

**The first 24 Hours**

In order to perform hip arthroscopy it is necessary to pump several litres of saline through the joint. Most of this escapes but some remains, swelling the local tissues. This probably accounts for the moderate pain experienced in the first two hours. To minimise this, your anaesthetist (Drs Abeysekera and Lorimer) will put some local anaesthetic around the hip while you are asleep. They have no problem keeping patients comfortable during this time. As the saline is absorbed, the pain goes down to a dull ache and is very manageable.

Crutches are used for 1-2 weeks with weightbearing allowed, unless the hip cartilage is very damaged. In rare cases when the cartilage is poor or the hip socket shallow, I may recommend 6 weeks touch weightbearing on crutches

Shower-proof dressings are applied on post-op day one and a spare set provided in case there is some wound ooze in the first 24 hours at home. Once new dressings are applied these can generally be left untouched until the first post op check when sutures are removed.

You will generally be more comfortable resting / sleeping with a pillow between your legs in the first few weeks

Discharge is between 9 and 10am on day 1.

**Game Ready**

You will wake up with a sleeve around your thigh. It connects to a Fluid pump and circulates cool water through the waterproof lining of the sleeve (You will not get wet!) It also applies gentle pressure. Patients love this device and it reduces pain significantly. The system is yours to use for two weeks and will be collected from your home at that time, even for patients who live far from Auckland.

**Driving**

Usually driving is OK after 2-3 days unless you are taking stronger pain medication such as tramadol that affects your ability to drive safely. Control over your legs rapidly returns so driving is otherwise safe and easy.

**Pain Relief**

The standard medications on discharge are tramadol (moderate pain), paracetamol (mild pain) and an anti-inflammatory. Many of my patients need paracetamol only or nothing at all by day 3. If the hip does not hurt, pain relief is not necessary. It is a good idea to keep

the anti-inflammatory going for a few weeks to minimise the chance of “heterotopic ossification”. This is when the capsule forms unwanted bone as it heals.

Tramadol is very effective but a number of patients develop nausea or a “fuzzy head”. If you are feeling sick or light headed in the first few days, stopping tramadol is the first step.

### **Losartan**

Losartan is a well known medication for blood pressure. It also has another effect, blocking the formation of fibrous scar tissue. We are always concerned about the healing labrum sticking to the adjacent capsule (adhesions). Early results in overseas trials look promising and so we have elected to recommend it in a very small dose of 25mg daily for 28 days. The main side effect in some is temporary dizziness if you stand up too fast.

### **First Post Op appointment**

This is at 7-10 days. For those who live in Auckland, this will be at the Millennium Institute with my colleague, Dr Tracey Giddings. Tracey is a GP with a sports medicine diploma and is well versed in orthopaedic rehabilitation. She will remove sutures, arrange any ACC forms or prescriptions and make sure formal rehabilitation is arranged and understood.

For patients from out of town it is much easier to see your GP for wound care. We recommend you see your GP or their nurse day 10 post op. We can arrange rehab with your physio by email.

### **Exercise**

Take it easy during the first week. Stay around home, rest up, read a book, watch some movies.

I would like you to do the pendulum swings and leg circles four times daily for one minute each starting immediately post op. They are not supposed to hurt so early on they may be very small swings and circles. This is also to avoid adhesions.

I would like an exercycle set up in your living room. Some patients get on within a day or two. Others can take 5 or 6 days. It is not supposed to hurt! If you get on and a couple of cycles are sore, get off and try tomorrow. If you feel OK you might try 5-10 minutes.

The exercycle is great for pain relief. A post op hip swells. You cannot see it but you can feel it...a dull ache. A couple of minutes spinning easily on the exercycle is often much more effective than pain tablets. You might do this 4 or 5 times per day.

ACC will often fund an exercycle hire for 3 months. ACC patients should contact their case manager.

By day 10 the work can begin. Sutures will be removed by then so swimming and aquajogging is allowed. For those who enjoy the gym, core exercise and upper body can start.

I have a specific rehab protocol. This can be accessed on the Orthosports website or emailed to you and / or your physio. It has a number of useful exercises with illustrations.

Impact exercise (walking for fitness, running and any sport that requires running) is not recommended before 12 weeks in everybody. For those with cartilage damage requiring microfracture, we increase this to 6 months as the healing fibrocartilage needs a long time to mature.

## **Work**

This depends on what you do. Office work or study is usually OK by 10-14 days. If your job involves standing and walking all day then 3-4 weeks is more reasonable. For heavy manual labour it can be 6-12 weeks. For example a front line policeman with a microfracture would be 12-16 weeks before returning to front line.

## **Sport**

Return to sport also depends on what you do. Cycling and rowing are easy and quick (2-4 weeks) Running sport is slower. With no microfracture and good cartilage, running can start at 12 weeks and running sport at 16 weeks. With a microfracture to protect, this would stretch to 6 months plus. Running time is highly variable. One study showed the average time to be 9 months. There is no point attempting running until the hip is feeling really good.

Sometimes in older patients (30-50 years) the hip is so damaged that I make some suggestions about avoiding impact loading as much as possible. I make the suggestion that all cardio fitness should come from cycling, swimming, gym, rowing or the cross trainer.

## **Problems**

Fortunately post op problems are rare with hip arthroscopy. If you are worried, you should call my mobile number. If you have a question, you can email.

Sore ankle: this can be from the traction boot (looks like a ski boot) It is usually mild and only for a few hours

Numb genitals. Again thankfully rare and temporary (a few hours to a few days) The traction post is broad and well padded, reducing this problem.

Oozing wounds: Usually only the first 24-36 hours. Change the waterproof dressing and let me know if it persists.

Infection: I am not sure how common this is as with 700-odd hip arthroscopies I am yet to see a deep infection. Very occasionally the puncture wound may become red, sore and inflamed. I would want to know promptly as I would want to start a simple oral antibiotic.

Feeling sick: Stop the tramadol.

Feeling slightly off-colour: Quite common after a long general anaesthetic and can last up to 10 days. Patients report feeling tired and not quite their normal self. Take it easy and this will pass.