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**HIP ARTHROSCOPY  
LABRAL DEBRIDEMENT OR REPAIR  
FEMORAL OSTEOCHONDROPLATY  
ACETABULOPLASTY  
PARTIAL ILIOPSOAS RELEASE  
POST-OPERATIVE INSTRUCTIONS**

1. Your weight bearing status is **PARTIAL** weight bearing (50%) with crutches until you see Dr. Cadet in the office. The therapist in the recovery room will demonstrate the proper weight distribution.
2. Your first follow-up appointment is 10-14 days following surgery for suture removal. A representative from the office will notify you of your postoperative visit. If you do not hear from them within 2 days, please call (212) 305-4626 or (212) 305-4565
3. Keep the original dressing from surgery on the incisions and dry for 2 days. You may remove the dressing following post-operative day 2.
4. It is normal for some clear fluid to drain from the wound after hip arthroscopy. If the original dressing gets saturated or oozes prior to day 2, the dressing may be changed.
5. If the drainage persists, or is accompanied by discolored fluid (e.g. yellow), fever (temperature greater than 100.5°), chills, increased incision pain or increased pain in the hip, please call the office immediately (212) 305-4626.
6. After removing the dressing, please substitute the dressing with 2, waterproof band-aids per site.
7. You may shower after postoperative day 2, **ONLY** if the incision sites are covered with waterproof-band-aids. After showering, keep the area dry by pat-drying the area with a clean, dry towel. **DO NOT RUB THE AREA.**
8. You will start Physical therapy sessions on **POSTOPERATIVE DAY 1**.
  - a. S.T.A.R Therapy (212) 355-7827
9. Driving is permitted in an automatic transmission car 1 **WEEK** following surgery **ONLY** if narcotics are no longer being used for pain management. Driving a manual transmission car is reserved for 4 **WEEKS** following surgery.
10. You will wear your hip brace for a total of 3 to 4 weeks.
11. The CPM machine will be used for a total of 3 to 4 weeks.
12. No pool or baths until instructed by Dr. Cadet.
13. You will be sent home with a prescription for pain management (narcotic), anti-inflammatory, and heterotopic bone formation:
  - a. Heterotopic Bone Prophylaxis
    - i. Indocin SR 75 mg; 1 tablet with food each day for 10 days **ONLY**
    - ii. \*Do not take Indocin with any other anti-inflammatory
    - iii. Protonix (Gastric protection) 40 mg, 1 tablet each day; take with an empty stomach before breakfast for 10 days only
  - b. Anti-Inflammatory

- a. Mobic 7.5 mg; 1 tablet twice a day as needed for pain
- b. \* May start on postoperative day 10 after Indocin has been stopped.
- c. Pain Medication
  - a. Vicodin 5/500 tablets; 1-2 tablets every 6 hours as needed for pain
- d. Ant-Nausea
  - a. Zofran 4 mg, 1 tablet once a day as needed for nausea for 5 days
  - b. ONLY FILL IF YOU ARE SYMPTOMATIC

**IF YOU HAVE ANY QUESTIONS, PLEASE DO NOT HESITATE TO CALL THE OFFICE (212) 305-4626.**

**PLEASE LET US KNOW IF YOU HAVE ANY ISSUES WITH ALLERGIES OR IF YOU BEGIN TO FEEL GASTRIC UPSET AS A RESULT OF THE ANTI-INFLAMMATORIES.**