



Troch Bursectomy (arthroscopic or mini open)

Discharge Instructions-

Comfort

- Discomfort increases 1-2 days after surgery due to the nerve block wearing off (if a nerve block was performed). This can be helped by oral pain medication. It is safe and normal.
- **Cold therapy** – This will greatly reduce pain and will help with swelling for the first 3-5 days after surgery, as well as following PT sessions
 - Some patients may be provided an ice machine to go home with
 - This is dependent on the type of surgery you had and insurance approval
 - If you were not provided with an ice machine, regular ice pack/ bag of ice can be used
 - You may use ice 20 minutes on, 20 minutes off, as often as you wish
 - Always keep a cloth barrier, such as a towel, between the cold and your skin

Medications

Your post op medications were sent to the pharmacy we have on file prior to surgery

- Please reach out to our office if you need a refill of your medication, preferably, 24 hours prior to your last dose to allow time to fill

1. Aspirin 81 mg: For anticoagulation to help prevent blood clots

- If you are >19yo, you must take one 81mg aspirin once a day for two weeks Do not take aspirin if you are <19yo

2. Meloxicam 15 mg: For antiinflammation to help pain and swelling

- Take once a day for four weeks as tolerated for post-op inflammation

3. Zofran (Ondansetron) 4 mg: For nausea – It is common to experience nausea from anesthesia and/ or pain medication in the first few days post op

- You can take 1 tablet every 8 hours as needed for nausea
- It is a dissolving tablet that is to be placed on your tongue – allow it to dissolve, and swallow

4. Norco (Hydrocodone/Acetaminophen) 5-325 mg: For pain – This is a narcotic medication for pain, to be taken AS NEEDED

- Take 1-2 tablets every 4-6 hours as needed
- After 1-3 days, you can begin to space out the dosing/ discontinue the medication, transitioning to a step-down regimen of Tylenol and ibuprofen as soon as pain allows
- Common side effects such constipation, nausea, and cognitive impairment may occur
- It is very common to use the pain medication only at night to help sleep better or around the time of therapy so you can participate more comfortably

Other medications: For constipation – over the counter remedies such as Colace (Docusate Sodium) or Miralax as needed

- Both the anesthesia and the pain medication can cause constipation

Activity

PT will start at 3 weeks post op

- Partial weightbearing for 2 weeks post-op with crutches
 - Brace at all times



- Please restrict activity for the next several days to prevent unnecessary swelling and soreness.
 - When resting, try to keep your knee elevated above the level of your heart.
 - When sitting, we suggest ankle pumps and circles to help lower extremity circulation.
- No driving until further notice. We will discuss this at your next appointment.
- Physical therapy should start as soon as possible after surgery

Wound Care

The bandages were applied under sterile conditions in the OR, and we want to avoid bacteria near the incision

- Your incisions are covered by several absorbent pads, gauze, and foam dressings, it is important to keep these clean and dry
 - Do not remove or get the bandages wet for the first 3 days after surgery—if you need to shower in this time, keep dressings covered with plastic wrap/ bag/ etc. Alternatively, just sponge bath only, avoiding surgical area
- After 3 days, you can take off the dressing to check on the incision. The incisions are covered with steri-strips (small bandages), **leave those on until your first follow up visit and they will be removed at that time**, along with any sutures
 - *Even after you remove the dressings, you will still wear the brace at all times*
- You can replace the dressings with a light wrap/ Ace wrap/ elastic bandage, otherwise leave the steri-strips open and exposed to air- *continue wearing the brace until cleared by our office*
 - You can shower normally, however we advise covering the steri- strips with a waterproof band aid, if they do get wet or start to peel off- it is ok to remove them and replace with a regular band aid, to continue covering the incision
 - Do not use any topical lotions, ointments, or creams on the incision, try to avoid touching the surgical area
 - The best thing for your incision is keep them covered, and as clean and dry as possible
 - If you have any concerns about the incision (redness, draining, swelling, pain), **you can call us**

Diet

- You may eat anything you like, but it's advisable to choose light, easily digestible foods and to drink plenty of water the day after surgery to avoid any nausea/ upset stomach

When to call your physician

If you require immediate attention, or feel that you are having a medical emergency please go to the emergency department for urgent work up

- You develop a temperature over 100.3° F degrees
- You have any drainage at the incision site 5 days or later after surgery
- The surgical area becomes hot to the touch, red, intolerably painful, or swells suddenly. (Note- some warmth, pain, and swelling are normal)
- You have persistent pain and / or swelling in your calf.
- You have any additional questions or concerns. We are happy to talk to you at any time!

Important contact information

Physician's office phone # (630)-377-1188 [Press 2 to leave a voicemail]

Please note- We are either in clinic or surgery and not answering calls in real time – Please leave a detailed message with our clinical voicemail line and we will return all voicemails within one business day. Additionally, the call center can connect you to the PA on call, however, please reserve this option for urgent inquiries only



Oak Brook- 2425 W. 22nd St. Suite 207A Oak Brook, IL 60523 P: (630) 377-1188 F: (630) 377-7360

Little Village- 2859 S. Pulaski Rd. Chicago, IL 60623 P:(630) 377-1188 F: (630) 377-7360

St. Charles- 2900 Foxfield Rd. Suite 102 St. Charles, IL 60179 P: (630) 377-1188 F: (630) 377-7360

Physical Therapy Protocol

*****PT will start 3 weeks post op*****

Weeks 0-4

- Weightbearing
 - Partial weightbearing for the first 2 weeks (50% weightbearing) and then progress to FWB
 - Brace at all times for the first 2 weeks and then wean
- Precautions
 - Hip flexor tendinitis
 - Troch bursitis
 - Synovitis
- ROM with focus on flexion
 - PROM—hip flexion to 90 degrees, abduction as tolerated
 - NO active abduction, IR x 2w
 - NO passive ER, adduction x 6w post-op
- Therapeutic exercises
 - Bike for 20 min/day
 - Aggressive scar management to prevent adhesions/recurrence
 - Quadruped rocking for hip flexion
 - Gait training (PWB with assistive device)
 - Hip isometrics
 - Extension, adduction, ER at 2w
 - Hamstring isotonic
 - Pelvic tilts
 - NMES to quads with SAQ
 - Modalities

Weeks 4-6

- Weightbearing
 - FWBAT
- ROM
 - Progress with passive hip flexion > 90 degrees
- Therapeutic exercises
 - Aggressive scar management to prevent adhesions/recurrence
 - Supine bridges
 - Isotonic adduction
 - Progress core strengthening (avoid hip flexor tendonitis)
 - Progress with hip strengthening
 - Start isometric sub max pain free hip flexion (3-4 weeks)
 - Quad strengthening
 - Aqua therapy in low end of water

Weeks 6-10

- Aggressive scar management to prevent adhesions/recurrence
- Progress with ROM
 - Passive hip ER/IR



- Supine log rolling > stool rotation > standing on BAPS
 - Hip joint mobs with mobilization belt (if needed)
- Lateral and inferior with rotation
- Prone posterior-anterior glides with rotation
 - Progress core strengthening (avoid hip flexor tendonitis)
- Continue previous exercises
- Progress strengthening LE
 - Hip isometrics for abduction and progress to isotonic
 - Leg press (bilateral LE)
 - Isokinetics: knee flexion/extension
- Progress core strengthening
- Begin proprioception/balance
 - Balance board and single leg stance
- Bilateral cable column rotations
- Elliptical

Weeks 10-12

- Continue with previous exercises
- Progressive hip ROM
- Progressive LE and core strengthening
- Hip PREs and hip machine
- Unilateral leg press
 - Unilateral cable column rotations
- Hip hiking
 - Step downs
- Hip flexor, glute/piriformis, IT band stretching (manual and self)
- Progress balance and proprioception
- Bilateral > unilateral > foam > dynadisc
- Treadmill side stepping from level surface holding on progressing to inclines
- Side stepping with theraband
- Hip hiking on stairmaster (week 12)

Weeks 12+

- Progress hip ROM and stretching
- Progressive LE and core strengthening
- Endurance activities around the hip
- Dynamic balance activities
- Treadmill jogging/running program
- Sport specific agility drills and plyometrics

3-6 months eval

- Hip outcome score
- Pain free or at least manageable level of discomfort
- MMT within 10% of uninvolved LE
- Biodex test of quads and hamstrings peak torque within 15% of uninvolved
- Single leg cross over triple hop for distance
 - Score of less than 85% is abnormal
- Step down test