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Post-Operative Guidelines and Frequently Asked Questions for Trochanteric Bursectomy

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 are optional after surgery and should be used for increased stability while walking. Once your pain is controlled and you feel stable on your feet, you may slowly begin weaning off the crutches. Once walking safely with all your weight on your leg, you may then stop using crutches.

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:

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 this does not help or if you have any questions, 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.

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 6-8 weeks post-operatively.

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

Frequently Asked Questions: Arthroscopic Trochanteric Bursectomy

1. What is the trochanteric bursa?

 The greater trochanter is a large bony prominence on the outside of the hip. Because it is so prominent, a lot of friction is generated between it and the overlying soft tissues (of which the Iliotibial (IT) band is most prominent). Bursae exist throughout the body in these areas of high friction (knees, elbows, etc.), and act to reduce friction and inflammation.

2. What is bursitis?

 When there is more friction than the bursa can overcome, the bursa itself can become inflamed. This causes pain with any motion or touching of the bursa. Hence bursitis is different from other conditions in that there are no tears or repairable tissues.

3. Will bursitis heal itself over time?

 In most cases, bursitis can be treated conservatively (i.e. without surgery) with physical therapy and anti-inflammatory medications. However, once the bursa becomes inflamed it is very difficult to treat and most cases of bursitis require several months of treatment to resolve symptoms. If conservative therapies fail, surgery is extremely effective at alleviating symptoms.

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 normal function with the goal of decreasing friction and inflammation at the bursa. Physical therapists also have other tools available such as dry needling, scraping, and soft tissue mobilization (STM) which can be effective at alleviating symptoms.

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

 After general anesthesia has been induced, you are placed in a lying position on the OR table. Two small (1 centimeter) incisions are made above and below the greater trochanter. The IT Band is then uncovered and a window is made in it directly over the trochanter. The bursa exists between the IT band and the trochanter, and is visible once the window has been made. The bursa is then completely removed, and care is taken to stop all bleeding. The hip is then taken through a range of motion to ensure complete resection. The instruments are removed and a plastic surgery closure is performed on the incisions. No implants or stitches are inserted during surgery.

 Most patients ask what happens to the bursa and IT band after surgery. Both tissues are very robust and good at healing, and both will eventually re-grow. This limits the chances of any long-term problems arising after surgery.

6. What type of anesthesia is administered?

 Typically, local anesthetic is administered to numb the operative site. The surgery is then performed under general anesthesia. Regional anesthesia (i.e. nerve blocks) are typically not used because of a limited ability to control pain in this area after surgery. You and your anesthesiologist will discuss these issues in detail immediately prior to your surgery.

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

 There are no movement or position restrictions after surgery. Crutches are therefore optional and should be used until you are able to safely walk independently with good balance. 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 is 8-12 weeks. Physical therapy begins within the first week after surgery. Initially, we will limit your activities to allow for healing. Most patients have relief of the bursitis symptoms almost immediately, and pain from surgery dissipates over the first six weeks.

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 except to shower 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.

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, and 12 weeks 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.