

**Background:** Despite the rapid growth in the use of hip arthroscopy, standardized data on postoperative pain scores and activity level are lacking.

**Purpose:** To quantify narcotic consumption and use of the stationary bicycle in the early postoperative period after hip arthroscopy.

**Study Design:** Case series; Level of evidence, 4.

**Methods:** In this prospective case series, patients undergoing a primary hip arthroscopy procedure by a single surgeon were asked to fill out a daily survey for 9 days postoperatively. Patients were asked to report their pain level each day on a visual analog scale from 1 to 10, along with the amount of narcotic pain pills they used during those postoperative days (PODs). Narcotic usage was converted to a morphine-equivalent dosage (MED) for each patient. Patients were also instructed to cycle daily starting on the night of surgery for a minimum of 3 minutes twice per day and were asked to rate their pain as a percentage of their preoperative pain level and the number of minutes spent cycling on a stationary bicycle per day.

**Results:** A total of 212 patients were enrolled in this study. Pain levels (POD1, 5.5; POD4, 3.8; POD9, 2.9;  $P < .0001$ ) and the percentage of preoperative pain (POD1, 51.6%; POD4, 31.8%; POD9, 29.5%;  $P < .01$ ) significantly decreased over the study period. The amount of narcotics used per day (reported in MED) also significantly decreased (POD1, 27.3; POD4, 22.3; POD9, 8.5;  $P < .0001$ ). By POD4, 41% of patients had discontinued all narcotics, and by POD9, 65% of patients were completely off narcotic medication. Patients were able to significantly increase the number of minutes spent cycling each day (POD1, 7.6 minutes; POD4, 13.8 minutes; POD9, 19.0 minutes;  $P < .0001$ ). Patients who received a preoperative narcotic prescription for the affected hip were significantly more likely to require an additional postoperative narcotic prescription ( $P < .001$ ).

**Conclusion:** Patients can expect a rapid decrease in narcotic consumption along with a high degree of activity tolerance in the early postoperative period after hip arthroscopy.

**Keywords:** femoroacetabular impingement; hip arthroscopy; narcotics; pain management