



**HEALTH**  
UNIVERSITY OF UTAH

**Travis G. Maak, MD**  
**Sports Medicine**  
**University of Utah Orthopaedics**  
**590 Wakara Way**  
**Salt Lake City, UT 84108**

### **Hip Arthroscopy Post-Operative Instructions**

- **PAIN**

- Most patients require some narcotic medication after surgery. You will be given a prescription(s) with instructions for its use. *Do not take more than prescribed.* If your pain is not adequately controlled, contact the surgeon on call, **(801) 587-7100**. Phone numbers are provided below as well.
- Common side effects of the narcotics include nausea, vomiting, drowsiness, constipation, and difficulty urinating. If you experience constipation, use an over the counter laxative. Minimize the risk of constipation by staying well hydrated and including fiber in your diet. You can also use a stool softener such as Colace or DulcoEase. If you have difficulty urinating, try spending a little time out of bed on the crutches. If it is not possible for you to urinate and you become uncomfortable, it is best if you go to the Emergency Room to get catheterized.
- Contact the office if you have nausea and vomiting. This is usually caused by the anesthesia or narcotics. We will either give you a medication for nausea at time of surgery or we will call it in to a pharmacy if you experience these symptoms.
- Do not drive or make important business decisions while using narcotics.
- Anti-inflammatories (advil, naprosyn, aleve, etc) will be given to you after surgery if needed. Please do not take any of these medications without consulting your physician.
- Do not take extra Tylenol if the pain medication given to you already has Tylenol in it.

- **WOUND CARE**

- It is common for some staining of the bandage to occur. If this happens, reinforce the area with additional bandages.
- Keep dressing dry and clean. You may remove the surgical bandages 2 days after surgery unless otherwise informed. Leave the steri-strips (sticky strips over incision) in place and do not remove. Redress the incision with the Op-Site bandages found in your red folder.
- To avoid problems with infection, keep incision clean and dry. Cover incision with saran wrap while showering for the first week. Do not soak incision (bath, hot tub) until the skin is fully healed. If there is any concern about the incision, please call the on call sports surgeon at the University of Utah.
- A low grade temperature is very common within the first few days of surgery. This can often be treated with getting out of bed in a sitting or standing position, deep breathing and coughing to clear the lungs. If fevers, pain or swelling continue, please call.

- **ACTIVITY**

- Elevate the operative leg above the level of your heart as much as possible during the first week. This will help with pain and swelling. Elevate leg with a couple of pillows placed under your ankle/foot (to keep the knee from sitting in a flexed position).
- Weight bearing instructions and crutch use per physician (WBAT = may put as much weight on the extremity as tolerated). Most hip scopes will be WBAT. I would like you to use the crutches as needed. The goal is to be off crutches 4



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weeks after surgery, but you may come off crutches as soon as you feel comfortable. Please do not come off crutches if you are limping significantly.

- A CPM is optional after surgery. If you have one, please use the CPM (motion machine) as instructed. If you choose to use one, we would like you to use the CPM until you begin formal physical therapy. You may also ride a stationary bike on low resistance in place of the CPM. Use after starting formal PT is optional.
  - Avoid prolonged sitting or long distance traveling for 2-3 weeks.
  - May return to sedentary work or school in 3-7 days if tolerated.
- **DIET**
    - Begin with clear fluids and light foods (jello, clear broths). Progress to a regular diet as tolerated.
- **ICE**
    - Use ice packs for 30 minutes on, 30 minutes off until swelling has subsided.
    - You may be given an Ice Machine. Use as instructed.
- **EXERCISE**
    - The home exercise sheet is in your red folder. Please begin these as soon as your pain allows.
    - Physical therapy should begin about 2 weeks after surgery, please call and make an appointment today. You have already been given a therapy protocol/prescription and it can be found in your red folder. Please call to set this up as soon as you can after surgery.
- **CONCERNS/QUESTIONS**
    - If you feel unrelenting pain, notice incision redness, continuous drainage or bleeding from wounds, continued fevers greater than 101°, difficulty breathing or excessive nausea/vomiting, please call **(801) 587-7040** during regular office hours or **(801) 587-7100** (physicians' answering service) after 4:00 pm or on weekends.
    - If you have an emergency that requires immediate attention, proceed to the nearest Emergency Room.
- **FOLLOW UP APPOINTMENTS**
    - If you do not already have a follow up appointment scheduled, please call (801) 587-7109 during normal office hours and ask to schedule an appointment. I would like to see you back in 10-14 days after surgery. However, if there are any post-operative surgical concerns, please call and we will get you in sooner.
- **STUDY PATIENTS**
    - We thank you for participating in clinical studies. Our intention is to improve your care and the care of future patients.
    - If you have any questions regarding the study, please call the numbers provided on the study documents or you may contact the office numbers provided below.



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- **IMPORTANT NUMBERS**

- Questions
  - During Office Hours (8:00-4:00)
    - Cassidy (Medical Assistant) 801-587-7040
    - Nikki Cooper (Practice Coordinator) 801-587-0989
    - Mark Beese (Athletic Trainer) 801-587-1473
  - After Hours (Tell the hospital operator your surgeon's name and they will contact the appropriate on call physician)
    - 801-581-2121
- Office Appointment Scheduling
  - 801-587-0989
- Surgery Scheduling
  - Tiffany 801-587-7187
- Physical Therapy
  - 801-587-7005
- Toll Free
  - 1-800-824-2073
- Dr. Maak Fax
  - 801-587-3990