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SPORTS MEDICINE SURGERY & HIP ARTHROSCOPY

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- Cutting edge information on the arthroscopic treatment of the hip, knee and shoulder -

Hip Arthroscopy

Checklist

- ✓ Physical Therapy Prescription
 - o Set up PT 3-5 days after surgery
 - o Consider Trainer Rx for supplemental home based rehab (\$75) – Email VanThielMD@orthoillinois.com

- ✓ Medications
 - o Stop all supplements and anti-inflammatories (advil, aleve, ibuprofen, motrin, aspirin, meloxicam, naproxen, diclofenac, etc) **1 week prior** to surgery

Begin Before Surgery:

- o Celebrex 200 mg twice daily x 4 days **prior** to surgery. Last pill the morning of surgery with a very small sip of water

Begin Immediately After Surgery

- o Norco 10 mg/325 mg once every 6 hrs as needed for pain (*optional*)
 - Narcotic pain medication given as a **paper prescription**
 - Can use Acetaminophen (Tylenol) as a substitute when pain is controlled
- o Aspirin 325 mg once daily x 4 weeks
 - Blood clot prevention

- o Keflex 500 mg every 6 hrs x 1 day (If allergic, Doxycycline 100 mg every 12 hrs x 1 day)
 - Antibiotic to prevent infection
- o Indomethacin 75 mg ER once daily x 2 weeks, followed by Naproxen 500 mg twice daily x 4 weeks
 - Anti-inflammatory, pain reliever, bone growth prevention
- o Prilosec 20 mg once daily x 6 weeks
 - Stomach protection
- o Additional Medications:

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- ✓ Brace
 - ✓ Crutches for the first 2 weeks
 - ✓ Optional Items – Ask Clinical Lead
 - o Ice Machine - \$200
 - o Ice and Compression Machine – Game Ready - \$415 for 3 weeks
 - ✓ **Post Op Visit:**
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What to Expect

- The following instructions will help guide you through your recovery. Separate instructions for therapy and exercises will be given and are available at www.VanThielMD.com.
- Dr. Van Thiel's PAs (Physician Assistants) Stephanie Leverentz and Sage Norwood will be closely involved in your care and recovery. A physician assistant is a licensed practitioner that has completed over 2 years of post-college medical training and has the credentials and expertise to treat patients independently.
- **1st Post-Operative Visit** – This will be between 10-14 days after the surgery. You will see Dr. Van Thiel and he will go through your pictures from surgery and answer any questions you have.
- **2nd and 3rd Post-Operative Visits** – Occur at 6 weeks and 3 months after surgery. During these visits you will be seen by Stephanie Leverentz or Sage Norwood (Dr. Van Thiel's PAs) to ensure that you are comfortable and meeting the recovery goals. Mrs. Leverentz and Ms. Norwood are always in direct communication with Dr. Van Thiel and do have the medical expertise, training and credentials to help you along with your recovery.
- **4th Post-Operative Visit** – Occurs at 6 months after surgery. Dr. Van Thiel will discuss any questions that you have and ensure you are making a complete recovery.
- **Physical Therapy** – Physical therapy can start 3-5 days after surgery. We will assist with setting up physical therapy upon scheduling your surgery.
- We will contact your insurance company to authorize your surgery, but we suggest that you also contact your insurance company for further information and to verify coverage.

Day of Surgery

- **Diet** – Do not eat or drink anything after 11PM the night before surgery.
- When you get to the hospital or surgery center Dr. Van Thiel will come speak with you and confirm the procedure and the side. Feel free to ask any questions.
- The anesthesiologist will also come speak with you. We routinely perform regional blocks for pain control during and after surgery. A regional block is a small injection that will numb the nerves at the operative site for up to 12-30 hours after surgery. These blocks are excellent for pain

control.

- **After Surgery** – You will wake up in the recovery room and once you are comfortable and fully awake, the nurses will discharge you to go home.
- **Nerve Block** – The nerve block performed during surgery will make the muscles in the leg very weak for the first 1-2 days. Use caution when putting any weight through the leg.

Post-Operative Care

Diet

- Following surgery, nausea is very common. Begin with clear liquids and progress to your daily diet as tolerated.

Wound Management

- A bandage is applied to the operative site. Keep this on for 24 hours after the surgery.
- It is normal for there to be drainage and for the dressing to become blood tinged. If this occurs, reinforce with additional dressing.
- Remove the dressing after the first post-operative day. It is still normal for there to be some drainage. Apply steri-strips or band-aids to the incision sites, change daily. If you have a separate, larger incision on the side of the hip, keep dressing intact and incisions dry for 3 days post op
- No showers until after the dressing is removed (24 hours post op). Running water only. No soaking in baths or hot tubs!
- Sometimes small incisions are made that do not require suture closure. Please do not be alarmed by this.

Activity

- You are encouraged to walk in a controlled environment with the help of crutches in order to avoid prolonged sitting.
- If you are wearing a brace, keep intact except when showering or performing therapy exercises. The brace is used to prevent excessive hip flexion and will likely be worn for 4 weeks.
- Crutches should be used to assist with walking and you may put 25% of your weight on the operative leg
- No driving until instructed by your physician.
- Generally, if you have a desk job you may return to work/school after the 1st week.
- Return to a physically demanding job will be discussed on your postoperative visit.

Exercise

- You may begin exercises 24 hours after the surgery to include ankle pumps and an exercise bike.
- Formal physical therapy will begin before your return visit and it is safe to perform these exercises at home to assist with a return of strength and motion.

Ice

- Ice packs can be applied to the affected hip.
- Use continuously for the first 72 hours postoperatively, then in 30 minute increments 4-5 times per day thereafter as tolerated.

Medications

- Most patients require the use of narcotics for a period of time after surgery. Take as directed.
- Common side effects of pain medication: nausea, insomnia, itching, constipation, drowsiness, hallucinations.
- Take medications with food to reduce side effects
- Do not operate machinery or moving vehicles while taking pain medication.

Emergencies

- If at any time you have questions or emergent concerns contact Dr. Van Thiel or his physician assistant Stephanie Leverentz, PA-C or Sage Norwood, PA-C at (815-398-9491).
- If you are calling after hours or over a weekend you will be directed to the physician answering service and you may be called by the physician or physician assistant on call.
- Please call if any of the following arise:
 - Fever >101. (It is normal to have a low grade fever for the first 1-2 days after surgery)
 - Redness
 - Painful swelling
 - Numbness
 - Shortness of breath
 - Excessive bleeding and/or drainage from incision sites
 - If you require immediate attention, go to the nearest emergency room

Follow-up

- A follow-up appointment will be set for 2 weeks after the surgery. If you have questions or concerns about this date contact our scheduler at

(815-381-7365) during normal office hours.

- If you have additional questions or concerns most questions can be addressed by our clinical lead: 815-381-7365.

Post Operative Expectations

The following is a brief guide of what to expect during your recovery from hip arthroscopy. If you have any additional questions, please do not hesitate to contact my office and physician assistant Stephanie Leverentz or Sage Norwood.

Surgery Day

You just came out of recovery. At this time you have not quite gotten back to yourself and the recovery team is placing a brace on your hip and giving you two crutches to walk with. Your hip is very fragile, and it is very important to know your precautions.

- **Weight bearing:** You are able to put about 25% of your weight on your operative side. A little weight on your foot actually takes some of the pressure off the repaired hip.
- **Brace:** If you were prescribed a brace, you will be fitted to help limit your mobility and protect the repair. The locking mechanism should be fixed to the 60 degrees of flexion (or forward bend) and 0 degrees of extension (or backward bending of the leg). The brace should be snug against the belly and thigh. Can be removed for bathing.

Weeks 0-2

Keep the incisions dry for 24 hours. You will also be taught, in more detail, how to use your crutches, brace and the precautions. The therapist will also help you move your hip through range of motions and start performing very gentle exercises.

- You will be given a written protocol so you will know what to expect. This phase is very important to protect your hip repair.
- Avoid putting too much weight on your leg and lifting the leg up. I recommend avoiding active hip flexion (lifting your leg up at the hip) until 2-3 weeks after your surgery. This precaution is to prevent excessive hip flexor tendonitis after your surgery.
- In therapy, you will receive specific stretching and muscle work to the front of your belly and to the front, inner and back side of the hip complex. You will also start some gentle strength exercises for the muscles around the hip complex.
- The goals of this stage are to restore the function of the hip, back and leg muscles to prepare them for use.

Weeks 2-6

This is an exciting time. You can usually stop using the brace at 4 weeks and crutches at 2 weeks. You may need to wean off the crutches, going from using both to using one, then to none. It's important at this phase to use the crutch in the opposite arm of your surgery. Contrary to popular belief, using the crutch on the opposite side reduces the stress at the hip. Using the crutch on the same side causes more stress. Your hip should be feeling much better at this point, but be careful to avoid stressing the repaired labrum and hip muscles.

- **Exercises:** You will start gentle hip flexion at this point, but do not over-do it because you may cause tendonitis at this area. Your therapists will start more exercises at this point to strengthen the gluteus muscles (muscles that make up your buttocks), hip inner and outer thigh muscles and back (core) muscles.
- You will receive more home based exercises at this point to progress your mobility. Gait training (walking training) will also be performed to help you get walking. You may need to work on balance over the newly repaired hip. Balance boards will be used at this point. Bicycling is also encouraged at low resistance.
- **Manual therapy:** This will continue to help stretch out your muscles, loosen them up and help with strength training. Work will also progress on your scar sites to make them move more easily. Gentle hip joint stretching may be used early in the recovery, with more advanced stretching used later in the recovery.
- **Aqua therapy:** When your surgical sites are fully healed, you may be encouraged to begin pool therapy for cardiovascular exercises.

Weeks 6-9

Some stiffness, tightness or soreness may be experienced especially at the groin area. At this phase, self stretching becomes more important and you will have more home strengthening to do. Your walking should be without a limp, or you should be working on walking smoothly.

- **Manual therapy:** Your therapist will generally continue to perform deep muscle stretching and add more aggressive joint stretching. You will most likely have your hip stretched in several different positions to restore the leg's

ability to move well. Mild soreness may be experienced, but sharp pain should not. Full hip range of motion is the goal at this point.

- **Exercise:** You will be advanced with leg and hip strength training. These exercises will include Pilates type training, Closed chain exercises (like leg press, step training and balance work), and open chain exercises such as PNF hip patterns to help work your hip flexors (which we have been avoiding strenuous exercises to this point).
- **Cardiovascular:** Advanced training on the bike will continue at this point.

Weeks 9-12

The goals of this stage are to restore full range of motion of this hip through stretching, strength training and “functional training.”

- **Manual therapy:** As noted above, you will continue to have skilled manual therapy applied to ensure your hip is moving as well as it should. End range stretching will be advanced so your tightness in the hip is resolved.
- **Exercises:** This phase of your recovery therapy will add more strength training, balance work and functional training to prepare you for return to your sport or occupation. You will increase weight, reps and difficulty of the exercises. You may begin elliptical (10 weeks) and treadmill (12 weeks). Continue your home exercises for back and hip stretching to avoid stiffening up.

Weeks 12-16

At this stage, the labrum and hip flexors will be well healed and advancement to running, agility and plyometric exercises will be added. With running, you will be encouraged to perform a run/walk protocol to ease into advance work. Your therapist will take you through a program of strength training with jumping, balancing and quick movements. Be careful not to strain the front of your hip.

- **Manual therapy:** At this point your joint should be moving well, but your therapist may need to stretch the hip out a bit to promote full recovery of the leg.
- **Sport/work specific therapy:** At this time you will be taken through specific training for the return to sport and work.
- **Goals for Discharge:** At the end of therapy and home exercise you may undergo a test to see if your hip strength and motion has been fully restored. A series of strength testing, single leg testing, step testing and agility training may be performed. You should have full hip motion, ability to run/walk and perform sport activities.

NOTE: Good luck with your newly repaired hip! The surgery should make a big difference on the quality of your life! Be careful during the first several weeks to be mindful of your body’s healing. Don’t push it too fast and ask me or your therapist any questions that come up. Recurrent hip flare-ups may hinder the post-operative recovery and may actually compromise the outcome of the hip surgery.