

Please read this packet prior to your pre-operative appointment

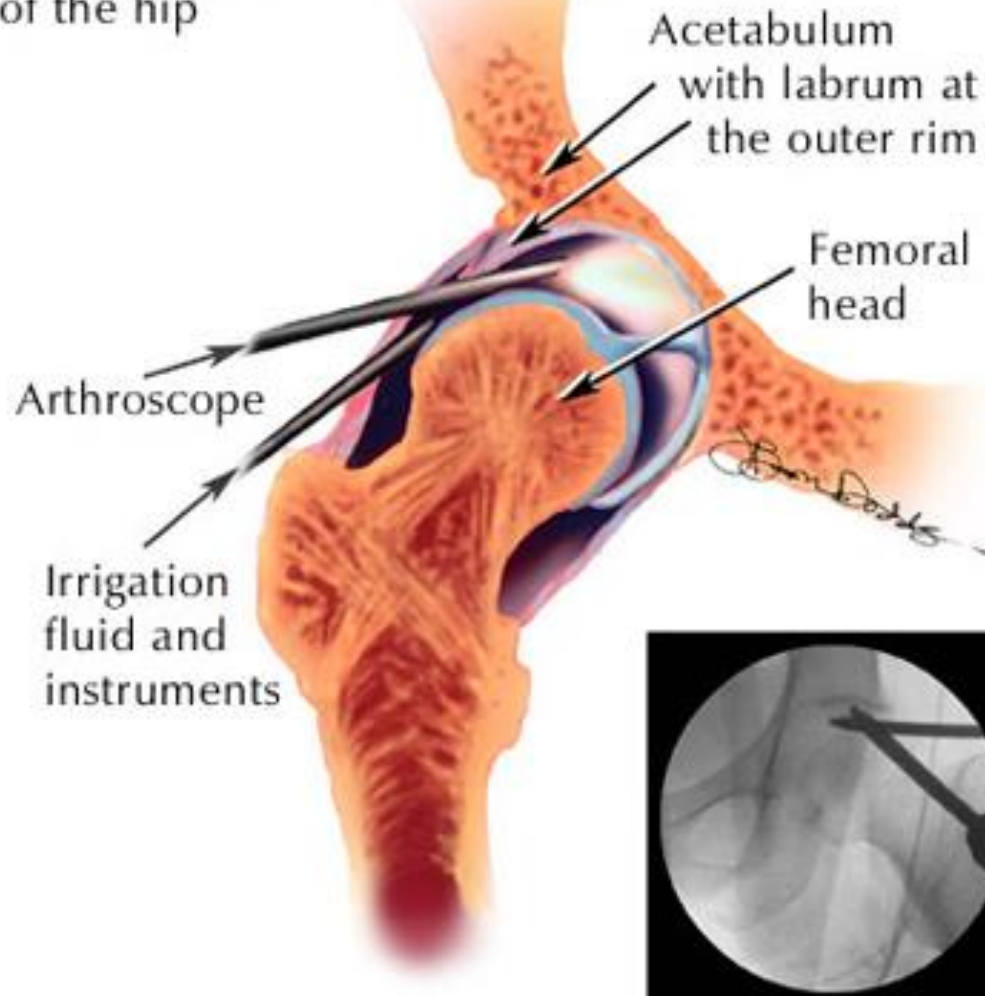


American Hip Institute

Guide to

Hip Arthroscopy

Arthroscopic procedure
of the hip



Date of Surgery:

Location of Surgery:

If you have been instructed by our staff to obtain testing and medical clearance, an email will be sent to you containing an attachment with a list of specific pre-operative testing instructions. Please share this list with your primary care physician at the time of your visit. Your pre-operative testing and clearance must be performed within **30 days of your surgery date**. Please have all results faxed to 630.323.5625.

Your pre-operative appointment will be at our office in DesPlaines. At this appointment you will be fitted for your hip brace, and possibly provided a walker or crutches. You will meet with a physical therapist, as well as have an office appointment with a Nurse Practitioner or Physician Assistant.

Your post-operative appointment will be at our office in DesPlaines with a Nurse Practitioner or Physician Assistant.

Please be sure to assign yourself a Surgical Coach. A Surgical Coach is the person who you will designate to attend all of the appointments mentioned above. Throughout the care process you will be provided with a vast amount of information regarding your surgical procedure and recovery. Your Surgical Coach will serve as additional support throughout this process.

You are entering a mutual relationship in which we are committed to improving the quality of your life. This booklet was developed as a resource and teaching tool pertaining to your procedure.

An important part of your recovery is your commitment to the care and rehabilitation of your improved hip. We understand that the preparation and recovery process can be challenging and we encourage you to read through this packet and highlight questions or notes that you would like to discuss with the staff.

Please bring this booklet to your pre-operative appointment so we can review with you.

Thank you for allowing us to take part in your health care needs.

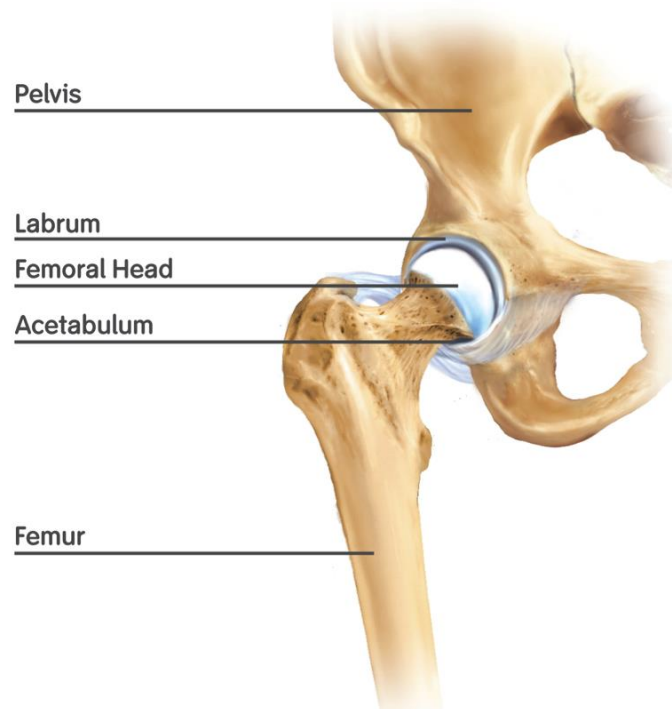
Your Team

You will have a dedicated team helping you through the surgery process. The team consists of your surgeon, a Nurse Practitioner, Physician's Assistant, Surgery Scheduler, Insurance Coordinator, and Administrative Assistant. Our team is quickest to respond via our email: info@americanhipinstitute.com. If you would like to talk via phone, please email us your preferred contact number.



How the Hip Works

The hip joint is a “ball and socket” joint. The “ball” is known anatomically as the femoral head; the “socket” is the part of the pelvis known as the acetabulum. Both the femoral head and the acetabulum are coated with articular cartilage. Like all joints, the hip has synovial (joint) fluid, which allows for smooth, painless movement within the hip joint.

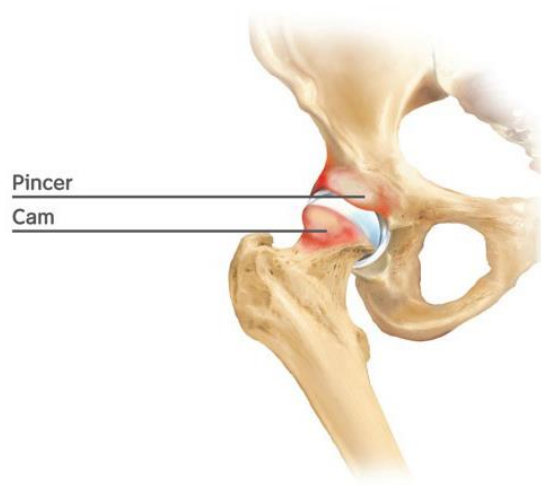


The **labrum** of the hip, similar to that of the shoulder, is a ring of rubbery fibrocartilage around the rim of the acetabulum, which deepens the hip socket and acts as the suction seal of the hip joint. The intact labrum seals the lubricating fluid within the hip and contributes to stability of the joint. One of the most common causes of hip pain involves damage to the labrum.

Femoro-acetabular Impingement (FAI) & Labral Tears

Femoro-acetabular Impingement (FAI) is a common generator of pain in the hip. Impingement can lead to labral tears and eventually the advancement of arthritis. Impingement is most commonly described as anatomic boney variability of the acetabulum (socket) and femur (leg bone) that causes the two bones to rub against each other during certain hip motions.

There are two distinct forms of hip impingement; over-coverage of a socket, known as Pincer impingement and a non-spherical femoral head, known as Cam impingement. During hip motion, either during sports or with daily activities, the non-spherical femoral head and socket can rub against each other and cause pinching or entrapment of the labrum, often resulting in a labral tear.



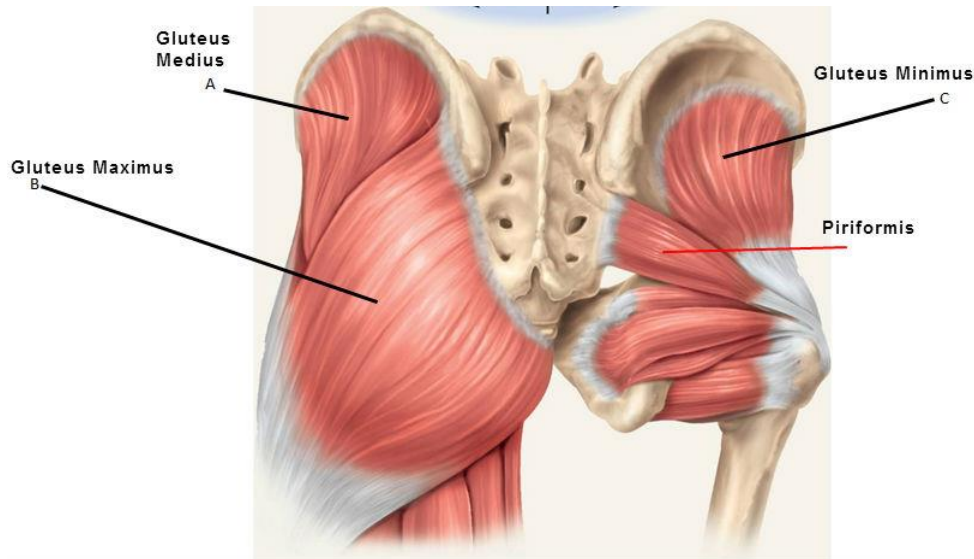
When the labrum is torn, the hip's suction seal is disrupted and the joint loses its lubrication and stability. This can compromise the articular cartilage and can lead to arthritis over time.

Labral tears can be repaired arthroscopically. When repairing a labral tear, the mechanical (boney) impingement must also be addressed in order to make sure the damage does not reoccur.

Arthroscopic treatment involves trimming the overcoverage of the acetabular rim, known as an acetabuloplasty. Shaving down the bump on the femoral neck (Cam), is known as a femoroplasty and involves re-shaping the femoral head to restore its spherical contour. Both of these procedures help the ball-and-socket joint to move in all directions without impingement.

Gluteus Medius Tears

The gluteus medius is a muscle on the outside of the hip, which is important for abduction (lateral movement away from the body). This muscle helps one



stand up right and walk without a limp.

Gluteus medius tears, also known as the rotator cuff tear of the hip, involve tearing of the gluteus medius muscle from its attachment to the greater trochanter, commonly known as the “lateral hip bone”. Gluteus medius tears may cause persistent pain mimicking trochanteric bursitis. They may also cause weakness and limping.

When physical therapy and injections in the trochanteric bursa do not provide lasting relief, the diagnosis of gluteus medius tear should be suspected. In many cases, a torn gluteus medius can be repaired arthroscopically by sewing the torn part of the gluteus medius tendon back to the bone using tiny suture-anchors. This procedure has a high success rate in treating pain, and may restore strength to the gluteus medius muscle.

If the tear is too large, an open gluteus medius repair may be undertaken. Similar anchors are used to stabilize the repair or the tendon to the bone. In rare cases where the gluteus medius is weakened, the gluteus maximus muscle may be transferred, restoring the strength and function to the hip abductors.

Pre-Surgical Checklist

*In order for your surgical experience to proceed smoothly, each of the following items **must be completed prior** to the day of your procedure.*

- Pre-Operative Lab Tests**
 - Blood Work
 - EKG (if requested or 50 years or older)
 - Chest x-ray (if requested)
 - Additional testing if necessary or recommended by your primary care physician

- Letter of medical clearance from primary care physician and specialists**
(Cardiologist, rheumatologist, hematologist, etc., if currently under their care)

- Attend your pre-operative appointment**

- Surgical Coach:** Please be sure to assign yourself a designated person who will attend your pre and post-operative appointments with you.

- Discontinuing Medication before Surgery:** Your medications will be discussed with you at your preoperative appointment. You will be given specific instructions on what medications you can continue to take and if any need to be stopped before surgery and if so, for how long.
 - **One week before surgery** it is necessary to stop taking the following medicines unless otherwise directed by your medical physician:
 - All anti-inflammatory medicines (**Aleve, Advil, Motrin, Ibuprofen, Voltaren, Naprosyn, Celebrex, etc.**)
 - Nutritional supplements (**Vitamin E, Ginseng, Ginko Biloba, Garlic, Ginger, etc.**)

 - **Consult with your prescribing physician** for the appropriate and safe discontinuation of any medication before surgery, particularly:
 - **Aspirin, Coumadin, Warfarin, Plavix, Heparin, Lovenox and/or any other blood thinning medications:** These medications need to be safely **discontinued at very specific times** before surgery. Some medical conditions can be life threatening if these medicines are stopped without appropriate timing and precautions.

- **Rheumatologic medicines** such as **Enbrel and Humira**: Discuss with your Rheumatologist as some of these medications need to be **discontinued one month prior** to surgery

- **Arrange for transportation home following discharge.**
 - You will not be permitted to drive yourself. Your surgery **will be cancelled** if this not arranged.

- **A brace will be provided and fitted specifically for you.**
 - You will receive your brace at your preoperative appointment.
 - Please bring your brace with you the day of surgery. This should be brought to the operating room with you on the day of surgery.

- **Bring crutches with you the day of surgery.**
 - You will receive your crutches at your preoperative appointment.

- **Schedule your first physical therapy session.**
 - For most surgeries, post-operative physical therapy will begin the **day after** surgery, unless advised otherwise by Dr. Domb. Please schedule your appointments and arrange the necessary transportation.
 - Your physical therapy prescription will be provided to you on the day of surgery. Please take your physical therapy prescription and protocol to your first therapy session.

- **Complete your pre-surgical questionnaire online**
 - You will receive an e-mail with a personalized link to your questionnaire.
 - This will help us track your personal improvement post-operatively in order provide you with the highest quality care. (See: Clinical Outcomes Program)

Clinical Outcomes Program

As part of our commitment to provide you with the highest quality of care, the American Hip Institute has established a Clinical Outcomes Program.

What are clinical outcomes?

- Clinical outcomes measure the result of a treatment plan or surgical intervention.
- In orthopaedics, we track your progress by concentrating on level of pain, how well you're moving, and your overall quality of life as a result from our care.

Why is the Clinical Outcomes Program important?

- Our goal is to provide exceptional orthopaedic care to all of our patients. Tracking clinical outcomes allow us to measure the quality of care tailored to each individual. It is an evidence-based process that gives us insight into which factors affect outcomes and why some patients have better long-term results than others.
- The payers of health care services (e.g. insurance companies) are requesting this information and we need to comply with such reporting requirements.

How does this involve me as a patient?

- You will periodically receive automatic reminders (with a link) asking you to complete brief questionnaires for progress updates.
- Your doctor wants you to complete these questionnaires promptly when received. Your timely response is very important and helps your doctor to track your results and progress over the short and longer term.

What do I need to do to participate?

- It is essential that we have your correct contact information (i.e. current email address and mobile number).
- By providing your contact information, you are consenting to receive messages regarding your healthcare information and other healthcare-related services at the email address and/or mobile number(s) provided.
- You may revoke your consent at any time by unsubscribing via text, modifying your settings in your user account, or by notifying your doctor in writing.
- By providing your mobile number, you may be charged for text messages by your wireless carrier.
- In a medical emergency, you should not email or text; you should call 911 immediately.

How secure is my information?

- We follow all federal guidelines for patient privacy. All patient information is protected in accordance with HIPAA electronic data storage on secure servers. Your contact information will never be shared or used for any reason other than the purpose of maintaining our relationship with you regarding your health care. Your contact information is not stored in a file that contains confidential identifiers, such as your Social Security number. You will never receive requests for your Social Security number or other personal information related to your identity. Your contact information is not linked to personal information.

Day before Surgery

- ✓ ***Do not eat or drink anything after midnight before your surgery, unless instructed otherwise.*** Your stomach needs to be empty for surgery. You will be instructed as to which of your medications can be taken on the morning of your surgery with small sips of water only.
- ✓ ***A Registered Nurse will call you one day prior to surgery*** (Friday for a Monday procedure) to inform you of your arrival time at the surgery center or hospital and to answer any additional questions.
 - ***You will receive this phone call between 3-7 pm.***
 - The contact numbers and addresses for the surgical center and hospitals are provided at the end of this packet.
- ✓ Shower with Hibiclens® antibacterial soap the night before and the morning of your surgery. Hibiclens can be purchased as an over the counter item at your local pharmacy.
 - Avoid using Hibiclens on the face, genitals or mucous membranes.
 - You may use regular shampoo and conditioner on your hair.
 - Do not use lotions, powders or deodorants after cleansing with Hibiclens.
 - If you have any allergies or sensitivities to soaps, you may use your own soap. Please discuss with your health care team at your pre-operative visit.
 - Do not shave near the area of your surgery for 3 days prior to the procedure.
 - Follow your normal oral care routine.
 - Do NOT wear wear make-up or nail polish the day of surgery.
 - Use clean towels and bedding before and after the procedure.
- ✓ ***Avoid alcohol and smoking 1 month before and 3 months after your surgery.***

Day of Surgery

Your surgical team will consist of: your surgeon, a nurse practitioner, physician assistant, anesthesiologists, registered surgical nurses, and physical therapists. Each individual is important in your care and will provide their expertise to give the best surgical and rehabilitative experience.

- ✓ **Follow the Fasting Instructions** provided to you during your pre-operative telephone call. Refrain from any food or drink as instructed. If you were instructed to take any of your medications, take the morning of your procedure with a sip of water. If you are diabetic, do not take any oral medication for your diabetes unless otherwise instructed to by your medical physician.
- ✓ *Please bring hip brace and crutches with you to your surgical location.*
- ✓ Dress comfortably.
- ✓ Staff will guide you to the pre-operative unit. Here you will be asked to change into a gown and be prepared for surgery.
- ✓ The site of surgery will be shaved and prepped.
- ✓ You will need to remove contact lenses. Please bring glasses as needed.
- ✓ Any dentures or partials will need to be removed.
- ✓ Alert the RN of any allergies that you may have (penicillin, latex, iodine/shellfish)
- ✓ An IV will be inserted for access, fluids, antibiotics and medications. You will be given a cocktail of medications pre-operatively to minimize pain and inflammation.
- ✓ Family members or your designated contact person will be directed to the waiting room to remain during your surgery. Family can expect one of our team members to come speak with them approximately 2 hours after the start of surgery.
- ✓ The Anesthesiologist will review your medical history and explain the methods for anesthesia and the risks and benefits involved.

- ✓ You will be seen prior to going to the operating room to answer any last minute questions and sign the surgical site.
- ✓ Staff will bring you to the operating room. You will be asked to position yourself on the operating room table. The surgical team will adjust your position, provide warming blankets, and ensure that all body parts are safely positioned and well-padded.
- ✓ After surgery is completed you will be taken to the recovery room by the anesthesiologist and the nurses.
- ✓ In the recovery room, an experienced recovery room nurse will closely monitor you.
- ✓ As you wake up from the anesthesia, you will be transferred to a private second phase recovery room where your family or designated person will be able to see you.

Depending on your surgical procedure, you will either be discharged to home by the anesthesiologist or admitted to the hospital for further evaluation if medically indicated.

Immediate Post-Operative Care

When the anesthesiologist and the recovery room nurse have determined it is safe for you to be discharged home, the nurses will go over a series of instructions and materials to ensure you are prepared for the next step in your recovery.

Hip Arthroscopy Postoperative Medications

- ✓ Pain medicine prescription and directions for usage will be provided following surgery. Commonly prescribed medications include:

Pain Medications:

- ✓ *Norco* – take as needed. This is a narcotic pain medication.
- ✓ Take as directed and do not take additional Tylenol/acetaminophen while taking this medication.
- ✓ Do not mix pain medicine with alcohol or other sedating drugs.
- ✓ ***You are not allowed to drive while taking pain medication.***

Anticoagulation:

- ✓ *Aspirin* 325mg – Take 2 times per day for one month. This is NOT to be taken in those under 18 years old.


Anti-inflammatory – Heterotopic ossification prevention:

- ✓ *Naprosyn* 500mg – Take 2 times per day for 6 weeks. Do not combine with other anti-inflammatory medications. To be taken concurrently with aspirin in those over 18 years of age.

Digestive Medications:

- ✓ *Prilosec* 20mg – Take 1 time per day for 6 weeks. This is sold over the counter.
- ✓ *Colace* – Take 3 times per day for the first five days to help with postoperative digestion and constipation.

Medication Questions & Refill Requests:

- ✓ You make contact your Pharmacist or e-mail the team at DombAssistant@DrDomb.com. For urgent after hour questions please call 630-920-2323.
 - ✓ *Please call your pharmacy and ask them to fax a refill request to: (630) 323-5625*
 - ✓ Refills are authorized Monday – Friday 8am-4 pm and may take up to 48 hours to be authorized.
 - ✓ *Narcotic medications, such as Norco, cannot be called into a pharmacy and must be written or printed out and picked up at the office. This is a state law and there are no exceptions. Please plan accordingly.*
- 
- ✓ **PLEASE NOTE: A limited amount of pain medication can be dispensed through our office due to some state and insurance guidelines. You will be issued a prescription for pain medication and 1 refill. If you exceed the allotted refill amount, you must schedule an appointment and obtain your medication from a Pain Management Specialist or your Primary Care Physician.**
- ✓ **If you are having a medical emergency (such as trouble breathing, chest pain, etc.), call 911!**

Anti-Inflammatory Medication

Anti-inflammatory medications are a time-released medicine. It is important to take them consistently and at the same time each day. Less than 4% of the population experience side effects from anti-inflammatory medications. If you currently have a history of gastrointestinal ulcers or other medical conditions, it is imperative that you consult with your physician prior to taking any anti-inflammatory medications.

Here are some possible side effects to watch for:

- ✓ **Upset Stomach:** This is the most common side effect. Taking NSAIDs with food or after consuming food can dramatically reduce the possibility of an upset stomach.
- ✓ **Loose Stools:** If this side effect occurs it should subside in a few days. If it does not please call the office. It is possible to become dehydrated from loose stool, make sure you are drinking plenty of fluids.
- ✓ **Light-Headedness:** If this symptom occurs, do not operate vehicles or operate any kind of machinery. Stop taking the medication if this occurs.
- ✓ **Blood in Stools:** If this should occur stop the medication IMMEDIATELY and call the office.
- ✓ **Fluid Retention:** If you notice any edema (swelling of the extremities, hands, or feet) stop the medicine IMMEDIATELY and call the office.
- ✓ **Skin Rash/Itching:** Stop the medication IMMEDIATELY and call the office.

To increase pain control, you may take Tylenol with your anti-inflammatory medicine. DO NOT take aspirin-based pain medication, or non-steroidal NSAIDs such as Aleve, or Motrin. If you have any questions or concerns, please feel free to contact our office.

At Home Following Your Surgery

It is common to have the following reactions after surgery:

- Low-grade fever (<100.5° F) for about a week
- Small amount of blood or fluid leaking from the surgical site
- Bruising, swelling & discoloration in the involved limb or adjacent areas of the body
- Mild numbness surrounding the wound site, possibly for 6-9 months

The following *reactions are abnormal*. If you should have any of the following symptoms, please contact our office or go to the nearest emergency room:

- Fever > 100.5° F
- Progressively increasing pain
- Excessive bleeding
- Persistent nausea and vomiting
- Excessive dizziness
- Persistent headache
- Red, swollen, oozing incision sites

The following *reactions may require emergent intervention* or a visit to the Emergency Room:

- Chest Pain
- Shortness of breath
- Fainting or Loss of Consciousness
- Persistent Fevers > 100.5° F
- Weakness, Numbness, Inhibition of motor skills in the operative extremity
- Red, swollen, or painful calf and/or increased numbness or tingling in your foot

*****For any *urgent* medical questions after business hours**

- ✓ Please call 833-USA-HIPS (833-872-4477) and the answering service will contact the provider on-call.

Pain Management:

- ✓ Take pain medications only as needed.
- ✓ Take pain medications with food.
- ✓ Tylenol (Acetaminophen) may be used instead of your narcotic medication.
- ✓ Discontinue the use of narcotic pain medications as soon as possible.
- ✓ Elevate your operative extremity throughout the day to aid with pain and swelling.

Avoid constipation:

- ✓ This is a common side effect from pain medications.
- ✓ To avoid constipation, drink plenty of fluids (water is preferred).
- ✓ Use a stool softener, like Colace, while taking pain medicines. A prescription for Colace will be provided at your preoperative appointment.
- ✓ Take a laxative like Dulcolax, or Milk of Magnesia, as needed.
- ✓ Eat a high fiber diet full of fruits and vegetables.

Cold Therapy:

- ✓ **Ice packs** will be needed for post-operative care.
- ✓ You will begin to ice immediately post-operatively. You should ice several times throughout the day (at least 4 times per day), for **no longer** than 20 minutes at a time. **Do not ice while sleeping.**
- ✓ Use a towel or pillowcase to prevent the ice pack from directly touching skin.
- ✓ Check the treated area after each session, as temporary numbness following surgery may result in a decreased ability to detect dangerously cold temperatures.

Brace instructions:

- ✓ You will wear your brace at all times (sleeping included) except for physical therapy, showering, and while using the CPM or stationary bike.
- ✓ The brace will be used anywhere from 2 – 8 weeks after surgery and will depend on which procedures are performed.

***Continuous Passive Motion (CPM) / Stationary Bike:***

- ✓ A CPM machine will be used for 4 hours a day, 7 days a week, for a total of 8 weeks.
- ✓ MedWest will contact you at the number you have provided to us to coordinate delivery and set-up in your home the day before your surgery. The machine will be set for 120° of knee flexion, which is equivalent to 90° of hip flexion.
- ✓ A stationary bike (upright or recumbent) may be used instead of the CPM. If using a stationary bike, you will use it for 2 hours a day at zero resistance, 7 days a week. The seat of the bike should be high enough so the angle between waist and thigh does not go beyond 90.°
- ✓ You should NOT use the bike or CPM for the 2-4 hours consecutively. Make sure to break this exercise up throughout the day whenever is convenient for you.



Hip CPM Protocol

The CPM machine is used to provide gentle range of motion to your hip after hip surgery. This can help prevent stiffness and excess scar tissue deep within the hip joint.

Instructions:

- Begin use the day after surgery.
- Remove your hip brace while using the CPM machine.
- Begin with the machine set at 70 degrees of flexion.
- Increase flexion by 6-8 degrees per day, as your hip tolerates.
- The goal is to reach 120 degrees of flexion on the machine, this brings the hip to 90 degrees of flexion.
- Use 4 hours per day in 30-60 minute increments, as your hip tolerates.
- Use for a total of 8 weeks postoperatively.

Weight Bearing Instructions

Weight Bearing Instructions:

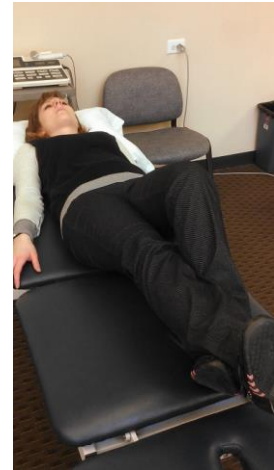
- ✓ For at least the first two weeks of your recovery, you will be 20 lbs flat foot weight bearing, which means you will be placing 20 lbs of pressure on your hip.
- ✓ Walk with crutches at all times.

****This is subject to change depending on procedures performed and you may be on crutches up to a maximum of 8 weeks****

Transferring from sitting to lying with assistance from your non-surgical leg:

In the pictures below, the right leg is the surgical leg. While sitting on the edge of your bed, with no weight on your feet, hook the left foot behind the calf/ankle of your right leg. Use the left leg to assist in raising the right leg up while you pivot your body to be in position to lie down. As you pivot you may use your arms to help lie yourself down. When your leg is supported by the bed you may take the left foot out from behind your leg.

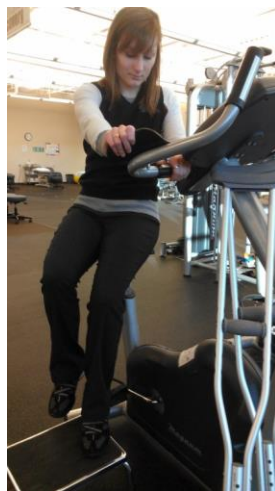
(This may also be used when moving around in the bed to avoid over



activating the hip musculature.)

How to get on/off a bike:

In these pictures, the right leg is the surgical leg. First have a step placed near the bike to assist with getting on and off. It should be placed on the same side as you are having surgery (note that above it is on the right side of the bike). Approach the step, and using the same instructions as taught for going up stairs, put your good foot on the step first. Rise up onto the step fully, and then rest your crutches on the front of the bike so that you can reach them when needed. Use the seat of the bike and handle bars to help with the rest of the transfer. Pivot to sit your butt on the seat while facing sideways (as shown above). While using your arms on the handle bars to stabilize yourself pivot to face forward while swinging your non-surgical leg (left leg in pictures above) over the midline of the bike. Next place your right foot (surgical leg) on the pedal, but make sure it is near the down position when doing this. Lastly place your left foot (non-surgical) on the pedal, and you are ready to start biking!



Incision and Wound Care

Initial Wound:

- ✓ You may shower on day 3 after surgery. See proper cleaning instructions below.
- ✓ Remove the dressing on day 3 after surgery.
 - Apply dressings as needed to incision sites (Band-Aids or dry gauze dressings).
 - Do not use bacitracin or other ointments on the incisions.
- ✓ Sutures
 - These will be removed at your 2 week postoperative office visit.

Caring for Your Incision:

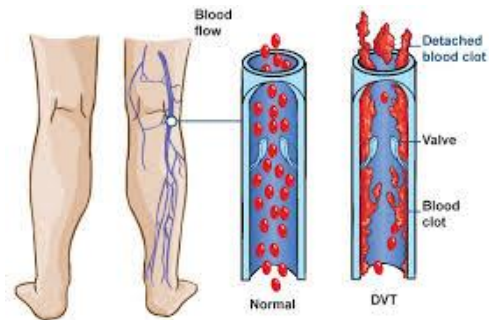
- ✓ Watch for signs of infection, which can include redness, pain, drainage, or foul odor. If you see any of these signs, please call our office at (630) 920-2323.
- ✓ If you feel warm or feverish take your temperature – call our office for temperatures $> 100.5^{\circ}$ F.
- ✓ Beginning day 3 after surgery, wash your incision with gentle soap and water. Pat dry. Avoid rubbing the incisions or applying lotions.
- ✓ Do not soak your hip in water by bathing or swimming for at least 4 weeks after surgery, or until the incisions have fully healed.

Blood Clot Prevention

Blood clots are the most common complication after orthopedic surgery, but there are several things we can do to help decrease your risk. This page discusses what a blood clot is, signs and symptoms and what you can do to help prevent.

What is a Blood Clot?

A blood clot is a thick mass formed in the blood to stop bleeding; if formed when not needed, a blood clot can cause a heart attack, stroke, or other serious medical problem. It is important to follow the preventative instructions to make sure that you limit your risk of developing a blood clot.



What are Signs of Blood Clot?

If you experience chest pain, difficulty breathing or severe headache call 911 immediately as these could be signs that a blood clot has broken off and traveled to other parts of your body.

Symptoms to look for in your lower legs:

- ✓ Redness
- ✓ Pain
- ✓ Warmth
- ✓ Swelling

What Steps Can I Take to Help Decrease My Blood Clot Risk?

- ✓ Stay mobile and avoid long bouts of sitting or lying in bed.
- ✓ Perform ankle pumps every hour while at rest (at least 30 reps).
- ✓ Wear your compression stocking or TED hose as directed after surgery. ***These will be provided to you on the day of surgery.***
 - Wear TED hose daily. You may remove the TED hose for showering and leave off for 1 – 2 hours. These should be reapplied. Use while sleeping.
 - Wash stockings as needed.
 - Check your skin under stockings daily.

There are several medications to help prevent blood clots. These medications are also called blood thinners or anticoagulants. These medicines will be used for 4 weeks after surgery. You may notice that you bruise more easily when using this medicine. Your health care team will discuss the best medications options for you for use after surgery.

Medications We Use to Help Prevent Blood Clots Include:

- ✓ Aspirin
- ✓ Lovenox: For some select patients. This will be discussed at your preoperative office visit.
- ✓ Xarelto: For some select patients. This will be discussed at your preoperative office visit.

Traveling

Driving:

You are not allowed to drive while taking pain medications. Most patients are able to drive after discontinuation of the brace and when released to full weight bearing. **Driving will be further discussed at your postoperative visit.**

- ✓ You may contact us if you have questions about your ability to drive.
- ✓ You can apply for a temporary, six-month handicap sticker from the State of Illinois or Indiana. You will need the DMV application form which the team can assist you with. **Please request this form prior to your surgery, as a health care provider's signature is needed on the form.** The application can then be taken to the DMV.

Flying:

You are able to fly; however, you must avoid sitting for long periods of time.

- ✓ If you do fly, make sure you stand up and move around the cabin often and as able according to your flight crew. It is also a good idea to do ankle pumps while sitting in your seat.
- ✓ **For airplane travel within six weeks after your surgery, please notify our staff. We will prescribe a dose of medication needed for safer travel.**

Going Back to Work

Returning to work is different for each individual as it depends on your recovery process and the type of work you perform. Discuss your job tasks and responsibilities with your health care team so you can start talking with your employer about returning to work before surgery. Make sure you provide time for going to outpatient physical therapy.

Return to Work Low to Medium Demand:

Sitting:	1 – 3 weeks after surgery
Combination sitting/standing:	1 – 4 weeks after surgery
Standing:	1 – 4 weeks after surgery
High demand/heavy labor:	To be determined by healthcare team

Family Medical Leave Act (FMLA) Paperwork

Many patients require completion of FMLA paperwork for their job. As this paperwork is long, please allow 7 – 10 days for completion.

- **Please submit paperwork prior to your preoperative appointment.**
 - Fax to: (630) 323-5625.
- Make sure your paperwork indicates your name and date of birth and includes a job description, which details specific tasks related to physical demands.

**Family and
Medical Leave
Act**

FMLA

Please request the appropriate off / return to work and/or school notes at your pre and postoperative appointments.

Surgery Locations



Munster Specialty Surgery Center
9200 Calumet Avenue, Ste 100
Munster, IN 46321
(219) 595-0789



Good Samaritan Hospital
3815 Highland Avenue
Downers Grove, IL 60515
(630) 275-5900



St. Alexius Medical Center
1555 Barrington Road
Hoffman Estates, IL 60169
(847) 843-2000



North Shore Surgical Suites
8400 Lakeview Pkwy
Pleasant Prairie, WI
(262) 455-7548

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Lutheran General Hospital
1775 Dempster Street
Park Ridge, IL 60068
(847) 723-2210

Further Reading

1. Espinosa N, Beck M, Rothenfluh DA, Ganz R, Leunig M. Treatment of femoroacetabular impingement: preliminary results of labral refixation. Surgical technique. *J Bone Joint Surg Am.* 2007 Mar;89 Suppl 2 Pt.1:36-53.
2. Larson CM, Giveans MR. Arthroscopic debridement versus refixation of the acetabular labrum associated with femoroacetabular impingement. *Arthroscopy.* 2009 Apr;25(4):369-76.
3. Philippon MJ, Briggs KK, Yen YM, Kuppersmith DA. Outcomes following hip arthroscopy for femoroacetabular impingement with associated chondrolabral dysfunction: minimum two-year follow-up. *J Bone Joint Surg Br.* 2009 Jan;91(1):16-23.
4. Philippon MJ, Briggs KK, Hay CJ, Kuppersmith DA, Dewing CB, Huang MJ. Arthroscopic labral reconstruction in the hip using iliotibial band autograft: technique and early outcomes. *Arthroscopy.* 2010 Jun;26(6):750-6.
5. Philippon MJ, Schenker ML, Briggs KK, Maxwell RB. Can microfracture produce repair tissue in acetabular chondral defects? *Arthroscopy.* 2008 Jan;24(1):46-50.
6. Yen YM, Kocher MS. Chondral lesions of the hip: microfracture and chondroplasty. *Sports Med Arthrosc.* 2010 Jun;18(2):83-9.
7. Ilizaliturri VM Jr, Chaidez C, Villegas P, Briseño A, Camacho-Galindo J. Prospective randomized study of 2 different techniques for endoscopic iliopsoas tendon release in the treatment of internal snapping hip syndrome. *Arthroscopy.* 2009 Feb;25(2):159-63.
8. Baker CL Jr, Massie RV, Hurt WG, Savory CG. Arthroscopic bursectomy for recalcitrant trochanteric bursitis. *Arthroscopy.* 2007 Aug;23(8):827-32.
9. Farr D, Selesnick H, Janecki C, Cordas D. Arthroscopic bursectomy with concomitant iliotibial band release for the treatment of recalcitrant trochanteric bursitis. *Arthroscopy.* 2007 Aug;23(8):905.e1-5.
10. Domb BG, Nasser RM, Botser IB. Partial-Thickness Tears of the Gluteus Medius: Rationale and Technique for Trans-Tendinous Endoscopic Repair. *Arthroscopy.* 2010 Oct 14.
11. Voos JE, Shindle MK, Pruett A, Asnis PD, Kelly BT. Endoscopic repair of gluteus medius tendon tears of the hip. *Am J Sports Med.* 2009 Apr;37(4):743-7.
12. Philippon MJ. New frontiers in hip arthroscopy: the role of arthroscopic hip labral repair and capsulorrhaphy in the treatment of hip disorders. *Instr Course Lect.* 2006;55:309-16.

13. Dagher F, Ghanem I, Abiad R, Haykal G, Kharrat K, Phares A. [Bernese periacetabular osteotomy for the treatment of the degenerative dysplastic hip]. *Rev Chir Orthop Reparatrice Appar Mot.* 2003 Apr;89(2):125-33.
14. Karashima H, Naito M, Shiramizu K, Kiyama T, Maeyama A. A Periacetabular Osteotomy for the Treatment of Severe Dysplastic Hips. *Clin Orthop Relat Res.* 2010 Oct 9
15. Martin HD, Shears SA, Johnson JC, Smathers AM, Palmer IJ. The endoscopic treatment of sciatic nerve entrapment/deep gluteal syndrome. *Arthroscopy.* 2011 Feb;27(2):172-81.
16. Matsuda DK. Endoscopic Pubic Symphysectomy for Reclacitrant Osteitis Pubis Associated with Bilateral Femoroacetabular Impingement. *Orthopedics.* 2010 Mar 10:199-203.
17. Surgical Technique: Transfer of the Anterior Portion of the Gluteus Maximus Muscle for Abductor Deficiency of the Hip. Whiteside LA. *Clin Orthop Relat Res.* 2011.
18. Simpson JM, Field RE, Villar RN. Arthroscopic reconstruction of the ligamentum teres. *Arthroscopy* 2011 Mar;27(3):436-41.
19. Hetsroni I, Larson CM, Dela Torre K, Zbeda RM, Magennis E, Kelly BT. Anterior inferior iliac spine deformity as an extra-articular source for hip impingement: a series of 10 patients treated with arthroscopic decompression. *Arthroscopy.* 2012 Nov;28(11):1644-53. doi: 10.1016/j.arthro.2012.05.882. Epub 2012 Sep 15.
20. Larson CM, Kelly BT, Stone RM. Making a case for anterior inferior iliac spine/subspine hip impingement: three representative case reports and proposed concept. *Arthroscopy.* 2011 Dec;27(12):1732-7.

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- c. Follow instructions to create a public google + account if necessary
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- f. Select publish

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- b. Select number or stars
- c. Insert review in the box
- d. Select sign up and Post – Either sign up or sign in to your Yelp account

3. VITALS

- a. Select number of stars (overall & specific)
- b. Insert Title of Review
- c. Insert Review
- d. Select Submit review

4. HEALTH GRADES

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- b. Select Submit Survey

5. RATE MD

- a. Select add rating
- b. Select number 1-5 in categories
- c. Fill in any comments
- d. Check box to verify comments
- e. Select Add New Ratings

6. FACEBOOK

- a. Login to account or create one
- b. Select number of stars
- c. Fill in any comments
- d. Select Review

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Frequently Asked Questions

1. **What do I need to do with my surgical bandages after I am discharged?** *See wound care instructions on page 28.*
2. **When can I drive again?** *There is no specific time-point when driving is allowed; however, general guidelines are listed on page 31. If you are unsure about your ability and when you can start driving, please call (630) 920-2323, or email DombAssistant@DrDomb.com.*
3. **What do I do if I run out of my medications?** *Please see instructions on page 21. Refills can take up to 48 hours or may need to be picked up at our office (for narcotics) per state law. Plan accordingly so you will not have a gap between needed medications.*
4. **How soon can I swim?** *Swimming exercises should be very gentle at first, with progression as tolerated. Absolutely no breast strokes until you follow up with Dr. Domb at your 3-4 month visit.*
5. **How soon can I run?** *Running varies between patients. You will learn what is best at your 3 month follow up appointment.*
6. **When can I lift weights?** *You may perform upper extremity weight lifting right away, up to 30 pounds. No lower body exercises or weight lifting until your 3-month follow-up appointment with Dr. Domb.*
7. **When can I golf?** *You may resume golfing 12 weeks after surgery.*
8. **When can I resume contact sports?** *You may resume contact sports after you have been evaluated and cleared by Dr. Domb or his assistant at your 3 month follow up appointment.*
9. **When can intimacy resume?** *Avoid sexual intercourse as long as you are using the hip brace. Once brace usage has been discontinued, you should avoid flexion positions and positions that cause hip pain.*

Please write down questions here that you would like the team to answer or discuss during your preoperative visit.