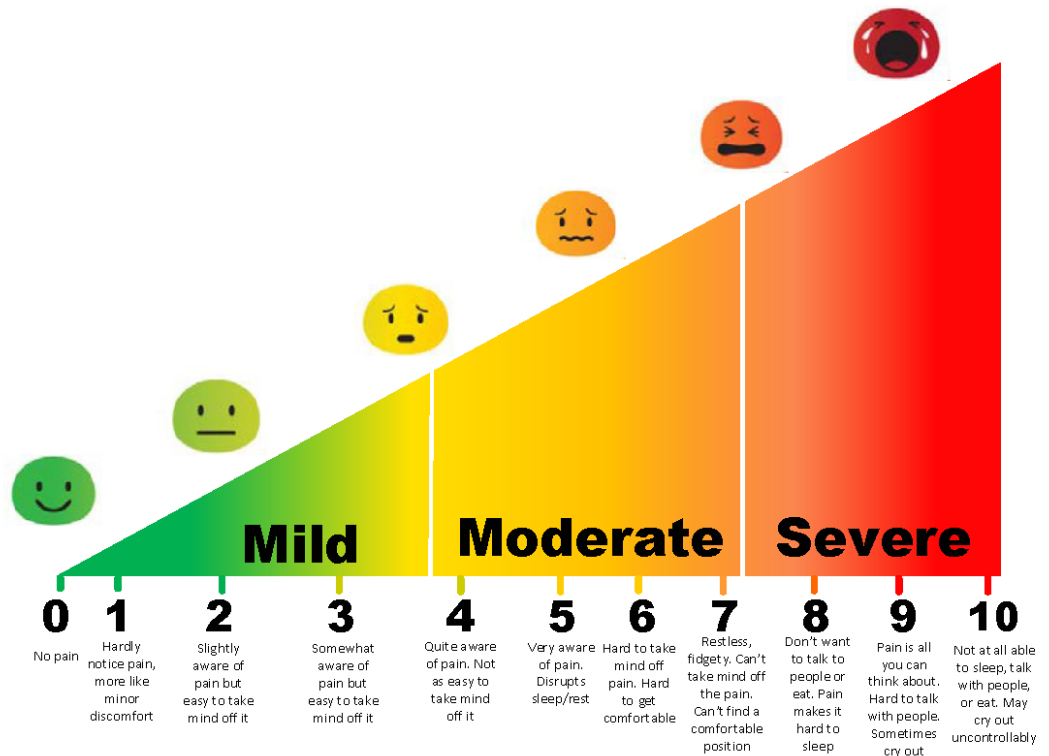
Medication

Relaxation options

Comfort items and actions

Personal care items

We will be using the following Pain Assessment Tool:



We ask that you report to us if you are experiencing pain.

Rate your pain using the Pain Assessment Tool.

Tell your nurse if the methods used to control your pain aren't working.

### **Pain Management (cont.)**

You may need pain medication for the first few days after you leave the hospital. If you are running low on your medication, call your surgeon's office during regular business hours. Should you feel any unusual symptoms or reactions to the medications at any time, do not hesitate to call your surgeon or our OakLeaf Second Floor Unit, where we have nursing staff available 24-hours-a-day, 7-days-a-week, including holidays. You can reach us at **715.895.9551** or **800.635.6197**.

If you are not getting your medications as prescribed by your physician because of insurance or financial reasons contact your physician.

### **Relaxation TV Channel**

To help support your recovery and provide you comfort, we offer a relaxation channel on the television. This is a restful alternative to commercial television and may assist you with reducing your anxiety and managing your pain.

The channel provides nature imagery and instrumental music which has been chosen specifically to support a healing environment.

Your nurse will help you choose the relaxation TV channel once you are in your room.

## Preparing for Discharge

You may be discharged from the Recovery Room depending upon how well you are doing. If you stay for an extended recovery, your surgeon or physician assistant (who works with your surgeon during your surgery), will check in on you to see how you are recovering and answer any questions you may have.

If you need to stay overnight you will have a session of physical therapy in the early to mid-morning prior to discharge. This includes a home exercise program, walking, stairs, and verbal instruction for other household tasks. You will continue to progress with therapy and begin to feel stronger with a gradual increase in endurance, but you will still get tired easily — this is normal.

If you have a support person to help you at home, we encourage them to be active participants in your therapy session and discharge planning. This will help them be better prepared to care for you and your needs once you return home.

You will also continue to use cold therapy to aid in your comfort and decrease surgical site swelling. You will continue to perform coughing, deep breathing and ankle pump exercises.

You will need someone to drive you home. You may also need someone to drive you to the physical therapy appointments once you are home.

Discharge teaching will be given to you along with teaching sheets that are yours to keep. We will review the following with you and your family/friends:

- Follow-up appointments with your surgeon and physical therapist.

- Medications and prescriptions—A pharmacist will meet with you to review all of your medications and side effects.

- If you are prescribed to take Naprosyn, it is important for you to take it because it is used for decreasing bone growth in the area of the surgery. It is not a pain killer.

- Exercises to do at home.

- How to use cold therapy.

- How to do dressing changes.

- Other informational items specific to your care.

## 20% Weight Handout

Weight (lbs)	20% of Weight	Weight (lbs)	20% of Weight	Weight (lbs)	20% of Weight
100	20	141	28.2	182	36.4
101	20.2	142	28.4	183	36.6
102	20.4	143	28.6	184	36.8
103	20.6	144	28.8	185	37
104	20.8	145	29	186	37.2
105	21	146	29.2	187	37.4
106	21.2	147	29.4	188	37.6
107	21.4	148	29.6	189	37.8
108	21.6	149	29.8	190	38
109	21.8	150	30	191	38.2
110	22	151	30.2	192	38.4
111	22.2	152	30.4	193	38.6
112	22.4	153	30.6	194	38.8
113	22.6	154	30.8	195	39
114	22.8	155	31	196	39.2
115	23	156	31.2	197	39.4
116	23.2	157	31.4	198	39.6
117	23.4	158	31.6	199	39.8
118	23.6	159	31.8	200	40
119	23.8	160	32	201	40.2
120	24	161	32.2	202	40.4
121	24.2	162	32.4	203	40.6
122	24.4	163	32.6	204	40.8
123	24.6	164	32.8	205	41
124	24.8	165	33	206	41.2
125	25	166	33.2	207	41.4
126	25.2	167	33.4	208	41.6
127	25.4	168	33.6	209	41.8
128	25.6	169	33.8	210	42
129	25.8	170	34	211	42.2
130	26	171	34.2	212	42.4
131	26.2	172	34.4	213	42.6
132	26.4	173	34.6	214	42.8
133	26.6	174	34.8	215	43
134	26.8	175	35	216	43.2
135	27	176	35.2	217	43.4
136	27.2	177	35.4	218	43.6
137	27.4	178	35.6	219	43.8
138	27.6	179	35.8	220	44
139	27.8	180	36	221	44.2
140	28	181	36.2	222	44.4

## 20% Weight Handout (cont.)

Weight (lbs)	20% of Weight	Weight (lbs)	20% of Weight
223	44.6	264	52.8
224	44.8	265	53
225	45	266	53.2
226	45.2	267	53.4
227	45.4	268	53.6
228	45.6	269	53.8
229	45.8	270	54
230	46	271	54.2
231	46.2	272	54.4
232	46.4	273	54.6
233	46.6	274	54.8
234	46.8	275	55
235	47	276	55.2
236	47.2	277	55.4
237	47.4	278	55.6
238	47.6	279	55.8
239	47.8	280	56
240	48	281	56.2
241	48.2	282	56.4
242	48.4	283	56.6
243	48.6	284	56.8
244	48.8	285	57
245	49	286	57.2
246	49.2	287	57.4
247	49.4	288	57.6
248	49.6	289	57.8
249	49.8	290	58
250	50	291	58.2
251	50.2	292	58.4
252	50.4	293	58.6
253	50.6	294	58.8
254	50.8	295	59
255	51	296	59.2
256	51.2	297	59.4
257	51.4	298	59.6
258	51.6	299	59.8
259	51.8	300	60
260	52	301	60.2
261	52.2	302	60.4
262	52.4	303	60.6
263	52.6	304	60.8

## 25% Weight Handout

Weight (lbs)	25% of Weight	Weight (lbs)	25% of Weight	Weight (lbs)	25% of Weight
100	25	141	35.25	182	45.5
101	25.25	142	35.5	183	45.75
102	25.5	143	35.75	184	46
103	25.75	144	36	185	46.25
104	26	145	36.25	186	46.5
105	26.25	146	36.5	187	46.75
106	26.5	147	36.75	188	47
107	26.75	148	37	189	47.25
108	27	149	37.25	190	47.5
109	27.25	150	37.5	191	47.75
110	27.5	151	37.75	192	48
111	27.75	152	38	193	48.25
112	28	153	38.25	194	48.5
113	28.25	154	38.5	195	48.75
114	28.5	155	38.75	196	49
115	28.75	156	39	197	49.25
116	29	157	39.25	198	49.5
117	29.25	158	39.5	199	49.75
118	29.5	159	39.75	200	50
119	29.75	160	40	201	50.25
120	30	161	40.25	202	50.5
121	30.25	162	40.5	203	50.75
122	30.5	163	40.75	204	51
123	30.75	164	41	205	51.25
124	31	165	41.25	206	51.5
125	31.25	166	41.5	207	51.75
126	31.5	167	41.75	208	52
127	31.75	168	42	209	52.25
128	32	169	42.25	210	52.5
129	32.25	170	42.5	211	52.75
130	32.5	171	42.75	212	53
131	32.75	172	43	213	53.25
132	33	173	43.25	214	53.5
133	33.25	174	43.5	215	53.75
134	33.5	175	43.75	216	54
135	33.75	176	44	217	54.25
136	34	177	44.25	218	54.5
137	34.25	178	44.5	219	54.75
138	34.5	179	44.75	220	55
139	34.75	180	45	221	55.25
140	35	181	45.25	222	55.5



25% Weight Handout (cont.)

Weight (lbs)	25% of Weight	Weight (lbs)	25% of Weight
223	55.75	264	66
224	56	265	66.25
225	56.25	266	66.5
226	56.5	267	66.75
227	56.75	268	67
228	57	269	67.25
229	57.25	270	67.5
230	57.5	271	67.75
231	57.75	272	68
232	58	273	68.25
233	58.25	274	68.5
234	58.5	275	68.75
235	58.75	276	69
236	59	277	69.25
237	59.25	278	69.5
238	59.5	279	69.75
239	59.75	280	70
240	60	281	70.25
241	60.25	282	70.5
242	60.5	283	70.75
243	60.75	284	71
244	61	285	71.25
245	61.25	286	71.5
246	61.5	287	71.75
247	61.75	288	72
248	62	289	72.25
249	62.25	290	72.5
250	62.5	291	72.75
251	62.75	292	73
252	63	293	73.25
253	63.25	294	73.5
254	63.5	295	73.75
255	63.75	296	74
256	64	297	74.25
257	64.25	298	74.5
258	64.5	299	74.75
259	64.75	300	75
260	65	301	75.25
261	65.25	302	75.5
262	65.5	303	75.75
263	65.75	304	76

## Hip Arthroscopy Goals

Most hip arthroscopy surgeries include a proximal femoral osteoplasty. In this case, the following goals and related time frames apply. In cases that don't include a proximal femoral osteoplasty, the time frames are advanced and a patient is more active in less time. Your surgery protocol will be guided by your physician orders and physical therapy.

Post-operative exercises are important to the success of your recovery after hip arthroscopy surgery. Upon discharge from OakLeaf, you will receive physical therapy as an outpatient at a rehabilitation facility of your choice. You will perform a home exercise program three times a day.

This home exercise program will be given to you in one of three ways, pre-operatively in a physical therapy appointment, at OakLeaf Surgical Hospital, or at your first post-operative physical therapy appointment.

Below you will find a list of weekly goals to aim for following your surgery. These goals are only a guide. Your surgeon and physical therapist will adjust these goals to meet your needs if different than what is shown. Remember to follow your range-of-motion restrictions as directed by your surgeon and physical therapist.



## Hip Arthroscopy Goals (cont.)

### Weeks 0–3

Continue walking with crutches with your weight bearing restriction. As the weeks progress, you will be weaned from the crutches per physician protocol.

**It is important that you do not limp and that you walk with proper form.**

After 72 hours, you may shower. You may need help with getting in/out of the shower safely and with dressing.

You may perform simple personal care activities.

Perform the home exercise program 3 times per day. This includes:

Quadricep, hamstring and gluteal isometrics

Ankle pumps

Passive supine hip internal rotation with assistance

During weeks 2 and 3, with guidance of your physical therapist, exercises will be progressed to:

Stationary Bike

isometrics

Heelslides

Prone internal and external

isometrics

rotation isometrics

Active hip flexion, extension,  
adduction, abduction.

Transverse abdominal

Double leg bridges

Adductor and abductor

## Hip Arthroscopy Goals (cont.)

### Weeks 4–6

As instructed by your doctor and your physical therapist, you are now weight bearing as tolerated. Due to fatigue and muscle soreness, you may have to limit your walking distance. You may need to use 1–2 crutches depending on your body's ability to manage this transition.

Ascend and descend stairs.

Shower and dress independently.

Resume simple homemaking tasks such as doing dishes and cooking.

Continue with your previous exercise routine and advance as instructed.

#### New Exercises:

Flexibility for hip flexor, hamstring, quadriceps, calf, and piriformis

Total Gym or light leg press

Active hip flexion in sitting

Partial depth double leg squats

Single leg stance

Advance bridging to single leg or with swiss ball

Water jogging, progress to swim with fins

### Weeks 7–12

Return to most activities at work, school and home. No competitive sports or running for 4–6 months.

Progress overall exercise routine and ambulation endurance.

#### New Exercises:

Side step with resistance

Single leg stance with trunk rotation, add resistance

Lateral step-downs

Elliptical, stair climber

Full double leg squats

Single leg mini squat

Forward and lateral lunges

Backward agility

Functional running program

Swimming and water based plyometrics



## Caring for Yourself at Home

When you go home, there are a variety of things to know for your safety, recovery and comfort.

### Controlling Your Discomfort

Use your cold therapy for pain control, as applying it to your affected joint will decrease your discomfort and swelling. Make sure to replenish the ice often and keep a towel between your skin and the cold therapy.

If your physician orders a CPM, the use of the CPM will reduce stiffness within the hip. Continue to use at the direction of your physical therapist and your physician.

### Diet and Nutrition

Proper nutrition and diet is important for your recovery. It is important to have protein at every meal. Your body needs nourishment to build strong muscles and heal bones. Some examples of foods that are high in protein are listed below.

Beef	Nuts and seeds	Beans
Poultry	Eggs	Pork
Dairy products	Protein shakes	Fish

Drink plenty of fluids, including fruit juices to keep you from getting dehydrated or constipated, along with a diet including high fiber foods, such as fruits, vegetables and whole grains.

Pain medications contain narcotics which increase the risk of constipation. Use stool softeners or laxatives, such as milk of magnesia, if the above food recommendations aren't working. If your bowels have not moved in three days, please contact your primary care physician.

### Lifestyle

Limit alcohol because it interacts with your pain medication. Avoid smoking because it inhibits bone growth and repair.

## Recognizing and Preventing Complications

### Wound Infection

#### Signs and Symptoms

Increased swelling and redness at incision site.

Change in color, amount and odor of drainage.

Increase in pain or a temperature greater than 100.5° F.

#### How to Prevent Infection

You may remove the large dressing on your hip on the first or second day following surgery depending on how uncomfortable it is, or if there is drainage. Dressings may be removed all the way down to the stitches. You should cover your wound with 4 X 4 gauze pads.

You may shower 3 days after surgery. Let clear water run over the incisions, do not scrub them. No baths or hot tubs until at least 4 weeks after surgery, or when the wounds are well healed.

### Blood Clots

It is important to maintain activity to reduce the potential for blood to slow and clot in your veins, creating a blood clot. Because blood clots can form in either leg, it is advised that you perform foot and ankle pump exercises and walk as prescribed by your doctor and physical therapist. If you experience any of the symptoms below, contact your physician.

#### Signs and Symptoms

Abnormal amounts of swelling in thigh, calf or ankle that does not go down with elevation of the extremity.

Pain, warmth and tenderness in your calf.

#### The Importance of Follow-Up Care

##### Recommendations:

Notify your primary physician about your hip arthroscopy at your next visit.

You will be under the care of your orthopedic surgeon for approximately 6 months.

Seek medical attention any time you have a substantial increase in pain requiring continuous medication or if you have any concerns.

## Frequently Asked Questions

### 1. How long will the surgery take?

Surgery times vary depending upon the difficulty of your surgery. Generally, you may spend 1 hour in pre-op, 2 to 3 hours in surgery and 1 to 2 hours in the recovery room before being transferred to your room.

### 2. Will the surgeon see my family after surgery is complete?

Yes. Your surgeon will make every attempt to meet with your family/friends after your surgery.

### 3. How long will I need to be in the Hospital?

You may be discharged from the Recovery Room depending upon how well you are doing. If you stay for an extended recovery you will go to the Second Floor Unit for a few hours or you may stay overnight if needed until you are ready for discharge.

### 4. Where do I get crutches?

We require you to bring a pair of crutches with you to the Hospital. You may borrow, rent or purchase the crutches. A list of vendors is in this binder, please see page 30. The physical therapist will adjust the crutches to fit you while you are in the Hospital.

### 5. How long will I need crutches?

The specifics of your surgery determine your weight bearing restriction. Your weight bearing restriction will be instructed to you after surgery and will be unique to your situation. If you have had a proximal femoral osteoplasty, you will be using crutches for several weeks. After that time, you are no longer required to be on restricted weight bearing and will be weight bearing as tolerated within your pain and physical tolerance. It is important not to limp when you return to walking. Please follow the instruction of your physical therapist.

## Frequently Asked Questions (cont.)

### 6. When can I drive?

To drive, you must no longer be taking narcotic pain medications, but Tylenol and anti-inflammatory medications are okay. You must also have regained your strength and mobility – for most people this is several weeks after surgery. Driving is dependent upon your physician's recommendations.

### 7. What is Naprosyn and why do I need to take it?

Naprosyn is a nonsteroidal anti-inflammatory drug. It is important that you take Naprosyn as your physician prescribes. It is important for you to take it because it is used for decreasing excessive bone growth (heterotopic ossification) of the bone.

### 8. Will I have a catheter?

No, you will not have a catheter.



## Equipment Vendors

**Grace Home Respiratory**

2204 Hillcrest Parkway, Altoona WI 54720 .....715.832.7377

**Mayo Clinic Health System – Pharmacy & Home Medical, Inc.**

1400 Bellinger Street, Eau Claire WI 54703 .....715.838.1815

**Value Center Health Mart Pharmacy**

2157 East Ridge Center, Eau Claire WI 54701 .....715.833.6760

**Walgreens**

1106 West Clairemont Avenue, Eau Claire WI 54701 .....715.852.0023

**Walgreens**

1819 South Hastings Way, Altoona WI 54720 .....715.834.6642

**Walgreens**

849 Woodward Avenue, Chippewa Falls WI 54729.....715.720.0241

**Wal-Mart Pharmacy**

3915 Gateway Drive, Eau Claire WI 54701 .....715.834.5966

**Wal-Mart Pharmacy**

2786 Commercial Boulevard, Chippewa Falls WI 54729 .....715.738.2418

## Transportation

### Abby Vans

W5621 Todd Rd., Neillsville .....800.236.8438

### Delivery Fix

1813 Brackett Ave., Eau Claire .....715.835.5853

### Eau Claire Transit

910 Forest St., Eau Claire .....715.839.5111

### Handilift

10-35 10th Ave., Cumberland .....800.989.7433

### New Freedom Transportation Program

.....715.233.1070 or 800.228.3287

### Patients Express

17009 Co. Trk. I, Chippewa Falls.....866.336.7915

### Tender Care Transport

1592 118th St., Chippewa Falls .....715.835.2435