

Robert Kollmorgen D.O.

Hip Arthroscopic Gluteus Medius Repair/Trochanteric Bursectomy/ Psoas Tenotomy Post-Operative Instructions.

1. The first physical therapy visit should be scheduled **3 to 5 days after surgery**. If your surgery was Friday, Monday is appropriate for your first appointment. **Please schedule physical therapy prior to surgery to insure that you will be seen within the timeline.**
2. If oozing from surgery site occurs, and the dressing appears soaked with bloody fluid, please change the dressing as needed. This normally occurs after fluid irrigation during surgery, and will resolve within 24-36 hours.
3. Icing is very important for the first 5-7 days postoperative, and ice is applied (ice packs or ice therapy) as often as possible or at least for 20-minute periods 3-4 times per day. Ice should not be applied directly on the skin.
4. You may remove the dressing on post-op day #2.
5. Apply Band-Aids to wound sites and change them once a day. Keep the wound clean and dry.
6. Please do not use bacitracin or other ointments under the bandage.
7. Showering is allowed on post-op day #4 if the wound is dry. **MAKE SURE EACH INCISION IS COVERED WITH A WATERPROOF BAND-AID DURING SHOWER ONLY!**
8. Do not soak the hip in water in a bathtub or pool until the sutures are removed. Typically getting into a bath or pool is permitted 2 days after suture removal unless otherwise instructed by Dr. Mather.
9. Driving is permitted on post-op day #5, if the narcotic pain medication is no longer being taken and you feel comfortable getting into and out of a car. Driving a manual car may take up to 3-4 weeks.
10. Please call the office to schedule a follow-up appointment for suture removal about 10-14 days after surgery.
11. The anesthetic drugs used during your surgery may cause nausea for the first 24 hours. If nausea is encountered, drink only clear liquids (i.e. Sprite or 7-up). The only solids should be dry crackers or toast. If nausea and vomiting become severe or the patient shows sign of dehydration (lack of urination) please call the office

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12. If you develop a fever (101.5), redness, or yellow/brown/green drainage from the surgical incision site, please call our office to arrange for an evaluation.

13. **Below are the prescriptions that may be given to you the day of surgery.**

ULCER PROPHYLAXIS FOR 10 DAYS: Prilosec (Stomach Prophylaxis) 20mg, 1 tablet by mouth daily (take on an empty stomach 1 hour before breakfast for 10 days only)

ANTI-INFLAMMATORY: EC-Naprosyn 500mg, 1 tablet by mouth two times per day or Celebrex 200mg, 1 tablet by mouth daily - as needed.

PAIN MEDICATION: Oxycodone 1 to 3 tablets by mouth every 3-4 hours as needed. You may take Tylenol in addition to the oxycodone, 650mg by mouth every 4-6 hours as needed.

BLOOD CLOT PROPHYLAXIS: Aspirin 81mg by mouth daily for 2 weeks

ANTI-NAUSEA: Zofran 4mg, 1 by mouth every 6 hours as needed. You will be given a prescription, but it is optional to fill it.

ANTI-SPASM (if applicable): Zanaflex 4mg, 2 tablets by mouth every 6 hours as needed.

14. You will take aspirin (81 mg) daily until the sutures are removed in the office. This may lower the risk of a blood clot developing after surgery. Should severe calf pain occur or significant swelling of calf and ankle, please call the doctor.

15. Local anesthetics (i.e. Novocaine) are put into the incision after surgery. It is not uncommon for patients to encounter more pain on the first or second day after surgery. This is the time when swelling peaks. Taking pain medication before bedtime will assist in sleeping. It is important not to drink or drive while taking narcotic medication. If you were prescribed narcotic medication (i.e. vicodin, hydrocodone, darvocet) you can supplement those medications with 200 mg or 400 mg of Tylenol every 4-6 hours. You should resume your normal medications for other conditions the day after surgery.

16. You should use crutches or a walker and put 20 lbs of your weight on the operative leg. Do not hold the leg off the ground. Walk with a normal gait using the crutches or walker to take the weight off of the operative leg. Extremity elevation for the first 72 hours is also encouraged to minimize the swelling. Use crutches until instructed by your surgeon

17. If unexpected problems occur and you need to speak to the doctor, call the office.



Division of Orthopaedics

Hip Preservation Surgery • Pelvis and Hip Reconstruction • Orthopaedic Sports Medicine

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Important Contact Information

Martha Evans (Surgical Scheduler and Staff Assistant)

729 N. Medical Center Drive West

Ste 111

Clovis, CA 93611