



Dr. Dustin Woyski DO

Hip Endoscopic Psoas Lengthening Post-Operative Instructions

1. The first physical therapy visit should be scheduled **3 to 5 days after surgery**. If your surgery was Friday, Monday is appropriate for your first appointment. **Please schedule physical therapy prior to surgery to ensure that you will be seen within the timeline.**

Can begin weight bearing as tolerated on the operative leg with crutches post-op day #1. Wean from the crutches (2 crutches to 1 crutch to no crutch) over the first post-operative week.

Avoid heavy hip flexion exercises for the first couple of weeks post-op.

Avoid repetitive stairs for the first 3-5 days post-op.

2. If oozing from surgery site occurs, and the dressing appears soaked with bloody fluid, please change the dressing as needed. This normally occurs after fluid irrigation during surgery, and will resolve within 24-36 hours.

3. Icing is very important for the first 5-7 days postoperative, and ice is applied (ice packs or ice therapy) as often as possible or at least for 20-minute periods 3-4 times per day. Ice should not be applied directly on the skin.

4. You may remove the dressing on post-op day #2.

5. Apply Band-Aids to wound sites and change them once a day. Keep the wound clean and dry.

6. Please do not use bacitracin or other ointments under the bandage.

7. Showering is allowed on post-op day #4 if the wound is dry and not draining.

8. Do not soak the hip in water in a bathtub or pool until the sutures are removed. Typically getting into a bath or pool is permitted 2 days after suture removal unless otherwise instructed by Dr. Woyski.

9. Driving is permitted in 1-2 weeks, if the narcotic pain medication is no longer being taken and you feel comfortable getting into and out of a car. Driving a manual car may take up to 3-4 weeks.

10. Please call the office to schedule a follow-up appointment for suture removal about 10-14 days after surgery.

11. The anesthetic drugs used during your surgery may cause nausea for the first 24 hours. If nausea is encountered, drink only clear liquids (i.e. Sprite or 7-up). The only solids should be dry crackers or toast. If nausea and vomiting become severe or the patient shows sign of dehydration (lack of urination) please call the office

12. If you develop a fever (101.5), redness, or yellow/brown/green drainage from the surgical incision site, please call our office to arrange for an evaluation.

13. **Below are the prescriptions that will be given to you after surgery.**

PAIN MEDICATION:

- Oxycodone 1 to 2 tablets by mouth every 3-4 hours as needed.
- Tylenol 1000mg by mouth every 8 hours for 3-5 days.
- Mobic 15mg 1 tablet daily for 2 weeks

BLOOD CLOT PROPHYLAXIS:

- Aspirin 325mg tablets. Take 1 tablet twice daily for 4 weeks to prevent blood clots.

ANTI-NAUSEA (if applicable):

- Zofran 4mg tablets. Take 1-2 tablets every 8 hours as needed.

Heartburn/ Stomach Prophylaxis:

- Omeprazole (Prilosec) 20mg tablets. Take 1 tablet every morning before breakfast for 2 weeks after surgery.

ANTI-SPASM (if applicable):

- Zanaflex 4mg, 1-2 tablets by mouth every 6 hours as needed.

14. You will take aspirin (325 mg) daily for 4 weeks. This may lower the risk of a blood clot developing after surgery. Should severe calf pain occur or significant swelling of calf and ankle, please call the doctor.

15. Local anesthetics (i.e. Novocaine) are put into the incision after surgery. It is not uncommon for patients to encounter more pain on the first or second day after surgery. This is the time when swelling peaks. Taking pain medication before bedtime will assist in sleeping. It is important not to drink or drive while taking narcotic medication. You should resume your normal medications for other conditions the day after surgery.

16. You should use crutches or a walker as needed only. Do not hold the leg off the ground. Walk with a normal gait using the crutches or walker to take the weight off of the operative leg. Extremity elevation for the first 72 hours is also encouraged to minimize the swelling. You can stop using the crutches when you are confident and stable to walk.

17. Please minimize active hip flexion for 2 weeks - you should use your arms or other leg to lift your operative leg.

18. If unexpected problems occur and you need to speak to the doctor, call the office.