








Robert A. Keller, MD

Sports Medicine and Arthroscopic Surgery
Orthopedic Surgeon



-  Book an Appointment
-  Hickory: (828) 322-5172
-  Lincolnton: (704) 732-4064
-  Boone: (828) 264-1100
-  kellersportsmed@gmail.com

Post-Operative Instructions

ACL & MCL Reconstruction

Medications

Wound Care

Activity

Brace

Weight-Bearing

Exercises

Contact Information

Medications

- After your surgery and as you begin your medication regimen, start with clear liquids and light foods (jello, soup, etc). If you are not nauseated, you may progress to your normal diet.
- A pain catheter may have been placed into your leg before your surgery. This can wear off in 8-12 hours or can last for a few days.
- The pain medications you were given act on different pain receptors – these should be taken as directed on the bottle starting the day of your surgery until they are gone, with one exception: Oxycodone should only be taken if the other medications are not relieving your pain. You will find an attached medication calendar to follow as an example.
- Primary Medications:
 - 1. **Acetaminophen (Tylenol) 1,000mg:** Take (2) 500mg tablets every 8 hours scheduled [Rx for 60 (500mg) tablets]
 - 2. **Tramadol (Ultram) 50mg:** Take one tablet every 8 hours scheduled [Rx for 15 (50mg) tablets]
 - 3. **Diclofenac 75mg:** Take one tablet twice a day scheduled [Rx for 30 (75mg) tablets]
 - Alternative: Meloxicam (Mobic) 15mg daily [Rx for 15 (15mg) tablets]
 - 4. **Gabapentin (Neurontin) 200mg:** Take (2) 100mg tablets every 8 hours scheduled [Rx for 30 (100mg) tablets]
 - 5. **Aspirin 81mg:** Take (1) 81mg tablet twice a day scheduled for 1 week [Rx for 14 (81mg) tablets]
----- *Take medications above as scheduled until they are gone* -----
 - 6. **Oxycodone 5 mg:** Take 1-2 tablets every 4 hours as needed [Rx for 5 (5mg) tablets]
 - **Only take this medication if the other scheduled pain medications are not adequately controlling your pain.**
- Common side effects of Oxycodone include nausea, drowsiness and constipation. To decrease these side effects, take with food. If constipation occurs, consider taking an over the counter laxative.
- If you are having a problem with nausea and vomiting please take one of your anti-nausea medications – **Zofran**. If you are still having issues, please call our office for a possible medication change.

Wound Care

- Maintain your operative dressing, loosen bandages if swelling of the foot or ankle occurs.
- It is normal for your knee to bleed and swell from your surgery- if blood soaks onto your ACE bandage, do not become alarmed – reinforce with additional dressing.
- Remove the ACE bandage and gauze on the 3rd post-operative day. Under the ACE bandage is a Mepilex dressing, pictured below. You may continue to wrap the knee with your ACE bandage for comfort if needed.
- Keep Mepilex dressing intact until your first post-operative appointment. If dressing falls off, please replace with clean, water-proof band-aid.
- Mepilex dressing is water-proof; you may shower with it on. NO immersion of the operative leg in water (i.e. bath/pool).



*This dressing is water-proof, you may shower with it on (no baths/soaking)

*Keep this dressing on until your first post-operative visit

Activity

Weight-Bearing:

- Use crutches to assist with walking as needed – you may **weight-bear as tolerated** on your operative leg while in your brace, locked in extension. You may wean off of your crutches as tolerated.
- If this box is checked, we repaired your meniscus during surgery. This means you will be use crutches to be **non-weight bearing on your operative leg for 4 weeks.** While you are up with your crutches, you need to have your brace on, locked in extension.

Brace:

- Your brace should be worn fully extended (straight) when weight-bearing until otherwise informed by Dr. Keller after your first post-operative visit.
- Brace may come off for shower only (must keep leg straight). Brace must be worn locked in extension while sleeping.

Elevation/Ice Therapy:

- Elevate the operative leg above chest level whenever possible to decrease swelling.
- Do not place pillows under knees (i.e. do not keep the knee in a flexed or bent position), but rather place pillows under foot/ankle to keep knee straight.
- Begin using ice immediately after surgery.
- Use ice every 2 hours for 20 minutes daily until your first post-operative visit – remember to keep leg elevated to the level of the chest when icing.

Exercise:

- Do ankle pumps continuously throughout the day to reduce the possibility of a blood clot in your calf (extremely uncommon).
- Formal physical therapy (PT) will begin after your first post-operative appointment.

General Activity:

- Avoid long periods of sitting (without your leg elevated) or long distance traveling for 2 weeks.
- No driving until instructed by Dr. Keller.
- May return to sedentary work ONLY or school in 2-3 days after surgery, if pain is tolerable.

Contact Information

Emergencies:

- Contact Dr. Keller if any are present:
 - Painful swelling or numbness
 - Unrelenting pain
 - Fever (>101) or chills (it is normal to have a low-grade fever after surgery)
 - Redness around the incision
 - Color change in toes or feet
 - Continuous draining/bleeding from the incision (small amounts are completely normal)
 - Difficulty breathing
 - Excessive nausea

****If you have an emergency please contact Dr. Keller before going to a hospital or emergency room.*

Follow-up Care/Questions:

- If you do not already have a post-operative appointment, please call and make an appointment 7-10 days after surgery.
- Surgical Coordinators/Administrative Assistants:
 - **Loretta Atkinson– (828)- 624-1631**

For post-operative questions and concerns, please contact the office at:

- **Hickory: (828)-322-5272**
- **Lincolnton: (704) 732- 4064**
- **Boone: (828)-264-1100**
- **Dr. Keller – kellersportsmed@gmail.com**

[Your USB drive has a video of your surgery as well as videos of the post-op instructions for wound care, brace and exercises]



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Post-Operative Medication Schedule

<u>Surgery</u>	<u>Day #1</u>	<u>Day #2</u>	<u>Day #3</u>	<u>Day #4</u>	<u>Day #5</u>	<u>Day #6</u>
<p>AM Surgery!</p> <p>Afternoon Tylenol 1,000mg Tramadol 50mg Gabapentin 200mg (Oxycodone if needed)</p> <p>Before Bed Tylenol 1,000mg Tramadol 50mg Gabapentin 200mg Diclofenac 75mg Aspirin 81mg (Oxycodone if needed)</p>	<p>Breakfast Tylenol 1,000mg Tramadol 50mg Gabapentin 200mg Diclofenac 75mg Aspirin 81mg (Oxycodone if needed)</p> <p>Lunch Tylenol 1,000mg Tramadol 50mg Gabapentin 200mg (Oxycodone if needed)</p> <p>Dinner Tylenol 1,000mg Tramadol 50mg Diclofenac 75mg Gabapentin 200mg Aspirin 81mg (Oxycodone if needed)</p>	<p>Breakfast Tylenol 1,000mg Tramadol 50mg Gabapentin 200mg Diclofenac 75mg Aspirin 81mg (Oxycodone if needed)</p> <p>Lunch Tylenol 1,000mg Tramadol 50mg Gabapentin 200mg (Oxycodone if needed)</p> <p>Dinner Tylenol 1,000mg Tramadol 50mg Gabapentin 200mg Diclofenac 75mg Aspirin 81mg (Oxycodone if needed)</p>	<p>Breakfast Tylenol 1,000mg Tramadol 50mg Gabapentin 200mg Diclofenac 75mg Aspirin 81mg (Oxycodone if needed)</p> <p>Lunch Tylenol 1,000mg Tramadol 50mg Gabapentin 200mg (Oxycodone if needed)</p> <p>Dinner Tylenol 1,000mg Tramadol 50mg Gabapentin 200mg Diclofenac 75mg Aspirin 81mg (Oxycodone if needed)</p>	<p>Breakfast Tylenol 1,000mg Diclofenac 75mg Aspirin 81mg (Tramadol & Gabapentin if needed)</p> <p>Lunch Tylenol 1,000mg (Tramadol & Gabapentin if needed)</p> <p>Dinner Tylenol 1,000mg Diclofenac 75mg Aspirin 81mg (Tramadol & Gabapentin if needed)</p>	<p>Breakfast Tylenol 1,000mg Diclofenac 75mg Aspirin 81mg (Tramadol & Gabapentin if needed)</p> <p>Lunch Tylenol 1,000mg (Tramadol & Gabapentin if needed)</p> <p>Dinner Tylenol 1,000mg Diclofenac 75mg Aspirin 81mg (Tramadol & Gabapentin if needed)</p>	<p>AM Tylenol 1,000mg Diclofenac 75mg Aspirin 81mg</p> <p>PM Tylenol 1,000mg Diclofenac 75mg Aspirin 81mg</p>
<p>*If nauseated, take 1-2 tablets of Zofran as needed every 4-6 hours</p>			<p>*If pain is controlled, discontinue Tramadol & Gabapentin</p>			<p>Starting Day #7, continue Tylenol, Diclofenac and Aspirin until you run out of medication</p>