DR. KAISEN YAO, MD

ORTHOPEDIC SPORTS MEDICINE SURGEON

Informational Packet

Hip Arthroscopy Surgery

Northwell Health
Department of Orthopedic Surgery & Sports Medicine

Dr. Kaisen Yao, MD

Welcome

This booklet covers what to expect before, during, and after hip arthroscopy surgery, and outlines the first steps of your recovery. If you have not already, please register for Epic MyChart to view your appointments, message your care team, and access your records online.

Keep this packet somewhere handy in the weeks before and after surgery — it answers most of the questions patients ask us during recovery.

Meet Your Surgeon



Dr. Kaisen Yao, MD
Sports Medicine & Orthopedic Surgery

Dr. Yao specializes in sports medicine and orthopedic surgery of the knee, shoulder, elbow, and hip, with a focus on ligament reconstruction, cartilage restoration and preservation, arthroplasty, and orthopedic trauma and fracture care. He completed his sports medicine fellowship at the prestigious NYU Langone Health and his orthopaedic surgery residency — serving as Chief Resident — at Lenox Hill Hospital. During his fellowship, he also worked with several professional sports teams as a team physician, including the New Jersey Devils, Washington Commanders, and Jacksonville Jaguars. A former collegiate swimmer at Washington University in St. Louis, Dr. Yao brings an athlete's perspective to helping patients return safely to the activities they love. Outside of orthopedics, he enjoys golf, swimming, classical piano, exploring new restaurants, and traveling the world.

He sees patients at the following locations:

Lenox Hill Hospital
130 E 77th Street, 7th Floor
New York, NY

Astor Place
740 Broadway, Suite 604
New York, NY

Downtown Brooklyn
68 Flatbush Avenue
Brooklyn, NY
718-208-1440

Anatomy of the Hip

The hip is a ball-and-socket joint where the top of the thighbone (femur) meets the pelvis (acetabulum). A ring of cartilage called the labrum lines the socket's rim, deepening it and helping seal the joint. Surrounding muscles and ligaments provide additional stability and power movement.

Hip pain in active patients is often related to femoroacetabular impingement (FAI) — extra bone on the ball and/or socket that causes abnormal contact and can tear the labrum over time — or to an isolated labral tear from injury or repetitive motion.

Hip Arthroscopy

Hip arthroscopy is an outpatient, camera-assisted surgery used to address labral tears and impingement. Depending on your findings, Dr. Yao may repair or trim the labrum, reshape the bone causing impingement, and address other structures within the joint. Because the hip is deep and tightly enclosed, hip arthroscopy techniques differ somewhat from knee or shoulder arthroscopy, but the goal is the same — relieving symptoms while preserving as much normal anatomy as possible.

Preoperative Instructions

1. **No tobacco.** If you use any tobacco or nicotine products, please stop. Tobacco use raises the risk of infection and can impair healing. Please stop at least 4 weeks before surgery and continue avoiding it through recovery.

2. You will be notified of your arrival time the day before surgery.

3. Do not shave the surgical hip/leg for the 5 days leading up to surgery.

4. Wear loose-fitting clothing on the day of surgery.

5. Skip lotion, makeup, and deodorant on the day of surgery; some skin-prep solutions contain alcohol and can react with these products.

6. Nothing to eat after midnight the night before surgery (this includes gum, mints, and hard candy). A small amount of water is fine up until 4 hours before your check-in time. No dairy, juice, soda, or protein shakes starting at midnight.

7. Your first postoperative visit is usually scheduled 8–14 days after surgery. Starting physical therapy within the first week is important.

8. Please schedule your first postoperative physical therapy visit **before** the day of surgery. Many clinics have a 1–3 week wait for new appointments, so book as soon as your surgery date is confirmed.

9. If you take a GLP-1 medication (for diabetes or weight management), plan to hold it for 2 weeks before surgery due to delayed gastric emptying under anesthesia — please still confirm the exact timing with our office and your anesthesiologist.

Crutch Instructions

You will use crutches with protected weight-bearing for several weeks after surgery to protect the repair and allow the hip joint capsule to heal. Dr. Yao will specify your exact weight-bearing status based on what was done during surgery.

- Make sure your crutches are fitted properly before surgery, with elbows slightly bent and weight through your hands, not your armpits.
- Bear only as much weight as instructed — often 20–25% (toe-touch to partial weight-bearing) for the first 2–4 weeks if bone reshaping was performed.
- Avoid deep hip flexion (bringing your knee up toward your chest) and twisting/pivoting on the operative leg in the early weeks.
- Practice crutch walking before surgery if possible.

Day of Surgery

What to expect: This is an outpatient procedure — you'll go home the same day. Plan to arrive about 2 hours before your scheduled surgery time and to be discharged 1–2 hours after the procedure ends.

Anesthesia & nerve block: Most patients receive general anesthesia, sometimes along with a regional nerve block or local numbing medication around the hip for pain control. Your anesthesiologist will review the details with you the morning of surgery.

Postoperative Instructions: Weight Bearing & Hip Precautions

Your specific weight-bearing status and any hip motion restrictions are determined by what was done during surgery (labral repair, bone reshaping, and/or capsule repair). In general, for the first several weeks:

- Follow your specific weight-bearing status closely on crutches.
- Avoid bringing your knee up past your hip (deep hip flexion) and avoid twisting on the operative leg.
- Some patients use a stationary bike with no resistance for gentle motion, as directed by physical therapy.
- A brace or hip motion-limiting device may be used depending on your specific procedure.

Resting & Sleeping

Sleep in a comfortable position with a pillow between your knees if lying on your side. Avoid positions that bring the knee up toward the chest.

Bandages, Dressing & Bathing

A dressing covers your small arthroscopic portal incisions around the hip. Keep it clean and dry until your follow-up visit. You may shower, keeping the dressing covered and dry with a waterproof cover.

Pain Management

Some pain, swelling, and stiffness after surgery is normal and expected - the goal of our pain protocol is to keep you comfortable, not pain-free. Your specific prescriptions will be reviewed with you at discharge. Your standard medication plan is:

- **Celecoxib 200 mg** - take by mouth twice daily for 30 days.
- **Oxycodone (Roxicodone) 5 mg** - take by mouth as needed for pain, up to 4 times a day, for the first 5 days after surgery.
- **Acetaminophen (Tylenol) 500 mg** - take by mouth as needed for pain, every 6 hours.
- **Aspirin (chewable) 81 mg** - take by mouth twice a day for 30 days to help prevent blood clots.
- **Senokot-S (sennosides-docusate)** - take 1 tablet by mouth daily, starting the day of surgery, for 14 days, to help prevent constipation from the pain medication.

If you received a nerve block, remember it will wear off over the following 8-24 hours. Start your pain medication on schedule rather than waiting for the block to wear off, since pain is easier to prevent than to catch up on. Taking medication with food can reduce nausea.

Using a cold therapy unit for roughly an hour on, an hour off while awake can meaningfully reduce pain and swelling. If you don't have a cold therapy unit, regular ice packs work well too - use them as needed, with a thin towel between the ice and your skin.

Do not drive, operate machinery, or drink alcohol while taking narcotic pain medication. If prescribed antibiotics, complete the full course.

What's Normal During Recovery

Constipation. Pain medication and anesthesia commonly slow the bowels. Stay ahead of it by drinking plenty of water, eating fiber, and using a stool softener as directed.

Swelling and bruising. Some swelling and bruising around the hip, groin, and down the thigh is normal and will fade over 1–2 weeks.

Numbness. Mild numbness or tingling around the groin or thigh can occur from positioning during surgery (traction) and usually resolves within days to a few weeks.

Low-grade fever. A mild fever (under 101°F) in the first couple of days is common. A higher or persistent fever, or worsening pain at the incision, should be reported to our office.

Blood clot precautions. Moving frequently and doing your ankle pumps helps prevent blood clots. Seek urgent care or an ER evaluation for calf pain, worsening leg swelling, shortness of breath, or chest pain.

When and How to Contact Us

Call our office if you experience:

- Pain that isn't improving with rest, medication, ice, and elevation
- No bowel movement for more than 72 hours despite laxatives/stool softeners
- A dressing that is soaked through with blood or fluid
- Shaking, chills, or a fever over 101°F

Practice number	718-208-1440
After hours / weekends	718-208-1440
Patient portal	Epic MyChart
Emergencies	Dial 911 or go to the emergency room at either Greenwich Village Hospital or Lenox Hill Hospital

Greenwich Village Hospital (Lenox Health Greenwich Village) — 30 Seventh Avenue, New York, NY 10011
Lenox Hill Hospital — 100 East 77th Street, New York, NY 10075

Exercises — Starting Day 1 After Surgery

Keep exercises gentle and within your weight-bearing and motion limits. Your physical therapist will build on this program.

Ankle pumps. Sitting or lying down, pump the ankle up and down. 20 reps, 3 sets, several times a day to help circulation and swelling.

Quad sets. Sit or lie with the leg straight and supported. Tighten the thigh muscle by pressing the back of the knee down. Hold 3–6 seconds. 8–12 reps, 2 sets.

Gluteal sets. Lying down with knees straight, gently squeeze the buttocks for 3–6 seconds, then release. 8–12 reps, 2 sets.

Gentle heel slides (within your limit). Slide your heel toward your hips only as far as comfortable and instructed, avoiding deep hip flexion. 8–12 reps, 2 sets.

Frequently Asked Questions

What if my dressing gets wet?

Call our office if it becomes saturated so we can bring you in for a change.

How long will I need crutches?

Typically 2–4 weeks, depending on whether bone reshaping was performed, then progressing to a cane and normal walking.

How much pain should I expect?

Expect meaningful discomfort for the first 1–2 weeks, improving steadily with ice, medication, and gentle movement.

When can I drive?

Generally once you are off narcotic pain medication, off crutches or cleared for full weight-bearing, and feel confident you could brake quickly — often 1–3 weeks.

When can I return to work?

Desk jobs: often within 1–2 weeks. Physical or labor-intensive jobs: typically 2–3 months, depending on demands.

When can I return to sports?

Most guidelines recommend 4–6 months, with a gradual progression through strength and movement testing before full clearance.

How long will I need physical therapy?

Typically 4–6 months, starting gentle and progressing to strengthening and sport-specific training.

Can I get a disability/FMLA note?

Yes — ask at any pre- or post-operative visit, or call our office: 718-208-1440.

Rehabilitation Overview

0–2 weeks	Protected weight-bearing on crutches; gentle motion within limits; avoid deep hip flexion and twisting.
2–4 weeks	Progress weight-bearing as instructed; wean off crutches; begin stationary biking with no resistance.
4–8 weeks	Continue strength, motion, and endurance work with physical therapy; progress to elliptical and pool-based exercise.
2–4 months	Begin jogging progression if strength and motion allow.
4–6 months	Progress toward cutting, pivoting, and sport-specific drills before return to sport.

This is a general framework — your pace may differ based on the specific procedures performed (labral repair, bone reshaping, capsule repair) and how your hip responds. Your physical therapist and Dr. Yao will adjust this timeline together with you.

DR. KAISEN YAO, MD

ORTHOPEDIC SPORTS MEDICINE SURGEON