



Post-Operative Instructions: Gluteus Medius / Minimus Repair or Reconstruction

Prescription Medications

*****These medications will be filled through our pharmacy; you will be contacted the week of surgery. We will provide you with your medications on the day of surgery, unless otherwise requested*****

Colace (Docusate Sodium):

- This medication is to help with constipation, a common side effect after taking narcotic pain medications (like Norco) and general anesthesia.
- Take 1 pill in the morning and 1 in the evening to prevent constipation.
- It is normal to take several days to make a bowel movement after surgery
- Drink plenty of clear liquids as the anesthesia can cause dehydration/constipation as well

Hydrocodone/Acetaminophen (Norco):

- This is a narcotic medication for pain, to be taken **AS NEEDED**.
- Plan to stay on a scheduled dose of 1-2 tablets every 4-6 hrs for the first 1-3 days.
 - Can then begin to space out / discontinue the medication, transitioning to Acetaminophen (Tylenol) only
 - **DO NOT** exceed 4,000 mg of Acetaminophen in a 24-hour period.
- Do not drive, drink alcohol, or take Acetaminophen (Tylenol) or additional narcotics/pain medications **WHILE** taking this medication
- **Common side effects:** nausea, drowsiness, and constipation
 - To decrease the side effects, take with food
 - If constipation occurs, take the stool softener as directed

Scopolamine patch:

- For some patients, the anesthesia team will put on a scopolamine patch behind your ear to prevent nausea.
- If you are prescribed one, you can leave this in place for 72 hours.
- When you take it off, wash your hands thoroughly or it can make your vision blurry.

Zofran (Ondansetron):

- This is an anti-nausea medication.
- It is a dissolving tablet that is to be placed on your tongue – allow it to dissolve, and swallow.
- Take 1 tablet as needed every 4-6 hours for the first 2 days after surgery.

Aspirin:

- This medication thins the blood in order to prevent blot clots – take as directed
- Please contact the office should severe calf pain or significant swelling of the calf or ankle occurs

Wound Care

- Leave the bulky surgical bandage on and **DO NOT** shower for 48 hours
 - Can loosen bandage if 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
- In between showers, leave the incision sites open to air
 - **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 4 weeks after surgery

Physical Therapy (PT)

- PT **will not** begin for approximately **4 weeks (arthroscopic repair)** to **6 weeks (open repair/reconstruction)** **UNLESS** you need PT to: be taught proper weight bearing technique or proper utilization of crutches
 - In the meantime, remain active while at home with partial/full weight-bearing as tolerated
 - Avoid sitting in one position >30-45 minutes at a time
 - Home exercises/stretching will be provided by Dr. Nho's team at your first post-op visit
 - PT order will be provided at your first post-op visit; Dr. Nho's team will clarify when to begin PT
- Once started, you will attend sessions 2x/week for roughly 3-4 months → 1x/week between 4-6 months post-op
- Perform ankle pumps continuously throughout the day to reduce the risk of blood clot formation in the lower leg
- Choose a PT clinic close to your home so you can be compliant with your program.
- Please bring your prescription for therapy and PT protocol (provided on surgery day and also on the website) to your first appointment.
- If you do not have a therapist in mind, or wish to be provided information for a therapist, we can provide you with a list of physical therapist recommendations that we commonly refer our patients to, depending on your location

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. Nho's team
- Progression off crutches/walker will **begin between 4 weeks (arthroscopic repair) and 6 weeks (open repair)**
 - 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 (at our DME store) and will be given the brace to bring to surgery or will have it delivered to the hospital on the day of surgery
- The DME store can be reached at
 - (312) 432-2482 (Downtown RUSH location)
 - (877) 632-6637 (Oak Brook location)
- 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 4-6 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)
- 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
- You can call Miomed to get a replacement strap if this happens (number listed on the last page)



- 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 (Pillow with Boots)

- Wear the padding while sleeping in order to ensure your toes point straight up (avoiding hip rotation/adduction)
- This will be used until ~2-4 weeks post-op, if able
- If you cannot sleep, alternatives are:
 - Take your non-operative leg out of the boot/padding .
 - Sleep in the brace
 - Take the post out of the middle and sleep with just the feet strapped together.
 - Use pillows in bed to prevent rolling/rotating

Icing

- **Ice packs** – cycle 20 minutes on → 1 hour off throughout the day
 - Regular, moldable ice packs (purchase in stores or online)
- **Icing units at MOR DME stores:** visit or call for more information
 - (312) 432-2482 for the 1511 W. Harrison St. Location (downtown Chicago)
 - (708) 273-8426 for the 2450 S. Wolf Road St. Location (Westchester)
 - (708) 492-5664 for the 2011 York Rd. Locations (Oak Brook)
 - Cycle every 20 minutes on → 1 hour off throughout the first 72 hours → try to use 4-5 times per day after the first 72 hours for ~2 weeks post-op
 - After 2 weeks, ice as needed to decrease swelling, inflammation, and pain
- **DO NOT** wear the brace over the ice machine pad/ice packs

REMINDER – These machines are indicated for use by Dr. Nho's patients, but are **entirely elective**. Dr. Nho's office does not assume responsibility if the equipment is not covered by your insurance. Questions about equipment use and insurance coverage should be directed to the company that provides the equipment. These companies should outline a payment plan for you in the event that your insurance does not cover the equipment.

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

Post-Op 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.

Follow-Up

- You will need to follow up for your 1st post-operative between 2-3 weeks from surgery – this will be a PA visit
- A new physical therapy prescription will be given to you at that time and any sutures will be removed
- Please call central scheduling or use the link below to make an appointment (contact information below)

When Should I Contact the Office?

- If you have a fever >100.4° F.
 - A low-grade temperature (up to 100° F) is expected after surgery but let us know if it gets this high!
- If you develop chills, sweats, excessive nausea/vomiting, difficulty breathing, chest pain
- If you develop calf pain or color changes in foot or ankle,
- If you have pus, significant pain, warmth or redness surrounding the incision sites.
- If you are unable to urinate >1-2 days after surgery
- If you are unable to pass a bowel movement >6-7 days after surgery

Important Information

- *Office Hours:* Monday – Friday; 7:30am –4:30pm
- *After Hours/Emergency Contact:* Resident/Fellow – 708.236.2600
- *Central Scheduling:* 708.236.2701 | <https://rushortho.radixhealth.com/dash/self/#/schedule/29>
- *CPM/brace Vendor:* 708.477.8991
- *Administration:* Jeannie Taylor & Roxanna Reynolds – 312.432.2525 | 312.432.2526
- *Physician Assistants:* Sara, Delaney, & Erica – 312.432.2388 | nhopa@rushortho.com

We are in clinic or surgery and not answering calls in real time – we will return all voicemails within 24-48 hours.