

Patient Name: _____

HIP ARTHROSCOPY - DISCHARGE INSTRUCTIONS

Activities and advice for in the hospital and while at home:

1. Please call the office with any concerns: (860) 832-4666
2. If you are not currently on a blood thinner (i.e. Xarelto, clopidogrel, warfarin), and do not have a contraindication to blood thinners/NSAIDs/aspirin (i.e. history of gastric bypass surgery or gastric ulcer), you will be expected to take **aspirin 325mg twice per day for 14 days** (one in the morning, one at night), in order to help prevent blood clots. If you notice **calf pain or excessive swelling in the lower leg**, call your doctor.
3. The pain medication **can make you constipated**. If so, take an over-the-counter stool softener (i.e. Metamucil) while taking the pain medication.
4. If you **DO NOT** want to take the postoperative narcotic, you can take **Tylenol 1000mg every 6 hours as needed for pain**.
5. Swelling control: **apply ice to the hip 15 minutes at a time, 5 times per day**, as it will help reduce swelling. Make sure there is a layer between your skin and the ice (i.e. cloth, clothing).
6. After **two days**:
 - You can **change the dressing to a smaller one** (i.e. bandaid) to allow the ice to better get to the hip.
 - It is **okay to shower** and get the wound wet, but **do not soak the wound** as you would in a bathtub or hot tub.
7. It is important to look out for **signs of infection** following surgery, including:
 - Fever (temperature > 101.5 degrees F)
 - Chills
 - Nausea and/or vomiting
 - Redness around your incision or yellow/green discharge from your incisionShould any of these be present, please contact the office **immediately** at (860) 832-4666. Should you experience any of the following symptoms, **please call 911 or go to your local emergency room**:
 - Shortness of breath
 - Chest pain
8. **Assisted ambulation**: partial weight-bearing (50%) on operative side with crutches.
9. You will have an **office visit scheduled approximately 7-14 days after your surgery**, at which time:
 - Sutures and/or staples will be removed
 - You will obtain a prescription to begin physical therapy
 - You will be shown pictures from your procedure

Patient Signature: _____ Date: _____