Dr. Tyler Kent

Tylerkentmd.com

Post-Operative Guidelines and Frequently Asked Questions for Acetabular Labral Repair and Augmentation

This document will help you plan for your post-operative recovery course following surgery. Please read and retain this information for future reference. Many of the questions you may have later can be answered by referring to this information.

Crutches: Crutches should be used at all times during the first two weeks after surgery. It is ok to rest your foot on the ground when standing, but you should avoid putting any body weight on the operative leg. After the first post-operative appointment with Dr. Kent (at two weeks), you may slowly begin putting some weight on your leg. Begin with 50% of your weight for the first few days. If this is not painful and does not make you sore the next day, gradually increase day by day until you can put all your weight down. Once walking safely with all your weight on your leg, you may then stop using crutches. This typically occurs around three weeks after surgery.

If you had a **labral augmentation**, delay this process by three weeks i.e. begin gentle weight bearing five weeks after surgery.

Continuous Passive Motion (CPM) machine: The CPM should be used for **six hours per day** for the first three weeks after a labral repair, and for six weeks after a labral augmentation. The reason for this is to prevent the joint capsule from forming adhesions to the repaired labrum. The machine should be set to 120 degrees of knee motion (which translates to 90 degrees of hip flexion). You may also begin using a stationary bike without resistance as early as the day of surgery to help decrease the risk of capsular adhesions.

Wound Care: Keep the site clean and dry as it heals\*. You may remove the outer bandages and gauze 2 days (48 hrs) after surgery. DO NOT remove the white strips directly over your incision sites. You may shower 48 hours after unless told otherwise by Dr. Kent. Do not apply any gels or ointments to the surgical site.  You do not need to re-apply any gauze over your incisions after your first shower, unless there is continued drainage.

\*It is normal to have small amounts of bloody drainage on the dressing especially the first 24-36hrs. You may develop swelling and bruising that extends from your thigh and buttock down to your leg and perhaps even to your ankle and foot over the first week after surgery. Do not be alarmed. This too is normal, and it is due to gravity pulling the bruising and swelling downward. Notify the office if you have any of the following: steadily increasing drainage on the dressing, pus-like or foul smelling drainage from any of the incisions, elevated temperature above 101° Fahrenheit, breathing difficulties, pain in your calf when you flex your foot up and down that is unrelieved by rest or elevation, or swelling in your calf, foot, or ankle.

Pain Medication: Prescriptions will be electronically sent to your pharmacy a few days prior to your surgery. Please pick up all prescriptions BEFORE your surgery day if possible. You will receive two medications: one narcotic pain medicine (oxycodone or hydrocodone), and Ondansetron for nausea. You may also take Tylenol, and an anti-inflammatory medicine such as Ibuprofen or Aleve. Please note that narcotics will make you constipated, so a stool softener or laxative may be needed. Start taking your pain medication as soon as you start to feel pain or when you feel the nerve block or local anesthetic wearing off. After that you will use the pain medication ONLY as needed. It is normal for pain to be worse at night. You should avoid taking pain medications on an empty stomach, as it will make you nauseous. Use the Tylenol and anti-inflammatory daily, as directed, to reduce the swelling and pain after surgery. Take all medication as directed. Please call the office ASAP for a refill when your supply is low.

PLEASE DO NOT DRIVE WHILE TAKING THE PRESCRIPTION PAIN MEDICATION!

Pain medication may make you constipated.  Below are a few solutions to try in this order:  Also, if you are prone to constipation try these below.

A. Decrease the amount of pain medication if you aren't having pain.

B. Drink lots of fluids such as water.

C. Drink prune juice and/or eat dried prunes

D. Take Colace – an over-the-counter stool softener

E. Take Senokot – an over-the-counter laxative

If those don't work then:

F. Take Miralax – a stronger over-the-counter laxative.  Dosage as directed 2 x day

If they don't work call the office or if you have any questions on this please call us.

Cold Therapy: You may use ice on your surgery site to help control pain, swelling, and bruising. Do not place the ice directly on your skin. Ice the affected area for 20 - 30 minutes at a time, then take a 30 minute break. Frequent cold therapy is encouraged as often as possible during the first few post-operative weeks to reduce pain and swelling. Compression or tight-fitting shorts can also be worn to help prevent swelling.

Follow-up Appointments: 14 days, 6 weeks, 3 months, and at 5-6 months.

Physical Therapy\*: You will receive a physical therapy prescription before your surgery. You may start PT within the first week after therapy. PT typically is necessary 1-2 times weekly for 3-4 months post-operatively.

\*These guidelines may be adjusted by Dr. Kent as you progress. 

Frequently Asked Questions: Arthroscopic Hip Surgery (Labral repair and augmentation)

1. What is the acetabular labrum?

The acetabular labrum is a thick band of cartilage which attaches to the rim of the acetabulum (i.e. the socket). It helps keep the femoral head (i.e the ball) centered in the acetabulum, increases the surface area of the socket, helps keep the lubricating fluid of the hip inside the socket, and provides an important suction seal for the hip joint.

2. Why does the labrum tear? What is impingement?

Tears in the labrum occur as a result of trauma, because of misshapen anatomy, or as a part of the aging process i.e arthritis. Bones around the hip can thicken, especially in those who are very active during adolescence. This bone thickening phenomena (formation of a cam or pincer lesion) results in there being less room for the soft tissues between the bones of the hip, especially when the hip is flexed, adducted, or internally rotated (think cutting and pivoting movements). This causes pinching or impingement of the soft tissues and is painful. It can also lead to tears of the labrum.

Tears of the labrum result in there being a gap in the attachment of the labrum to the acetabulum. This results in pathologic motion in the hip joint, loss of the suction seal, and pain. If left untreated, this can eventually lead to cartilage loss and osteoarthritis.

3. Will labral tears heal themselves over time?

Unfortunately, these types of injuries do NOT heal. The cartilage has a poor blood supply and limited ability to heal itself. While rehabilitation and exercise may make your hip feel better, labral tears persist indefinitely without surgical intervention.

4. What does rehabilitation do for this hip condition?

Rehabilitation to strengthen the muscles, tendons, and ligaments around the hip, including the core and low back, is often prescribed. Strengthening these muscles is a good way to help decrease pain and increase function by compensation. However, muscle strengthening does NOT fully return normal functions. This varies from person to person.

5. What is done to my hip during an arthroscopic surgery?

After general anesthesia has been induced, you are transferred to a special table which applies traction to the hip. This allows increased space inside the hip joint for the tools and instruments to be used. Traditionally traction was applied between the foot and a post in the groin area. However, Dr. Kent uses a post-less form of traction which eliminates pain in the sensitive groin area and decreases the associated risks of perineal traction.

Three small (one centimeter) incisions are then made in the skin over the hip joint. An X-ray machine is then used to place the camera and other tools inside the hip joint. The joint capsule is then incised to create room to perform the repair. Once the labral tear is encountered, the bone of the acetabular rim is removed if enlarged, or shaved back slightly if not. This is done to create a bleeding bed of bone for the labrum to heal back to. Next, small anchors (less than 3mm) with attached stitches/sutures are inserted into the acetabular bone. The sutures are used to repair the labral tear and reattach it to the labrum. In the case of an augmentation, allograft tissue is passed into the hip and affixed to the bleeding bed of bone directly adjacent to the natural labrum. Extreme care is taken to ensure that the tear is completely repaired, and that the suction seal is recreated. Next, if there is any extra bone on the femur (cam lesion), this is shaved off. Finally, the joint capsule then skin are stitched closed. This usually requires about 90-120 minutes of actual surgical time, plus the required time for anesthesia, sterilization, positioning, etc.

6. What type of anesthesia is administered?

Typically, local anesthetic or a regional anesthetic (i.e. nerve block) is administered that numbs the operative site or limb respectively. Regional blocks are done using ultrasound visualization for precision. These regional blocks are supplemented with sedation to make you comfortable during the procedure. The surgery is then performed under general anesthesia. You and your anesthesiologist will discuss these issues in detail immediately prior to your surgery.

7. How long do I use crutches and the CPM after surgery? How long do I wear the compression stockings?

Patients undergoing a labral repair should expect to be on crutches and use the CPM for three weeks after surgery. Those undergoing a labral augmentation will use crutches and the CPM for six weeks after surgery. Compression stockings should be used until you begin to resume your regular activities and are more upright and active, typically about a week or so.

8. How long is the recovery?

The typical recovery for a labral repair is about 4-5 months. Typical recovery for a labral augmentation is 5-6 months.

Physical therapy begins around 7-10 days after surgery. Initially, we will limit your activities to allow for healing. A rough timeline for labral repairs has you walking without crutches at three weeks, starting strengthening exercises around 6-8 weeks, jogging around 12-14 weeks, and back to full activity around 16-20 weeks. For labral augmentations, add three weeks to this timeline.

9. What are the risks of arthroscopic hip surgery?

While very uncommon, infections do occur and are typically associated with poor wound healing. As such, we recommend keeping these wounds dry for at least 7-10 days after surgery. Please do not use ointments or other compounds on these wounds until instructed to do so by the staff.  Nicotine interferes with wound healing, so discontinuing smoking or vaping 2 weeks prior and 3 months following surgery is recommended.

Blood clots (DVT, deep vein thrombosis) occur rarely following all types of surgery. Your best bet in decreasing likelihood of a clot is to GET UP and MOVING following surgery. Moving your feet and ankles, ambulating, ranging your knee, etc. all contribute to keeping the blood in your legs circulating. This in turn helps to prevent clotting. If you feel pain in your calf area or note swelling there – immediately notify the office staff. A quick and painless test (ultrasound) can be arranged to see if you have a DVT. Again, these issues are rare, but if you do experience a clot, you will need to take a blood thinner until the clot disappears.

There are many nerves around the hip. Fortunately, the majority of these nerves do NOT exist in the surgical field during a typical hip procedure. Nevertheless, though very uncommon, temporary nerve dysfunction (muscle weakness, tingling, numbness) can occur following these procedures. These injuries are typically transient.

It is very common to develop tendonitis after surgery – the hip flexors and adductors (groin) are the most common areas for this to occur. The best way to prevent tendonitis is to follow your physical therapy protocol as prescribed, and to work hard to regain full range of motion. Consistency in stretching and home exercises is key.

Other risks incident to this surgery include cartilage injuries, failure of the labrum to heal, capsular adhesions or ruptures, stiffness in the hip, incomplete removal of bone spurs, ongoing pain, and possibly even a hip fracture.

10. Is there anything else that I need to do following surgery?

Patients should plan to return to the office at 14 days, 6 weeks, 12 weeks, and 6 months following surgery. These are quick visits designed to go over your progress and address issues germane to your recovery. The first postoperative appointment should be made when a date for surgery is confirmed.

Please note that Dr. Kent expects that you will have full range of motion following these procedures. Working diligently with your therapist will help ensure that you derive maximum clinical benefit from your hip procedure.