





**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

## *Tibial Plateau ORIF*

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 was 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. **Aspirin 81mg**: Take one tablet twice a day for one week for blood clot prevention [Rx for 14 (81mg) tablets]
  - 3. **Tramadol (Ultram) 50mg**: Take one tablet every 8 hours scheduled [Rx for 15 (50mg) tablets]
  - 4. **Diclofenac 75mg**: Take one tablet twice a day scheduled [Rx for 30 (75mg) tablets]
    - Alternative: Meloxicam (Mobic) 15mg daily [Rx for 15 (15mg) tablets]
  - 5. **Gabapentin (Neurontin) 200mg**: Take (2) 100mg tablets every 8 hours scheduled [Rx for 30 (100mg) tablets]
    - Alternative: Pregabalin (Lyrica) 50 mg every 12 hours scheduled [Rx for 30 (50mg) 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; loosen your ACE bandages if swelling of the foot or ankle occurs or you feel that it is too tight.
- 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.
- You may remove the ACE bandages after post-op day #2. 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 CANNOT PUT WEIGHT on your operative leg until further instructed by Dr. Keller.

## Brace:

- **Your brace should be worn fully extended (straight) when non weight-bearing** until otherwise informed by the physician after first post-operative visit.
- **Unlock your brace for flexion (bending) to 0-45 degrees and other exercises done in a non-weight bearing position (ie sitting or lying).**
- **Brace should be worn at all times, even while sleeping. Brace only needs to be locked in extension when up on your crutches.**

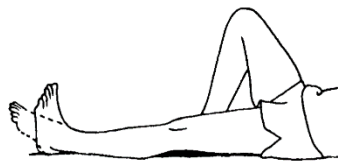
## Elevation/Ice Therapy:

- 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).

### 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 knee pain and swelling (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.

# 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](mailto:kellersportsmed@gmail.com)**



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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><b>AM</b> Surgery!</p> <p><b>PM</b> Tylenol 1,000mg Aspirin 81mg Tramadol 50mg Diclofenac 75mg Gabapentin 200mg <i>(Oxycodone if needed)</i></p>	<p><b>Breakfast</b> Tylenol 1,000mg Aspirin 81mg Tramadol 50mg Diclofenac 75mg Gabapentin 200mg <i>(Oxycodone if needed)</i></p> <p><b>Lunch</b> Tylenol 1,000mg Tramadol 50mg Gabapentin 200mg <i>(Oxycodone if needed)</i></p> <p><b>Dinner</b> Tylenol 1,000mg Aspirin 81mg Tramadol 50mg Diclofenac 75mg Gabapentin 200mg <i>(Oxycodone if needed)</i></p>	<p><b>Breakfast</b> Tylenol 1,000mg Aspirin 81mg Tramadol 50mg Diclofenac 75mg Gabapentin 200mg <i>(Oxycodone if needed)</i></p> <p><b>Lunch</b> Tylenol 1,000mg Tramadol 50mg Gabapentin 200mg <i>(Oxycodone if needed)</i></p> <p><b>Dinner</b> Tylenol 1,000mg Aspirin 81mg Tramadol 50mg Diclofenac 75mg Gabapentin 200mg <i>(Oxycodone if needed)</i></p>	<p><b>Breakfast</b> Tylenol 1,000mg Aspirin 81mg Tramadol 50mg Diclofenac 75mg Gabapentin 200mg <i>(Oxycodone if needed)</i></p> <p><b>Lunch</b> Tylenol 1,000mg Tramadol 50mg Gabapentin 200mg <i>(Oxycodone if needed)</i></p> <p><b>Dinner</b> Tylenol 1,000mg Aspirin 81mg Tramadol 50mg Diclofenac 75mg Gabapentin 200mg <i>(Oxycodone if needed)</i></p>	<p><b>Breakfast</b> Tylenol 1,000mg Aspirin 81mg Diclofenac 75mg <i>(If needed: Tramadol 50mg &amp; Gabapentin 200mg)</i></p> <p><b>Lunch</b> Tylenol 1,000mg <i>(If needed: Tramadol 50mg &amp; Gabapentin 200mg)</i></p> <p><b>Dinner</b> Tylenol 1,000mg Aspirin 81mg Diclofenac 75mg <i>(If needed: Tramadol 50mg &amp; Gabapentin 200mg)</i></p>	<p><b>Breakfast</b> Tylenol 1,000mg Aspirin 81mg Diclofenac 75mg <i>(If needed: Tramadol 50mg &amp; Gabapentin 200mg)</i></p> <p><b>Lunch</b> Tylenol 1,000mg <i>(If needed: Tramadol 50mg &amp; Gabapentin 200mg)</i></p> <p><b>Dinner</b> Tylenol 1,000mg Aspirin 81mg Diclofenac 75mg <i>(If needed: Tramadol 50mg &amp; Gabapentin 200mg)</i></p>	<p><b>AM</b> Tylenol 1,000mg Aspirin 81mg Diclofenac 75mg</p> <p><b>PM</b> Tylenol 1,000mg Aspirin 81mg Diclofenac 75mg</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>Starting Day #7, continue Tylenol and Diclofenac until you run out of medication</p>