

Information for patients following hip arthroscopy

Introduction

These information sheets provide you with a guide for your recovery following keyhole surgery on your hip under Prof Field's care.

What is hip arthroscopy?

Keyhole surgery on the hip joint (hip arthroscopy) is usually performed through two or three small cuts around the front and the side of the hip. A thin telescope is inserted in to the joint and images of the inside of the hip are seen on a screen in front of the surgeon. Surgical instruments are then used to remove and repair damaged tissues and re-contour any parts of the joint that are misshapen.

What to expect after surgery

Discomfort and swelling

If you are lucky you will have very little pain following your hip arthroscopy operation. It is also possible that you feel sore around the hip and groin area for a few weeks. You may also experience some discomfort in your lower back and buttock area. It is important that your pain is well controlled with painkillers so that you are able to carry out your exercises and move about to prevent your hip joint from becoming stiff. You may notice some swelling around the outside of the hip near your scars and around your groin area. This is part of the natural healing process and usually settles within two to three weeks.

Assessment by physiotherapist

A physiotherapist will assess you before you leave hospital. The physiotherapist will ensure that you can walk safely with crutches and that you understand the exercises that you should carry out at home.

Weight bearing after surgery

Weight bearing refers to the amount of weight you can take through your operated leg. There are usually no restrictions on weight bearing or movement after hip arthroscopy. Most patients require crutches for between 2 days and 2 weeks depending on how much discomfort that they experience. However, there are some interventions that do require you to stay on crutches and be partial weight bearing for 4-6 weeks. This will depend upon the type of procedure that Prof Field has undertaken within the joint. Your physiotherapist or Prof Field will advise you about this after your operation.

Early stage rehabilitation

The two most important exercises in the early stages after hip arthroscopy are passive circumduction and the static bicycle. These two exercises have been shown to reduce stiffness and prevent scar tissue forming around the joint. We strongly recommend that you source a static exercise bike and complete both of these exercises from the first day after your operation. We also recommend that you source large gym ball measuring approximately 65-75cm in diameter, this will be useful at all stages of your rehabilitation. The physiotherapist on the ward will teach you how to perform passive circumduction along with other important exercises. Pictures and descriptions of these exercises are detailed in our Early, Mid and Late stage exercise sheets.

Wound

Following surgery, you will have stitches in the wound sites. You will have waterproof dressings to keep the wounds dry. It is possible that a small quantity of fluid or blood may leak through surgical cuts in the first few days. Do not worry if this happens. If the dressings do come loose they can be replaced. The important thing is to keep the wounds sealed so that bugs from the outside world cannot get into the wound before the skin edges have healed together. The nursing staff will advise you regarding wound care and dressings. As most people live some way from the hospital, it is usually best for your stitches to be removed by a district nurse or the nurse at your GP surgery. Please contact your surgery well in advance and book an appointment with the nurse ten to twelve days after your operation. Please do not let anyone remove the stitches before the ten-day point. If you develop signs of infection (increased redness of the skin around the wounds, a temperature, more swelling and increasing pain) please seek urgent medical advice as well as informing Prof Field's secretary.

Driving

You can resume driving as soon as you are able to perform an emergency stop safely. It is also essential that you are not taking painkillers that make you drowsy. Don't worry if using the brake or clutch pedal irritates your hip when you first return to driving, this will settle down.

Return to work

Return to work will depend on the nature of your job; most people who have a sedentary job will return to work within 2 to 3 weeks. Return to work is often tolerated best if it is undertaken gradually; for example working half days initially. If you have a manual job, return to work may take a little longer and should be discussed with Prof Field and your employer to see whether you can be allocated light duties. If your job involves prolonged sitting, you may find that sitting on a foam wedge shaped cushion is more comfortable for your hip, this will increase the angle your hip rests at and reduce pressure on pain sensitive structures at the front of the joint. We recommend that you get up and move about regularly and avoid prolonged sitting if possible.

Surgical review

Prof Field or a member of our Hip Team will review you, in the outpatient department 3 weeks after your surgery. They will check your wound, the movement in your hip and address any concerns that you have. You will be reviewed again 12 weeks after your operation. Depending on the types of procedure that have been undertaken, Prof Field will either arrange further reviews or discharge you to the care of your physiotherapist for further rehabilitation.

Rehabilitation

Exercises to strengthen the muscles around your hip are detailed in our Early, Mid and Late stage exercise sheets. If you have been advised to remain partially weight bearing, on crutches, for a longer period, please avoid exercises involving standing solely on your affected leg until you are allowed to fully weight bear. The stronger your muscles become the more protected your hip joint will be in the future.

Return to sport and impact activities

You will be able to start a graduated walk to run program providing you have achieved satisfactory muscular control of your hip and pelvis and you have strength that is 95% of your unaffected leg. Usually this is achieved somewhere between sixteen to twenty weeks after surgery. In many cases it takes much longer to return to running and each person should be individually advised about when they are ready to run.

Be prepared

There are some activities that your hip may not tolerate in the first few weeks after your surgery such as prolonged standing or walking and carrying heavy loads. Initially, you may be more comfortable sleeping on your back, when you feel ready to sleep on your affected side put 1 or 2 pillows between your knees so your hip is in good alignment and comfortable. Some people report an increase in discomfort and a drop in their hip function approximately 5-6 weeks after their surgery. This is usually because normal activity has been resumed and the hip reacts accordingly. This is normal and will settle down. It is known that patients continue to report improvements in their hip function up to 18 months following surgery.

Prof Field and your physiotherapist may have further instructions tailored to your individual case. If you have any questions or worries about your surgery or recovery don't hesitate to ask. We wish you all the best with your recovery and in case you have any questions after you have gone home, our contact details can be obtained from www.londonhips.co.uk

Our telephones are manned from Monday – Friday 09:00 - 16:30. If you call during a weekend, please leave a message and we will return your call when the office opens.