

Open Gluteus Medius/Minimus Repair or Reconstruction Rehabilitation Protocol

Stephanie A. Boden, MD

PLEASE READ THESE INSTRUCTIONS COMPLETELY AND ASK FOR CLARIFICATION IF NECESSARY - DIRECT QUESTIONS TO YOUR NURSE BEFORE LEAVING THE SURGERY CENTER OR VIA PHONE/EMAIL TO DR. BODEN'S STAFF AFTER ARRIVING HOME

Wound Care

- Leave the bulky surgical bandage on and **DO NOT** shower for 48 hours
 - Can loosen bandage is swelling of foot/ankle occurs
- After 48 hours, remove bandages and gauze, but **LEAVE STERI-STRIPS** (white tape) **IN PLACE**.
 - You may shower at this point.
 - Cover incision sites with waterproof bandage prior to getting into the shower.
 - Should the incisions accidentally get wet, pat them dry with a clean towel – **DO NOT SCRUB**
- It is normal to see a lot of blood-tinged (may be pinkish-yellow) soaked fluid on the bandages
 - If bandages become soaked, okay to reinforce with additional dressing
- Change bandages daily with clean dry dressings. Ok to leave incisions open to air after bandages are completely clean and dry for 2 days in a row.
- **DO NOT APPLY LOTIONS OR OINTMENTS TO THE INCISION SITES**
- Your stitches will be removed at your first post op visit
 - You may shower at this point without waterproof bandages over the incision sites.
 - **DO NOT** scrub the incision sites – you may let soap and water run down the incisions and pat dry with a towel once you're done.
- **DO NOT** soak in any pool/bath water until cleared by Dr. Boden at least 4 weeks after surgery.

Medications

- Most patients will require some narcotic pain medication for a short period of time – this can be taken as per directions on the bottle. You can begin the prescription pain medication provided to you upon arriving home and continue every 4-6 hours as needed for pain.
- Common side effects of the pain medication are nausea, drowsiness, and constipation. To decrease the side effects take the medication with food. If constipation occurs, consider taking an over the counter laxative.
- Zofran (Ondansetron) can be taken if needed for nausea.
- Do not drive a car or operate machinery while taking the narcotic medication
- If you are having pain that is not being controlled by the pain medication prescribed, you may take an over the counter anti-inflammatory medication such as ibuprofen or naproxen in between doses of pain medication. This will help to decrease pain and decrease the amount of narcotic medication required. Please take as directed on the bottle.

- For 2 weeks following surgery take one 81mg aspirin twice daily to lower the risk of developing a blood clot after surgery. Please contact the office should severe calf pain occur or significant swelling of the calf occurs.

You have been prescribed the following medications for use post-operatively, unless discussed otherwise:

1. **Pain Medication:** Unless discussed otherwise, you have been prescribed pain medication (Oxycodone, Tramadol, etc.) for use postoperatively. Take as prescribed as needed for pain. This medication should only be used in the initial postoperative period, and you should try to wean off of it over the first 1-2 weeks after surgery.
2. **Acetaminophen (Tylenol):** Unless discussed otherwise, or contraindicated due to other health reasons, you have been prescribed acetaminophen to help with pain control postoperatively. This should be taken on a scheduled basis. Do not use additional acetaminophen if your narcotic pain medication has acetaminophen in it.
3. **Zofran (Ondansetron):** Take as prescribed if needed for nausea.
4. **Anti-Inflammatory:** Unless discussed otherwise, or contraindicated due to other health reasons, you have been prescribed a non-steroidal anti-inflammatory drug (Celecoxib, Ibuprofen, etc.) for use postoperatively. If you have no personal history of adverse response to anti-inflammatories (NSAIDs), take as prescribed with food to help reduce swelling and pain.
5. **Aspirin 81mg:** Please take one (1) 81 mg baby aspirin twice daily for 30 days following surgery. This is to help minimize the risk of blood clot (extremely rare). If you are under age 16 or unable to take aspirin for other medical reasons, you do not need to take aspirin after surgery.

Weight Bearing

- If you received REGIONAL anesthesia (a “block” to the leg), DO NOT weight bear for the first 24-36 hours
 - After the feeling has returned to my leg, you may be flat-foot partial weight bearing
 - This is not our preferred form of anesthesia, and only performed if requested for medical reasons. We typically do GENERAL anesthesia for this surgery.
- You will be flat foot weight bearing for the first 4-6 weeks following surgery with use of crutches or walker
 - Partial weight bearing is permitted, especially when standing in shower or using stairs
 - Partial weight bearing WILL NOT damage the surgery
 - DO NOT increase weight bearing status unless otherwise directed by Dr. Boden’s team
- Progression off crutches/walker will begin at 6 weeks
 - Getting off the crutches/walker takes patients a different amount of time
 - Take your time and don’t try to rush yourself to get off the crutches/walker
 - Your PT will help to guide this progression as well

Brace

- You should be fitted for the hip brace prior to surgery and will be given the brace to bring to surgery or will have it delivered to the hospital on the day of surgery.

- The brace settings should be 0° extension, 90° of flexion, neutral rotation, and 20° of abduction.
- Over the first few days, concentrate on icing the hip and wear the brace when you are up and about
- The brace should be worn until you are off the crutches (generally at about 6 weeks)
- For the first 3 weeks, the brace is used 24/7 except for personal hygiene (i.e. showering, getting dressed, using the bathroom)
- After 3 weeks, you **DO NOT** need to wear the brace while sleeping, laying on your stomach, using ice machine, or personal hygiene (i.e. showering, using the bathroom) but you should continue to wear the brace while ambulating.
- The lateral (outside) post on the brace should be positioned over the lateral aspect (outside) of the operative leg
- The velcro on the distal (lowest) strap can wear out quickly. If this happens, call the brace company to get a replacement strap.
- The point of the brace is to prevent hyperflexion, adduction and abduction (bringing the leg too close to the chest or bringing the leg too far away from the body)

Nighttime Padding (Abduction pillow)

- If the brace is uncomfortable for sleeping, you can ask for an abduction pillow to be used at nighttime instead. Please contact the office if you are interested in this option.

Ice Therapy

- Ice packs – cycle 20 minutes on → 1 hour off throughout the day
 - Regular, moldable ice packs (purchase in stores or online)
- Icing units
 - Icing units are available for purchase
 - Please contact Matt Wilmes to discuss this option further
 - (502) 417-6057
 - mwilmes@breg.com
- DO NOT wear the brace over the ice machine pad/ice packs

General Activity Levels

- Alternate sitting, reclining, and lying down as much as you can tolerate
 - We recommend you get moving once every 30-45 minutes to prevent stiffness.
 - **DO NOT** stay in a seated position for longer than 30-45 minutes
 - If you need a work note to get up from your desk, please let us know and we can send it in to your employer.
- Spend 2 to 3 hours per day on your stomach (you can take the brace off for this) to help keep the hip straight
- Laying around too much will make you stiff, so feel free to move around your home as you can tolerate.
- Perform ankle pumps (like pushing the gas pedal) and elevate the legs to help prevent blood clots

- You **can** use stairs – ascend/descend with the non-operative leg first then bring the operative leg up/down the steps (be sure to use crutches or hand railings for support)
- No driving until completely off crutches/walker

Postoperative Concerns

- **Constipation**

- It is normal to take several days to make a bowel movement after surgery.
- Drink plenty of clear liquids and push fiber as the anesthesia can cause dehydration/constipation as well.
- We highly recommend having prune juice on hand to help assist with bowel movements.
- If you have not had a bowel movement in 3-4 days, you may add milk of magnesia or MiraLAX.

- **Pain**

- Pain is normal over the first several days post-op. It is important to stay on your pain meds for 48-72 hours post-op in order to stay ahead of the pain.
- If pain is uncontrolled, contact the office during normal business hours. If it's after hours, contact the fellow on call (see below) or visit your nearest ER.

- **Numbness in the lateral/anterior thigh or genitals**

- Due to placement of portals and positioning during surgery, it is normal to have numbness in these two areas.
- Usually this will resolve within 2-6 weeks, but in some cases it can take longer.
- Icing and stimulating numb areas with gentle touch can help to regenerate nerves.

- **Swelling in the lower extremity**

- This CAN be normal after surgery due to changes in weight bearing and normal flow of blood through the body.
- Elevate your legs/feet as much as possible when lying down and make sure to be diligent with foot circles and pumps to encourage blood flow. Additionally, make sure you get up and move every hour or so to encourage blood flow throughout the body.
- If swelling in the lower extremity, pain in the lower extremity, warmth or redness persists despite trying the measures above, please contact the office as you may have a blood clot and this usually needs to be ruled out with an ultrasound test.

- **Purple feet/toes**

- This is a normal part of post-op recovery as you are not bearing weight normally, so blood is not flowing normally through your leg, which can cause discoloration.
- Usually this is nothing to be concerned about, but if it persists once you progress to full weight bearing or if it occurs with the above symptoms concerning for blood clot, please contact the office.

Emergencies

- Contact Dr. Boden's office if you experience any of the following:
 - Painful swelling or numbness (note that some swelling and numbness is normal)
 - Unrelenting pain

- Fever (over 101° - it is normal to have a low grade fever for the first day or two following surgery) or chills
- Redness around incisions
- Color change in distal arm and/or hand
- Continuous drainage or bleeding from incision (a small amount of drainage is expected)
- Excessive nausea/vomiting
- Calf pain

***** If you have an emergency that requires immediate attention, including difficulty breathing, shortness of breath, chest pain, please call 911 and/or proceed to the nearest emergency room.**

Follow-up Care

- If you do not already have a post-operative appointment scheduled, please contact our scheduler at 502-588-3630.
- Typically the first post-operative appointment following surgery is 10-14 days following surgery.
- If you have any further questions please contact the office or sent a message through MyChart.