



# HIP ARTHROSCOPY GUIDEBOOK



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## I. PRE-OP CHECKLIST

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### IMMEDIATE

- Schedule surgery.
- Schedule physical therapy to begin the day after surgery.
- Schedule your post-op office visit for 3 weeks after surgery.
- Schedule a pre-operative medical clearance with your primary care provider if recommended by Dr. Wierks.
- Complete your Surgical Outcome Score (SOS) pre-operative survey.

### 1-2 WEEKS BEFORE SURGERY

- Obtain crutches for use after surgery.
- Stop taking all anti-inflammatory medications, health supplements and vitamins.
- Prepare your home for recovery.

### 3-5 DAYS BEFORE SURGERY

- Pick up any prescriptions that you will need after surgery from your pharmacy.
- Make arrangements to have someone accompany you to and from surgery, and for 1-2 days after surgery.

### THE DAY OF SURGERY

- Wear comfortable clothing.
- Bring your crutches to surgery.
- Bring your driver's license or other form of ID and insurance card.
- Bring your glasses and their case if you wear corrective lenses.
- Bring headphones and music if you wish to listen to something during your procedure.
- Do **NOT** bring cash or valuables, including jewelry. Do not wear earrings if possible.

## **II. YOUR TEAM AND CONTACT INFORMATION**

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**SURGEON:** Carl H. Wierks, M.D.

- Appointment Scheduling  
(616) 949-8945
- Surgery Scheduling & Medical Questions  
(616) 284-4296
- Prescription Refills  
(616) 284-3671
- Insurance & Billing Services  
(616) 284-3674

## **III. DESCRIPTION OF HIP ARTHROSCOPY**

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Hip arthroscopy is a minimally invasive procedure designed to treat hip pain. Common causes of hip pain include femoroacetabular impingement (FAI), a labral tear, cartilage injury, hip flexor tightness and inflammation, loose bodies and arthritis. Arthritis alone is not a good reason to have a hip arthroscopy, but patients with early arthritis and other causes for their hip pain can do well with hip arthroscopy.

The goal of the procedure is to repair the damaged aspect of the hip joint and to correct the underlying cause of the damage. In most cases, a labral tear and/or cartilage injury is caused by a shape mismatch between the “ball” and “socket” aspects of the hip joint. This shape mismatch is referred to as FAI and creates an increased area of force that damages the labrum and/or cartilage of the joint. An analogy is that of a car tire that is out of round and scrapes against the wheel well every time it spins. Using this analogy, every time the hip is brought into flexion, a conflict occurs in the joint causing damage. This damage can be small but accumulate over time causing a tear, or may be sudden from a forced motion such as a fall or sports injury. Activity irritates these vulnerable areas of the hip because it engages the area of shape mismatch, causing more pain and inflammation with each stride.

Labral tears and cartilage injuries do not typically heal on their own, although the pain from them often dissipates with rest. When activity is resumed, however, the pain often returns. Physical therapy can be helpful before surgery if there is underlying core or hip girdle weakness. Proper muscle mechanics are essential to a healthy hip, although cannot always overcome the dysfunction caused by underlying damage in the joint itself.

The hip arthroscopy typically requires two small incisions to repair the problem and prevent it from recurring. A fair amount of work is also done in the joint itself. A typical procedure requires repairing the labrum, possibly smoothing out or trimming any cartilage injury and reshaping the bone at the edge of the “socket” and the neck of the “ball” to address the underlying shape mismatch.

**Possible procedures performed at the time of your surgery:**

- **Labral repair.** The labrum is a cartilage ring that attaches to the edge of the acetabulum, or “socket” of the joint. When damaged, the pain is often sharp or “stabbing” and felt in the groin. To repair the labrum, a suture is looped through, or around the tissue and held to the underlying bone with a suture anchor.
- **Acetabuloplasty.** Trimming of the bone on the edge of the socket with a burr is often performed to alleviate the impingement from the socket being too deep or angled improperly.
- **Femoroplasty.** The bone on the femoral head-neck junction is reshaped when this area is “out of round,” to alleviate the impingement conflict.
- **Synovectomy.** The hip joint is lined with a sensitive synovial tissue that often becomes inflamed when there is damage in the hip. Cauterizing this tissue decreases the inflammatory response.
- **Chondroplasty.** A procedure to trim or smooth the cartilage tissue that lines the “socket” and caps the “ball” when it has become rough or damaged.
- **Microfracture.** Placing small holes into the bone in an area where the cartilage is completely gone. This stimulates a healing response to regrow a cartilage-like scar tissue.
- **Psoas tendon release.** A partial lengthening of the psoas tendon, which functions as a hip flexor, when this tendon is over tight and/or compressing on the labrum.
- **Iliotibial band (ITB) release.** The ITB is a broad, flat tendon along the side of the hip. It can compress on the underlying bursa and cause pain, or catch along the underlying boney bump and “snap.” A window can be created in the ITB to decompress this area and alleviate the pain and/or snapping.
- **Labral reconstruction.** A procedure to replace labral tissue that has previously been surgically removed or is damaged beyond repair. This often involves using tissue from the iliotibial band, which is a broad, flat tendon that resides on the side of the hip.

## IV. BEFORE SURGERY

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### 3-4 WEEKS BEFORE

- **Stop tobacco use.** Smoking and other forms of tobacco use nearly doubles your healing time and increases your risk for wound complications and infection. It is important to stay tobacco free for at least 3 months after the surgery.
- **FMLA/Disability forms.** Disability forms can be obtained from your employer or insurance company. You can bring them with you to your appointment or mail them to Dr. Wierks' office for completion.
- **Surgical Outcome Score (SOS) Survey.** You will be asked to participate in a global registry designed to monitor and evaluate patient outcomes for orthopaedic procedures such as yours. The survey will be sent to you via email before surgery. We ask that you complete it in its entirety. Additional surveys will be emailed after surgery, but the follow-up surveys will be shorter than the pre-operative survey.
- **Schedule your post-operative physical therapy.** You will begin physical therapy the day after surgery at a location of your choosing. We can help you find a qualified therapist if you do not already have one. Plan to attend physical therapy 3x/week for the first 3 weeks, then 2x/week for 3-5 weeks, then weekly for 4-6 weeks. You can expect 20-25 physical therapy visits over the span of 12 weeks. You will need someone to drive and accompany you to the first visit so they can be educated on how to help you with home exercises.
- **Schedule your post-operative office visit.** Your first post-operative visit with Dr. Wierks will be 3 weeks after surgery.

### 1-2 WEEKS BEFORE

- **Crutches.** Typically, you will be allowed to put 50% of your body weight down on the surgical leg for the first 3 weeks after surgery. You will then wean off the crutches gradually over the next few days to a week. If a microfracture (see section III) is performed, you may be restricted to foot flat weight bearing for up to 6 weeks.
- **Stop NSAID's and medication supplements.** Stop taking all anti-inflammatory medications (NSAID's) such as ibuprofen (Mobic, Advil), Aleve, naproxen, and aspirin 2 weeks prior to surgery.

Vitamins and supplements should also be stopped 2 weeks prior to surgery. These medications and supplements can interfere with your blood pressure and thin your blood, causing more bleeding at the time of surgery. If you have questions about a specific medication, please call our office. As a general rule, you should stop any medications that are not a prescription prior to surgery and resume them the day after surgery.

- **Prepare your home for recovery.** Clear safe paths to get around on crutches. This includes removing any throw rugs and loose cords that could trip you while using crutches.

### 3-5 DAYS BEFORE

- **Pre-op phone call.** Someone from the Pre-Procedure Planning department at your surgical facility will call you 3-5 days before surgery. They will review your medical history and provide instructions for the day of surgery, including arrival times, medication and specific diet instructions.
- **Prescriptions.** Pick up your post-surgery prescriptions at your pharmacy prior to your surgery. You will not need to bring them with you to surgery.

## V. DAY OF SURGERY

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- **Wear comfortable clothing.** You will change into a hospital gown upon arrival.
- **Bring the following:**
  - Crutches
  - Driver's license or other form of ID
  - Insurance card
  - Eye glasses and a case if you wear corrective lenses. You will not be able to wear contacts into surgery because contacts are often not tolerated well.
  - Music and headphones if you want to listen to music.
- **Transportation:**
  - You will need someone to accompany you to and from surgery. It is also important to have someone available to help you at all times for 1-2 days after surgery.

## ANESTHESIA

- **Spinal.** This is a single dose of numbing medication placed into the spinal fluid in the lower back. It numbs you from the “waist down”. It is an excellent option for hip arthroscopy. You can discuss with the anesthesia doctor your preference for your level of alertness from being completely awake to fast asleep.
- **General.** You are dosed with medication to make you sleep and a breathing tube is placed into your throat to breathe for you.
- **Nerve block.** Numbing medication can be placed around the femoral nerve to help with pain control after surgery. This is optional. It takes about 8-12 hours to wear off and you can NOT put any weight on the affected leg during that time because your muscles will not work and you will fall down.

## VI. AFTER SURGERY

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You will be transferred to the recovery area immediately after surgery, where you are carefully monitored while the anesthesia wears off. Dr. Wierks will meet with your family to review the results of the surgery. You will then be transferred home once your pain is controlled and you eat and drink a little. The total recovery time typically takes a few hours.

## AT HOME

- **Mobility.** You will be able to go up and down stairs after surgery, but it is preferable to have a comfortable place to sit and sleep on the main level of your home. An armchair is easier to stand up from the sitting position than a couch. A patio chair can be helpful for sitting in the shower.
- **Dressing change.** Your first dressing change will be performed at your first physical therapy visit. You may shower after your first dressing change.
- **Pain Management.** Stay ahead of your pain! Take the prescribed pain medication as scheduled every 4-6 hours for the first 24 hours, and then as needed at the first sign of pain. Pain is easier to control early on.



## **VII. FREQUENTLY ASKED QUESTIONS**

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### **How long does surgery take?**

Most surgeries take about 1-2 hours. Revision or more complex surgeries may take longer.

### **How long is the recovery?**

Crutches are recommended for 3 weeks with 50% weight bearing in typical cases. If a microfracture is performed (See section III. Description of Hip Arthroscopy), then foot flat weight bearing is recommended for 6-8 weeks. Initial recovery to normal daily activities takes 4-6 weeks. Full athletic recovery takes about 4 months.

### **When can I drive?**

Please refrain from driving a vehicle until you are off narcotic pain medication for at least 8 hours and until you feel comfortable in the car. If your surgical side is on the right, make sure you can comfortably use the brake pedal.

### **When can I return to work?**

Most people can return to desk work after 2 weeks, although you may be sore trying to work a full day at that point. Returning part-time for a week or so is advisable. If your job requires frequent or prolonged standing and/or walking, plan 4-6 weeks off from work because you will be on crutches for the first 3 weeks and then will need time to wean off the crutches and get strong again. Heavy labor usually requires 8 weeks of recovery.

### **Will the surgery hurt?**

We do everything we can to make the process as comfortable as possible but there will be some post-operative pain. This is typically controlled with a combination of narcotic and non-narcotic pain medication. In addition, a nerve block can be performed to help with pain control. The first 12 hours after the surgery is often the worst. It is typical to have activity related soreness for several weeks after the surgery.

### **Will I have a scar?**

There are typically two small incisions – one on the side of the hip and one towards the front. A labral reconstruction (see section III) requires a longer incision on the side of the hip.

### **What medications will I need?**

A pain medication, anti-inflammatory, anti-nausea medication and a muscle relaxant will be prescribed for you. They will be called into your pharmacy for pickup the business day before your surgery. Plan to pick them up the evening before your surgery. In addition, it is a good idea to pick up an over-the-counter stool softener, such as Colace, to take as long as you are taking the narcotic pain medication.

### **Will I need crutches?**

Yes. Plan to bring a pair of crutches with you on the day of surgery. Make sure they are fit appropriately to your height. The top of the crutches should be about 2 inches below your armpits.





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