DR. KAISEN YAO, MD

ORTHOPEDIC SPORTS MEDICINE SURGEON

Post-Operative Instructions

# Hip Arthroscopy

Northwell Health • Department of Orthopedic Surgery & Sports Medicine • Dr. Kaisen Yao, MD

What to expect and how to care for yourself during the first weeks of recovery.

| Patient Name | Date of Surgery | Prescribing Surgeon |
|---|---|---|
| | | Dr. Kaisen Yao, MD |

## Activity and Weight-Bearing

**Weight-Bearing Status**

- ☐ Weight Bearing as Tolerated
- ☐ 50% Partial Weight Bearing
- ☐ Flat Foot Weight Bearing
- ☐ Non Weight Bearing

- Use crutches as instructed until cleared to bear full weight.
- Avoid hip flexion past 90°, deep squatting, and pivoting on the operative leg until cleared.
- Begin physical therapy when directed by your surgeon.
- Perform home exercises as shown on the last page.

## Wound and Dressing Care

- Keep your dressing clean and dry. You may remove your bandages on post-operative day 3.
- If you have Steri-Strips or surgical glue, allow them to fall off naturally unless instructed otherwise.
- Monitor the incision daily for increased redness, swelling, drainage, separation, or foul odor.
- Do not soak the incision in a tub, pool, or hot tub until cleared by your surgeon.

## Bathing and Showering

- You may shower after the procedure, however, please keep the bandages covered, clean, and dry.
- After the bandages are removed, you may allow soap and water to run over the incisions. Do not scrub the incisions. Pat the area dry gently.
- Bathing, swimming, or full immersion of the incision is not allowed for at least 3 weeks.
- It may be helpful to obtain a shower seat to assist with showering.

## 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.

## Swelling, Elevation, and Ice

- Swelling is common after orthopedic surgery. Elevate the affected extremity when possible.
- Apply ice packs for 20 minutes at a time, several times daily, with a cloth barrier between the ice and skin.
- Bruising around the hip and thigh is common after surgery. This will resolve on its own within a few weeks.

## Diet and Hydration

- Resume your regular diet as tolerated unless otherwise instructed.
- Protein and carbohydrates are critical to post-surgical recovery. Make sure you are eating clean sources of nutrients and supplementing if needed.
- Start with light meals if you have nausea.
- Drink plenty of fluids unless you were told to limit fluid intake.
- Smoking, vaping, or tobacco use are strictly prohibited after surgery, and can cause major complications with wound healing and recovery if used.

### Call the Office Immediately If You Have:

- Fever greater than 101.5°F (38.6°C)
- Increasing redness, warmth, swelling, or drainage from the incision
- Severe pain not controlled by prescribed medication
- Numbness, tingling, or worsening weakness
- Persistent nausea or vomiting
- Calf pain, significant swelling in the leg, chest pain, or shortness of breath

**For a true emergency — chest pain, severe shortness of breath, uncontrolled bleeding, or any other urgent medical concern — call 911 or go to the nearest emergency room immediately.**

## Follow-Up Appointment

Please call the office at **718-208-1440** to schedule a follow-up appointment between 8–14 days after surgery.

## Home Exercises

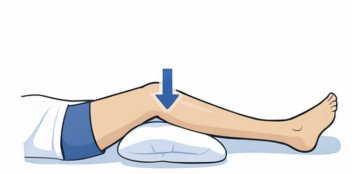
Perform these exercises gently and within a comfortable range. Repeat each 10 times, 3–4 sessions per day. Stop if you have a significant increase in pain, swelling, or discomfort.



**Quad Sets:** Lie on your back with your leg straight. Place a small towel roll under your knee if helpful. Tighten the muscle at the front of your thigh and press the back of your knee gently downward. Hold for 3–5 seconds, then relax.



**Heel Slides:** While lying on your back, slowly slide your heel toward your body to bend the knee, then gently slide it back out straight. Move only within a comfortable range.



**Passive Knee Extension:** Rest your heel on a pillow or rolled towel so the knee is unsupported and allowed to straighten gently. Relax in this position for a few minutes, as tolerated, to help restore extension.



**Ankle Pumps:** Move your foot up and down at the ankle several times throughout the day to encourage circulation and help reduce swelling.