








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

Hip Arthroscopy

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.
- 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 one tablet twice a day scheduled for blood clot prevention [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 10 (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 for the first 5 days after surgery. You may shower with your dressing on.
- You may remove the top dressing (clear tape and gauze) after the first 5 days following surgery and leave the steri-strips underneath exposed. The steri-strips can get wet in the shower and will fall off on their own.
- It is normal for your hip incisions to bleed and swell from your surgery. Do not become alarmed – reinforce with additional dressing if needed.
- Do not take a bath or submerge your wounds in water until Dr. Keller lets you know that it is OK.

Activity

Weight-Bearing:

- You are **partial weight bearing (50% of weight) for the first 3 weeks after your surgery**; it is required that you use crutches for 3 weeks after surgery to provide you with extra stability and to protect your hip. After the first 3 weeks, you may transition to full weight-bearing as tolerated.

Brace:

- You may have been provided a hinged hip brace – this is to be used when walking to protect your repair. ***It should be unlocked from 0-90 degrees.*** You will have to wear this brace for the first **3 weeks after your surgery.**
- Do not hyperextend or hyperflex your hip, as this will be painful. Only move your hip in a pain free range of motion from 0-90 degrees.
- Brace may come off for shower and sleeping.

Exercise:

- You may have received a Continuous Passive Motion (CPM) machine. If not, you can use a stationary bike instead. You are to begin using these the day after your surgery to prevent stiffness in the hip.
 - CPM machine: you should use this 4 hours a day if not utilizing a stationary bike, 2 hours if you are. Keep hip flexion less than 90 degrees with the CPM.
 - Stationary bike: we encourage you to ride a stationary bike 2-4 times a day for 5-10 minutes.
- 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.

Ankle Pumps:



Relax leg. Gently bend and straighten ankle. Move through full range of motion. Avoid pain.

General Activity:

- Do not engage in activities which increase hip pain (prolonged standing or walking) over the first 7-10 days after your surgery.
- 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.

Elevation/Ice Therapy:

- 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 decrease swelling of the operative leg.

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]



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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 <i>(Oxycodone if needed)</i></p> <p>Before Bed Tylenol 1,000mg Tramadol 50mg Diclofenac 75mg Gabapentin 200mg Aspirin 81mg <i>(Oxycodone if needed)</i></p>	<p>Breakfast Tylenol 1,000mg Tramadol 50mg Diclofenac 75mg Gabapentin 200mg Aspirin 81mg <i>(Oxycodone if needed)</i></p> <p>Lunch Tylenol 1,000mg Tramadol 50mg Gabapentin 200mg <i>(Oxycodone if needed)</i></p> <p>Dinner Tylenol 1,000mg Tramadol 50mg Diclofenac 75mg Gabapentin 200mg Aspirin 81mg <i>(Oxycodone if needed)</i></p>	<p>Breakfast Tylenol 1,000mg Tramadol 50mg Diclofenac 75mg Gabapentin 200mg Aspirin 81mg <i>(Oxycodone if needed)</i></p> <p>Lunch Tylenol 1,000mg Tramadol 50mg Gabapentin 200mg <i>(Oxycodone if needed)</i></p> <p>Dinner Tylenol 1,000mg Tramadol 50mg Diclofenac 75mg Gabapentin 200mg Aspirin 81mg <i>(Oxycodone if needed)</i></p>	<p>Breakfast Tylenol 1,000mg Tramadol 50mg Diclofenac 75mg Gabapentin 200mg Aspirin 81mg <i>(Oxycodone if needed)</i></p> <p>Lunch Tylenol 1,000mg Tramadol 50mg Gabapentin 200mg <i>(Oxycodone if needed)</i></p> <p>Dinner Tylenol 1,000mg Tramadol 50mg Diclofenac 75mg Gabapentin 200mg Aspirin 81mg <i>(Oxycodone if needed)</i></p>	<p>Breakfast Tylenol 1,000mg Diclofenac 75mg Aspirin 81mg <i>(If needed: Tramadol 50mg & Gabapentin 200mg)</i></p> <p>Lunch Tylenol 1,000mg <i>(If needed: Tramadol 50mg & Gabapentin 200mg)</i></p> <p>Dinner Tylenol 1,000mg Diclofenac 75mg Aspirin 81mg <i>(If needed: Tramadol 50mg & Gabapentin 200mg)</i></p>	<p>AM Tylenol 1,000mg Diclofenac 75mg Aspirin 81mg</p> <p>PM Tylenol 1,000mg Diclofenac 75mg Aspirin 81mg</p>	<p>Starting Day #7, continue Tylenol, Diclofenac and Aspirin until you run out of medication</p>
<p>*If nauseated, take 1-2 tablets of Zofran every 4-6 hours as needed</p>			<p>*If pain is controlled, discontinue Tramadol and Gabapentin</p>		<p><i>(Remove post-op dressing; keep steri-strips intact until they fall off on their own)</i></p>	