**Troch Bursectomy**

*Discharge Instructions*

Comfort

* Discomfort increases 1-2 days after surgery due to the injected medication wearing off. 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 three days.
	+ You may use it 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.

Medication

* For anticoagulation – if you are >19yo, you must take one 81mg aspirin twice a day for two weeks to help prevent blood clots
* For antiinflammation – meloxicam 15mg once a day for four weeks as tolerated for post-op inflammation
* For nausea – Zofran (ondansetron) as needed. This was sent to your pharmacy on file.
* For constipation – over the counter remedies such as Colace or Miralax as needed. Both the anesthesia and the pain medication can cause constipation.
* For pain – A narcotic pain medication (Norco) will be prescribed for you if it is deemed safe with your history and allergies. Due to risk of addiction, use only if needed. Try to manage your pain with ice, ibuprofen, and Tylenol and use the narcotic sparingly. Some patients find they do not need the narcotic at all. Common side effects such constipation, nausea and cognitive impairment may occur. Tylenol and ibuprofen can be used as stepdown medications and are recommended as soon as possible. It is very common to use the pain medication at night to help sleep better or around the time of therapy so you can participate more comfortably.

Activity

* Partial weightbearing for 2 weeks post-op
	+ 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

* Your incisions are covered by a sterile dressing. Please leave this in place for at least 3-5 days post op.
* Do not get the bandages wet the first 3-5 days after surgery—this means covering the incisions when you shower, sponge bath, etc.
* After 3-5 days, you can take off the bandages to check on the incision. Keep the surgical incisions clean, dry and covered. If you have any concerns about the incision (redness, draining, swelling, pain), you can call us and send a picture.
* Even after you take off the bandages at 3-5 days post-op, you must continue to use the brace at all times.

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. Some people experience nausea as a temporary reaction to anesthesia.

**Call your physician if:**

* **You notice drainage on the cotton bandage or ACE wrap.**
* **You develop a temperature over 100.3 degrees.**
* **You have persistent pain and / or swelling in your calf.**
* **The knee becomes hot to the touch, red, intolerably painful, or swells suddenly. (Note some warmth, pain, and swelling are normal.)**
* **You have any questions or concerns. We are happy to talk to you at any time! If it is after hours, our answering service will page the PA on call and he or she will get in touch with you.**

*Physical Therapy Protocol (PT should start ASAP after surgery)*

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 isotonics
	+ 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 isotonics
	+ 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