



Patients **Guide to Hip Surgery**

PREPARED BY
Dr. Tim Keating, M.D.



KEATING, M.D.
Hip & Knee



Need Help?

For more information or if you have questions about your hip surgery, please call or text us.

Tim Keating, M.D.

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Message from

DR. KEATING, M.D.

My team and I are dedicated to offering you cutting edge, compassionate, and personalized care that we would want for our own family members. In return for excellent care, I ask the following of all of my patients:

1. Be an informed patient. Study this booklet, our website (KeatingMD.com) and sign up for our recovery text messages. Your final outcome after surgery depends largely on how much effort you put into the recovery, and I want you to know as much as possible and have appropriate expectations.
2. If you need us, just call. Please contact us any time of day if you need something urgently, have a problem, or question. The 24/7 patient care number, (331) 282-0000 is listed in this book and many other places because I want you to have it if you need it. Please scan the QR code on the first page of the booklet with your cell phone to import my contact information.
3. Go slow to go fast. Everyone heals at a different rate, and I want you to focus on recovery without overdoing it in the first few weeks after surgery. Once you are recovered from surgery I want you to get back to the things that you love without restriction. Go wear it out!

Thank you for allowing us to take care of you,

A handwritten signature in black ink, appearing to be 'Dr. Keating'.

PLANNING FOR SURGERY IN ADVANCE

Things to do 3 weeks before surgery

Most importantly

1. Make sure your preoperative clearance appointment with a medical doctor is scheduled and that it is before you return to meet with Dr. Keating's team for your final preoperative appointment, which will be 1-2 weeks before your surgery.
2. Sign up for our informational text messaging service by scanning the QR code on the previous page or by texting **"Join"** to **(630) 634-7713**. This service is free to you and includes a series of text messages curated by Dr. Keating that last from 2 weeks before surgery until 7 weeks after surgery to help you prepare for and recover from surgery. You can unsubscribe at any time if you find the messages are no longer useful to you.



Other Important Tasks:

1. Cancel any dental appointments 1 month prior to surgery and 3 months after surgery. If you have any loose or painful teeth, please notify us immediately
2. Avoid any injections to your surgical joint 3 months prior to surgery
3. Arrange for a family member or friend to accompany you to the hospital on the day of surgery
4. You will be discharged home from the hospital either the same day of surgery or 1-2 days after surgery, so please have transportation arranged with your support person for your expected discharge date.
5. Arrange for your support person to stay with you for a night or two after you return home from surgery if you live alone
6. Adjust your work schedule for your anticipated recovery time. For sedentary jobs, most patients can go back to work by 6 weeks. For very heavy jobs, plan for 12 weeks off.
7. Ensure your home is “surgery safe” for when you return home
 - Remove all small rugs or obstacles that may be in your path around your home.
 - If you have large pets, ensure you have someone to assist in their care for the week after surgery to minimize the risk of falls
 - Buy several forms of hydration (Drinks with salt like Gatorade, Vitamin Water, Powerade, or sport drink mixes are best) and protein snacks (protein bars, nuts, shakes). You may not be up for shopping and cooking for the first few weeks after surgery so make sure your fridge and freezer are stocked with healthy and filling meals.
8. If you use tobacco products on a regular basis, you are at higher risk for complications during and after surgery. As discussed at your appointment, quitting just 6 weeks before and not smoking 6 weeks after surgery can have positive effects on your outcome.
9. If you currently exercise regularly, continue doing so up until surgery. If you do not have an exercise routine, do the pre-operative exercises in the following pages of this book and according to your informational text messages. If the exercises are too painful for your joints, stop doing them.
10. Arrange for someone to bring you to your first post-operative appointment around 2-3 weeks after surgery.

PREOPERATIVE EXERCISE ROUTINE

Side Lying Hip Abduction

This exercise strengthens your abductor muscles, which are the most important muscles of your hip.

1. Start by lying on your side on the couch or ground with your operative side up
2. Slowly raise your leg up and slowly lower it back down, keeping your core stable
3. Do 3 sets of 10 repetitions, 3 times per day



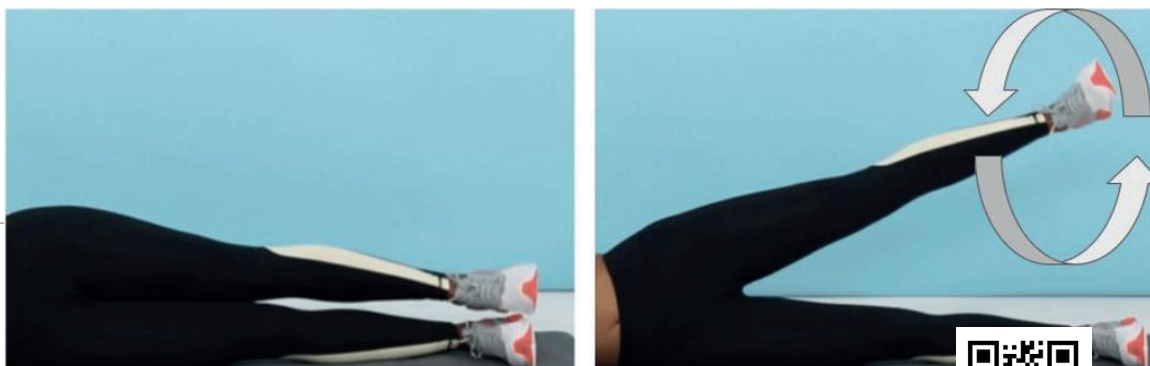
»» Example video: <https://vimeo.com/288084438>



Side Lying Hip Circles

This exercise is a second abductor muscle exercise that also engages other muscles in your hip.

1. Lay on your side on the couch or floor with your operative hip up
2. Raise the leg outward and trace a large circle with your foot
3. Do 3 sets of 5 circles clockwise and 5 counterclockwise. Repeat 3 times per day.

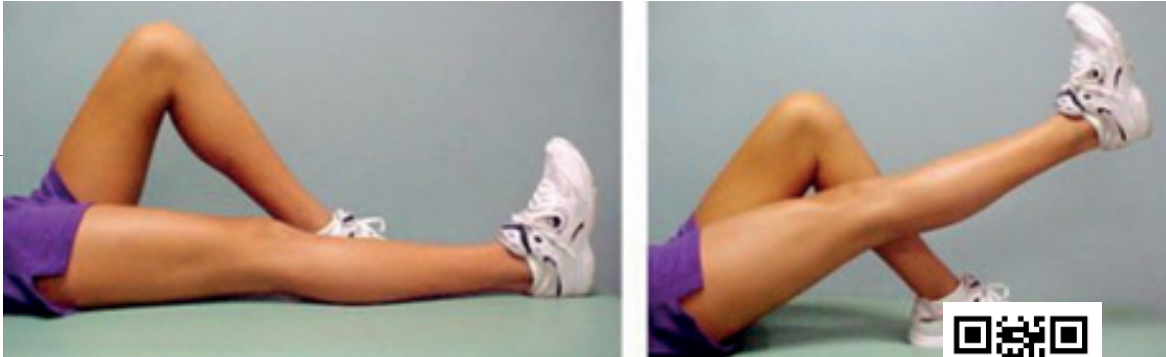


»» Example Video: <https://vimeo.com/288085142>



Straight Leg Raise with Ankle Pump

1. Sit on a couch or floor with operative leg extended
2. Flex and extend your ankle slowly
3. Lift your heel off the ground and repeat the ankle flexion and extension
4. Lower your heel back down over 2 seconds and then start again
5. Do 20 repetitions, 3 times per day



» Example Video: <https://strea.md/short/2093056>



Standing Hip Extensions

This exercise engages the back muscles of your hip, the extensor muscles.

1. Stand holding onto a table or the back of a chair for balance
2. Extend your operative leg backwards as far as you can while keeping the knee straight
3. Hold for 5 seconds
4. Gradually bring the leg back down to a neutral position



» Example Video: <https://vimeo.com/288083888>





MEDICATIONS TO STOP BEFORE SURGERY

1. Medications that are known to affect surgery and anesthesia need to be stopped a certain amount of time before surgery.
2. In addition to the common medications on this page, the medical doctor that clears you for surgery should tell you whether to stop or continue your other medications before surgery
3. If you are having a second joint replaced 6 weeks after the first, use this as a guide to stop your postoperative medications from the first side
4. To calculate when you should stop taking these medications, subtract the number of days below from your surgical date. This is the last day you take the medication as you usually take it.
5. If you take any prescription sleep aids regularly, you should not take them while on narcotic pain medicine after surgery. Over the counter medicines like Melatonin and Tylenol PM are ok.

Last dose 14 days before surgery

1. GLP-1 analogs like Trulicity, Saxenda, and Ozempic

Last dose 10 days before surgery

1. Aspirin
2. All products containing marijuana/THC (increases bleeding during surgery)

Last dose 8 days before surgery

1. Plavix, Pradaxa
2. Any anti-inflammatory medications, except Celebrex. Examples are: Advil, Aleve, Voltaren and Mobic
3. Any Herbal Supplements
4. All Vitamin supplements (Vitamin E, K, etc.)

Last dose 6 days before surgery

1. Warfarin, coumadin

Last dose 5 days before surgery

1. Xarelto (Rivaroxiban)
2. Eliquis (Apixaban)

Ok to continue up until surgery

1. Tylenol (regular, extra strength, arthritis)
2. Celebrex
3. Ultracet
4. Glucosamine Chondroitin
5. Iron Supplements
6. Ultram (Tramadol)
7. Vitamin C

FINAL PREPARATIONS FOR SURGERY

2 weeks before surgery

➤➤ Preoperative appointment

Around 1-2 weeks before surgery you will have your preoperative appointment with Dr. Keating and his team. This appointment is to go over your clearance from the medical doctor and finalize plans for surgery. Before this appointment, be sure to:

1. Complete your preoperative clearance appointment with a medical doctor including associated lab work
2. Review Dr. Keating's website, KeatingMD.com
3. Compile a list of questions that were not answered by this booklet or Dr. Keating's website

➤➤ Assemble additional supplies for your rapid recovery

Dr. Keating recommends buying these additional items from Amazon or another store.

- 1. Additional waterproof dressings.** You will leave the hospital with a waterproof dressing that will stay on for the first week. I recommend buying at least 1 additional dressing to cover your hip wound for an extra week after you take the first dressing off
 - Amazon recommendation: EVERLIT Silicone Foam Dressing with Gentle Adhesive Border (4" x 10" | 5 Pack) - ~\$25.
- 2. Cold therapy.** Some form of cold therapy has to be part of your recovery and you will use it throughout the day for at least the first week (Specific instructions in postoperative instructions section)

Standard reusable ice packs: Many options, and stay cold for about 20 minutes which is the perfect amount of time. Amazon example: Rester's Choice Gel Cold & Hot Packs (2 Ice Packs) - ~\$20.

Deluxe Polarcub Ice Machine Machine: Machine that you add ice water to and the machine pumps cold water through a pad that wraps around your hip. Lower maintenance than reusable ice packs but more expensive. \$200 from IBJI durable medical equipment store. Tell us if you would like to purchase this and we will deliver it to you at your preoperative appointment.



- 3. Chlorhexidine soap.** This is a special soap that you will use for three days leading up to your hip surgery that has been shown to kill bacteria on your skin and reduce the risk of infection after surgery. The specific instructions are below in the “Week of surgery” section. This can be purchased at any drugstore or on Amazon, the brand name is Hibiclens, the generic name is Chlorhexidine Gluconate (CHG) 4% Solution.

- 4. Pill organizer.** After surgery you will be on a combination of medications that are designed to work together and make your recovery quicker and less painful. Medications will be scheduled at breakfast, lunch, dinner and right before bedtime. To keep track of the timing of your medications I recommend buying a 4-time-a-day pill organizer that has 7 days. These can be purchased for around \$10 on Amazon and may also be available in your local drugstore.

- 5. Compression stockings.** After surgery your surgical leg will be bruised and swollen from the thigh down to your foot, which is normal. I recommend 20-30 mmHg compression stockings to help with swelling and associated pain for the first three weeks after surgery.

Amazon option 1: ABSOLUTE SUPPORT Post Surgery Compression Thigh High 20-30mmHg - Silicone Border & Open Toe - ~\$27

Amazon option 2: ABSOLUTE SUPPORT Plus Size Thigh High Compression Socks 20-30mmHg with Silicone Border & Open Toe - ~\$27



THE WEEK OF SURGERY

The week before surgery can be a stressful time as there is a lot of anticipation ahead of your surgical date. At this point everything on our end is actually ready to go, so try to relax and think ahead to your life without joint pain that is just a few short weeks away.

7 days before surgery

1. **Pick up your prescriptions from your pharmacy.** These are prescribed at your preoperative appointment and should be picked up at least a week in advance so you have them before you have surgery. You must have picked up your medications before surgery because you will need them the most right after surgery.
2. **Know when to stop your daily medications.** Review the medication list on page 10-11 as well as instructions from your preoperative appointment to ensure you understand when to stop your medications before surgery



3 days before surgery

1. **Stop shaving your surgical site.** If you routinely shave your surgical site, do not shave the area for 3 days before surgery. Small nicks from a razor introduce bacteria below your skin.
2. **Start your chlorhexidine soap treatment.** Please follow the instructions below for starting your chlorhexidine soap treatment:

- Use your regular soap and shampoo to wash your head and entire body. Rinse thoroughly.
- After rinsing off your regular soap, use the CHG soap on your entire body, excluding your eyes and mucus membranes. Rinse this off completely.
- Avoid applying lotion or oil anywhere on your body after the shower.
- Wear clean clothes after each shower.
- Ensure that you sleep in clean clothes and sheets the night before your surgery.

3. What time is my surgery? You will receive a call from your surgical location the business day before surgery to let you know what time your surgery is and what time you should plan to arrive. Most locations have patients arrive 2.5 hours before your scheduled time. If you do not hear from them, please find your surgery location below and call the number listed.

Night before surgery

1. Nothing to eat after midnight
2. Each facility has different rules about having gatorade or water a few hours before your surgical procedure. We will address this at your preoperative visit.
3. Ok to have one alcoholic drink the night before surgery
4. Pack your bag for surgery (Items below)
5. Get a good night's sleep, you are in the best hands!

What should I bring to the surgical center?

1. ID card
2. Insurance card
3. Wear loose, comfortable clothing
4. Cane or crutches, if you do not have them we will provide them for you
5. Support person to take you to the surgical center and bring you home if being discharged the same day

What should I not bring?

1. Jewelry and other valuables
2. More than \$100 in cash
3. Medications (The hospital will provide all of your home and postoperative medications)
4. Contact lenses (wear glasses if you have them, you can't wear contacts during surgery)

SURGERY LOCATIONS

On the morning of surgery, it can be helpful to use navigation to arrive to your surgical location on time. Scan the QR code associated with the picture of your surgical location to open Google Maps. Hit Directions to see the best routes to get there, and then Start when you are ready. If you would prefer that we print out directions for you please let us know and we will provide them at your preoperative appointment.

Plainfield Surgery Center



Location

24600 W.
127th Street,
Building C,
Plainfield, IL
60585

Center for Advanced Joint Replacement



Location

5101 Willow
Springs Rd,
La Grange, IL
60525

Silver Cross Hospital



Location

1900 Silver
Cross Blvd,
New Lenox, IL
6045

DAY OF SURGERY

Congratulations! The wait is over and today is the day you will really begin your journey to a pain-free joint. Remember to take your home medications as instructed and to not eat anything or drink coffee in the morning.



Arriving at the Surgical Location

Once you have arrived, enter the main entrance and let the check-in desk know that you are there to have hip surgery with Dr. Keating. They will direct you to the surgical area of the center where you will check-in again.

Final preoperative preparation

After check-in, you will be brought back to the preoperative area where you will meet your preoperative nurse, change into a hospital gown, and meet with anesthesia. You will meet your anesthesiologist and Dr. Keating will also stop by to say hello and to initial your surgical site with a permanent marker as part of our patient safety initiative. You will have an IV placed and will be given relaxing medication to help ease the anxiety of surgery. Anesthesia during your procedure will typically consist of spinal anesthesia that numbs up your body from the waist down so that you can take a nap during surgery instead of having to have general anesthesia and have a breathing tube.

Time for a nap!

Surgery will just be a nap for you! Dr. Keating will take about 60-90 minutes to perform your surgery. As a private practice surgeon, Dr. Keating does not work with residents or fellows, which means he performs your entire surgery from start to finish with the help of trained surgical assistants. You are in great hands!

POSTOPERATIVE CARE

First waking up

When you wake up from your surgical nap, you will be in the recovery area. This is a time for anesthesia to wear off and for you to rest. Once you are ready, your support person will be allowed to come see you in the recovery unit.

- 1. If you are being discharged home the same day,** you will get up and walk with a physical therapist once your spinal has worn off, your pain is controlled, and you are feeling good after something to eat and drink. Once you have cleared physical therapy you will be discharged for your support person to bring you home.
- 2. If you are staying one night,** you will likely just rest after surgery and then have a physical therapy session the next morning. Physical therapy consists of learning how to safely use a walker or cane, which you will use for balance the first week after surgery and longer as needed, up to 6 weeks. They will also reinforce the therapy regime that follows later in the book.

Surgical bandage

The bandage on your incision is designed to be waterproof. The outer dressing can be removed in one week, either at home or with the help of your therapist at your first outpatient appointment. Underneath your outer bandage you will find a glue with mesh. This mesh occasionally comes off with the outer bandage, which is ok. The incision should be covered with a new sterile, waterproof bandage. Please see page 12 for recommendations. After two weeks your incision can be open to air and you can let warm soapy water run over it in the shower. In addition to your surgical dressing, you should also wear a compression stocking on both legs for the first two weeks. Wear them as much as possible during the day, it is ok to take them off for sleep.

DR. KEATING'S 20/20/20 RECOVERY PROGRAM

The first week after surgery is spent recuperating and allowing your body to start to heal the hip. This is not the time to over-do it, but a time to focus on your recovery. If you take it easy and follow the rapid recovery program instructions for the first week you will be much farther ahead than your peers at the three week mark who jumped right into aggressive rehabilitation. For the first week after surgery, follow the 20/20/20 rule to reduce your postoperative pain and help your hip start to recover from surgery. 20/20/20 refers to how to spend each hour when you are awake during the day.

- 20 minute icing with the leg elevated “toes above your nose.”
- 20 minutes not icing but leg still elevated “toes above your nose”
- 20 minutes up and walking around, this is your time to eat and do things around the house as needed, but get up and move for 20 minutes.
- Repeat every hour while you are awake, especially for the first 4-5 days after surgery!



Elevation and Ice

Elevating the leg is the most powerful way to help reduce pain and swelling! Elevating the leg only counts if your:

- 1. Toes above your nose.** Because of gravity, your leg only becomes less swollen if the leg is above your heart. The easiest way to do this is to take the back cushions off your couch and stack them at one end of the couch, then lay on the couch and elevate your heel way above your body.
- 2. Icing the leg also helps a lot to reduce pain and swelling.** You should ice for 20 minutes every hour for the first 3-5 days after surgery and gradually reduce this to 3-5 times per day by the one week mark depending on how your hip feels. Important rules to remember in order to prevent serious injury from frostbite:

1. Never ice more than 20 minutes at a time
2. Allow at least 40 minutes in between ice sessions
3. Never apply gel ice packs or ice bags directly to your skin, make sure there is a protective cover to prevent frostbite. Serious frostbite can occur if the above instructions are ignored!

You have a few different options for icing, including gel ice packs with a protective wrap, and an ice machine that you add ice and water to and it circulates the cold water through a wrap around your hip. Pick whichever one works best for you, the most important part is that you actually use it!



MEDICATIONS AFTER SURGERY

The most important thing to focus on after surgery is making sure you follow Dr. Keating's rapid recovery protocol, which includes ice, elevation, and a research-based medication protocol that is designed to minimize your pain and help speed up your recovery. Dr. Keating uses what is called "multimodal anesthesia," which means using low doses of medications that work together to provide stronger pain relief than any medication on its own. No one likes taking medications, but these medications are worth taking exactly as prescribed in the time after surgery so that you can be pain and medication-free once you have recovered.

Medications consist of **scheduled** medications, which means you take them on the provided schedule no matter how much or little pain you are having, and **as needed** medications, which you only take when you need them.

- Scheduled medications consist of pain and anti-inflammation medicines, a medication to prevent DVTs, and a medication to protect your stomach.
- As needed medications consist of a weak and strong narcotic medication that you will usually use for the first 1-3 weeks, a medication to treat nausea, and a medication to treat constipation.



Personalized medication plan

The following is an example of a personalized medication plan. Your unique plan may differ from this exact plan based on the medications you already take and any pre-existing medical issues. Your personalized plan will be discussed in detail at your preoperative information appointment with Dr. Keating's team which is 1-2 weeks before surgery.

STEP 1: Scheduled medications	
Do these things no matter how much pain you are in	
Ice and elevation	
Ice	Ice your hip over the incision for 20 minutes every hour for the first 7 days, then 3 times a day if it feels good.
Elevation	Elevate your surgical leg above your heart to help reduce swelling for 40 minutes every hour for the first 5-7 days.

Medications	Dose	How often and how long	For what reason
Extra-Strength Tylenol (Acetaminophen)	1000mg	Three times a day: 2 x 500mg (1000mg total) with breakfast, lunch, and before bedtime for 3 weeks	Baseline pain medicine (Non-narcotic)
Aspirin	81mg	Twice a day: 1 pill with breakfast, 1 pill with dinner for 4 weeks	Prevent blood clots, not prescribed if you are already taking a different blood thinner (Eliquis, Xarelto, Coumain, Plavix, etc.
Protonix (pantoprazole)	40mg	Take 1 40mg pill with breakfast for 4 weeks	Protect stomach from other medicines
Celebrex (Celecoxib)	100mg	Take 1 100mg pill with breakfast for 8 weeks	Anti-inflammatory pain medicine, not prescribed if you are on a blood thinner other than aspirin
Lyrica (Pregabalin)	50mg	Take 1 tablet at breakfast and one at bedtime for 2 weeks	Nerve pain medication, not prescribed if you are over 70 or already taking Gabapentin

STEP 2: “As needed” pain medicine

Take this medicine if you are still uncomfortable after baseline medicine

Medications	Dose	How often and how long	For what reason
Try this first:			
Tramadol	1 x 50mg	Every 4-6 hours as needed for breakthrough pain.	Extra pain medicine (Weak narcotic), expect to take every 4-6 hours for 1 week, usually wean off around 3 weeks after surgery, wean off of doses before PT and night dose last.
If still having too much pain after 30 minutes:			
Tramadol	2nd 50mg pill	Take a second 50mg Tramadol 30 minutes after the first one if you are still having too much pain. If this relieves your pain to an acceptable level, take 2 x 50mg Tramadol 4-6 hours later as needed for pain.	
If still having too much pain after 30 minutes:			
Oxycodone	5mg	Take 5mg oxycodone if still having too much pain after 2 x 50mg Tramadol. If this relieves your pain, it can be repeated with 2 x 50mg Tramadol every 4-6 hours as needed.	Extra pain medicine (Narcotic), expect to take around the clock for first week and usually wean off around 1-2 weeks after surgery.

If still having too much pain after 30 minutes:

Oxycodone	2nd 5mg pill	Take 5mg oxycodone if still having too much pain after 2 x 50mg Tramadol and 1 x 5mg oxycodone. Can be repeated every 4-6 hours as needed, ok to take with Tramadol.	
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If still having too much pain after 45 minutes:

Call Dr. Keating and his team at the 24/7 patient care number, **(331) 282-0000** and follow prompts to speak with Dr. Keating.

Other as needed medications

Extra medications just in case

Nausea Medicine

Zofran (Ondansetron) 4mg oral dissolving tablets	Place tablet under tongue	Take every 4-6 hours as needed for feeling nauseated. Most often, nausea if from taking medicines on a stomach that does not have enough food in it. Take medicines immediately AFTER meals if they are listed with a meal.	
Senna Plus (Docusate/Senna)	2 X 50 mg/8.6 mg	Take 2 tablet with breakfast and 2 at bedtime while taking Tramadol or oxycodone.	Prevents constipation, which is very common with opioid pain medications (Tramadol and oxycodone)

WEEK BY WEEK RECOVERY

WEEK ONE

01

The first week after surgery is spent doing Dr. Keating's 20/20/20 ice and elevation program, as well as some gentle stretching exercises that will be shown to you before surgery. This week just focuses on making sure you are comfortable, independent, and healing. The hard work in therapy will come in a few weeks, for now just take it easy!

Week 1 Expectations:

1. Your pain will be tolerable, but you will be very tired from having surgery.
2. Expect your entire surgical leg to swell from the thigh to your foot that will peak 7-10 days after surgery
3. Expect bruising from your thigh and sometimes all the way to your foot that will peak 7-10 days after surgery
4. Your hip will be red and hot from having surgery.

Removing your surgical dressing

After 7-10 days you may remove your surgical dressing at home or with your therapist. It peels off like a large bandaid. You will notice a layer of mesh underneath. This occasionally comes off with the outer bandage which is ok, if it stays on you can leave it on until your first post-op appointment. Cover the mesh or incision back up with a clean dressing like the one recommended on page 12 and leave on for another week. After 2 weeks your incision can be left open to air and you can let warm, soapy water run over it in the shower without scrubbing it.

WEEK TWO

02

Many patients go straight to outpatient physical therapy this week. The therapist will work on gentle stretching and helping you walk normally with a cane or walker as needed for balance. You will remove the surgical bandage at home or with your therapist 7-10 days after surgery. Your knee will be red, hot, and bruised around the incision which is normal. Some bloody drainage will also be on the inside of the dressing. Dr. Keating's patients typically go straight to outpatient therapy as it is much more effective than therapy in the home. If you are unable to attend therapy starting at week 2, please let us know ahead of time and we will arrange for a therapist to visit your house.

Week 2 Expectations:

1. Pain is even more tolerable than week 1 but you are still taking Tramadol and maybe oxycodone on top of your baseline medications
2. You still feel tired from having surgery
3. Your swelling and bruising will peak this week and start to get better, if your swelling is getting worse you need to elevate more and should continue the 20/20/20 routine.

WEEK THREE

03

Sometime during this week you will have your follow-up appointment so I can check on you in person. At that visit we will get X-rays of your new hip.

Week 3 Expectations:

1. At this point you will be up and walking around more with the use of a cane and maybe a walker.
2. You can drive at this point if you are off narcotic medicines and feel comfortable
3. The pain in your hip is getting better at this point but still aches throughout the day. You will likely still be taking tramadol before therapy and before going to sleep
4. The swelling and bruising is still there but getting better
5. Your incision is healing at this point, there will still be some scab areas on the incision which you should leave alone and let fall off on their own.

WEEKS FOUR - SIX

04
-
06

At this point you have made it over the initial hump and will start to recover more rapidly. The downtime for healing in the beginning of your recovery will start to pay off as you start outperforming your peers in therapy who have been aggravating their hip from the beginning. I will see you again at the 6 week mark. At this visit I will examine you again and will get a final XR.

Week 4-6 Expectations:

1. I would like you to wean off Tramadol and oxycodone at this point and be completely off by the 6-week mark. These medications should be tapered, you will feel sick if you quit cold turkey!
2. Pain is very tolerable and mostly aches at the end of the day and at night, which may make it difficult to sleep
3. Your function will continue to improve as you make in your ability to walk normally again

WEEKS SIX - TWELVE

06
-
12

At the 6 week mark you can begin easing back into low impact activities like chipping and putting, riding an outdoor bike, long walks, and other activities that you enjoy. I would like your hip to feel better at this point than it did before surgery. At this point you can also fully submerge your incision if you enjoy water activities. You will continue to get better between 6-12 weeks and your range of motion will continue to make small gains. At this point most patients are doing most things that they would like to do.

WEEKS TWELVE +

12+

At this point you have made most of the gains in your recovery and can ease back into higher impact activities that you enjoy. Your body will continue to get stronger and stronger over the first year after surgery, so if there are still things you are working on, don't get discouraged and remember, everyone heals at a different rate!

**WHAT DO
I DO IF...**

???



Surgery can be stressful for patients and their families that often comes with a lot of unknowns. Be assured that my team and I are there for you every step of the way and we are happy to serve you. Follow the instructions below for the best experience.

I have a question or problem

Call or text Dr. Keating and his team day or night. For urgent matters, calling is always better than texting, especially overnight. If you get a voicemail, please call a second time, especially overnight. We will return calls as soon as possible!

Should I go to to the ER or urgent care if I have a problem?

No, call Dr. Keating's team and they will help you pick the best thing to do. If you need to be seen during the day you will come into Dr. Keating's clinic to be seen in person. If you need to be seen in the evening we will direct you to our urgent care clinic so one of Dr. Keating's colleageus can see you who is familiar with his protocols. Over the weekend we also have urgent care hours on Saturday.

Someone told me they think I have an infection, blood clot, or other problem

People have a tendency to think the pain, swelling, bruising, and redness after surgery is a sign of a problem, when 99 times out of 100 it is just a normal part of the healing process. Call our team and we will take a look either in person, video call, or text image.

Someone would like to remove my dressing or touch my hip that isn't part of my therapy or care team

Don't allow anyone to remove your dressing, perform any tests on your hip, or otherwise touch your hip without Dr. Keating knowing about it. People outside of your care team aren't familiar with our protocols and should not participate in your care after surgery without us approving it.

I need dental work or any other procedure after I have had surgery

Reschedule all non-urgent invasive procedures, including dental cleanings, to at least 12 weeks after your surgery. Make sure Dr. Keating's team knows about this before undergoing any procedures. We will want to prescribe you antibiotics to take 1 hour before any procedure, forever. Most people will take 2000mg of amoxicillin, which is 4 x 500mg pills. If you are allergic to penicillin, we will prescribe 600mg clindamycin.

I have other questions not answered above

We keep the “**frequently asked questions**” section of our website up-to-date with patients most common questions before and after surgery. Take a look, if you have a question, another patient before you has probably had the same question! If your question still isn't answered, please let us know



HAVE ADDITIONAL QUESTIONS

Scan the QR code to contact us, we are always
one call away.



Tim Keating, M.D.

HIP AND KNEE



Physical Therapy Prescription

This is a letter of medical necessity for home health/outpatient physical therapy for patients who have undergone hip surgery.

Patient name: _____

DOB: _____

Date: _____

Date of surgery: _____

In making this referral, the physician certifies that the prescribed rehabilitation is a medical necessity.

Tim Keating, M.D. NPI: 1912437831

Diagnosis: Left/Right (Circle one) minimally invasive total hip replacement

Please perform the following:

- Evaluate and treat
- Gait training
- Modalities
- Strengthening (Week 5)

Functional guidelines:

- Weight Bearing status: WBAT operative extremity
- ROM: As tolerated, no passive (therapist guiding motion) stretching before 6 weeks, ok for active motion
- Driving allowed at 2 weeks if patient off Tramadol/Oxycodone and feels safe
- Ok for stationary bike at 3 weeks post-op
- No active straight leg raise exercises to prevent iliopsoas tendonitis

Therapy timeline:

- Days 0-14: Only rest, ice, elevation, modalities, and gait training with a cane or walker
- Weeks 3-4: Ok for increasing gait training duration with cane, initiate minimal strengthening, no stretching
- Week 5: Continue light closed-chain exercises once gait has normalized, ok to wean off of cane as tolerated. Progress to normal gait, continue modalities
- After 6 weeks: Ok to progress to low-intensity activities
- After 12 weeks: Ok to progress to high-intensity activities

Number of visits:

- 3 x weekly for 6 week: 18 visits

Please send all progress notes with the patient to follow-up appointments.



KEATING, M.D.
Hip & Knee