



Gluteus Medius Repair

Post-Operative Instructions

Medications

- **Aspirin:** This medication is to help prevent blood clots after surgery. Take as directed for 30 days following surgery. You can begin taking the Aspirin the morning after your surgery.
- **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. 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.
- **Hydrocodone/Acetaminophen (Norco):** This is a narcotic medication for pain. This medication is to be taken AS NEEDED. Plan to stay on a scheduled dose of 1-2 tablets every 4-6 hrs for the first 1-2 days. After 2-3 days you should be able to space out or discontinue the medication and transition to Acetaminophen (Tylenol). DO NOT exceed 4,000 mg of Acetaminophen in a 24-hour period. Do not drive, drink alcohol, or take Acetaminophen (Tylenol) WHILE taking this medication.
- **Keflex:** This is an antibiotic prescribed out of an abundance of precaution to decrease the risk of postoperative infection. Take this medication as prescribed beginning the day after your surgery.
- **Zofran:** Anti Nausea medication to be taken as needed.

All medications will be sent to your verified preferred pharmacy prior to your surgery. As discussed, we highly recommend picking up your medications prior to surgery day to mitigate unnecessary stress for you on surgery day and allow for the opportunity to troubleshoot any issues with obtaining the medications.

Please note: the medications above may vary slightly based off your current medication list. These variations will be discussed during your pre-operative phone consultation with a PA.



Weight Bearing

- You will be **NON-WEIGHT BEARING** for 6 weeks following surgery. We recommend using crutches, if possible, although a walker is acceptable if you are not able to safely use crutches.
- Do not advance weight bearing status unless directed by the surgical team.

Wound Care: Dressing

- Leave the waterproof outer dressing directly over the incision on until your follow up with Dr. Chahla's office.
- If the bandage falls off, you can replace it with a normal waterproof bandage. To do so, we highly recommend placing a piece of gauze over the incision and applying a Tegaderm over the gauze pad. **Do not remove the Steri-Strips** (white rectangular Band-aids) that have been placed directly over the incision. Please leave these in place until your follow up visit with Dr. Chahla's office.
- It is normal to see some blood-tinged or clear drainage on the dressing from the incision. If you notice a thick, pus-like yellow discharge, please email the practice a photo of your incision at chahlapractice@rushortho.com
- **Do not apply lotions or ointments** of any kind (including Neosporin) to the incision site.

Wound Care: Showering

- **Do not shower for 48 hours after surgery.**
- After 48 hours from your surgery, you can cover the incision with a waterproof bandage/covering and shower.
- After your sutures are removed at your initial post-operative visit with Dr. Chahla's team, you can shower without a waterproof bandage covering the incision. When showering, simply let the soapy water run over the incision. **Do not scrub the incision.**
- Pat the incision dry when finished showering. **Do not apply lotions or ointments** until after the sutures have been removed and the incision is fully healed (typically around 4-6 weeks after your surgery).
- **DO NOT soak or submerge the incision** in a bath/pool until after the sutures have been removed and the incision is fully healed (typically around 4-6 weeks after your surgery).



Brace

- You will use the brace until you are off crutches/walker. This is typically around 6-8 weeks after surgery.
- When to wear your brace:
 - Sleeping
 - Ambulating with the use of crutches/walker while remaining non-weight bearing.
- When you do not need to wear your brace:
 - While using the ice machine
 - Showering/using the restroom
 - Relaxing in a seated position

If you have any issues or questions regarding the brace, please call our [DME department directly at: 312.432.2482](tel:312.432.2482)

Icing

- We strongly recommend icing as much as possible for the first 2-3 weeks following surgery to better manage both pain and swelling.
- Icing Options:
 - Ice/Cold Pack: Cycle 20 minutes on and 20 minutes off per hour throughout the day.
 - Cold Therapy Unit: Can be purchased through our DME department located at any of our clinic locations or via phone at 312.432.2482.
 - If you choose to purchase this unit, please use as directed as often as possible.
 - Please be sure to always have a layer between the ice pad and your skin and perform regular skin checks to ensure that the cold is not causing injury to your skin.
 - If you purchase a machine with the option for compression, you can begin use of the compression setting starting the day after your surgery as tolerated by pain.

Physical Therapy

- You will begin physical therapy 6 weeks following your surgery.
- Please call your physical therapist as soon as possible to schedule your initial appointment. We recommend calling at least 4 weeks in advance.
- On the day of your first post-op PT visit: **Please bring the physical therapy order and protocol** provided to you in the post-operative folder on the day of surgery.



General Activity

Motions to Avoid

Driving

Follow Up

When to contact the office

- Alternate sitting, reclining, and lying down as much as you can tolerate.
- We recommend you get up and move at least once every 30-45 minutes to prevent stiffness and muscle atrophy.
- When using crutches, you can go up and down stairs. Please see crutch training video sent to your email through Patient IQ or consult with your physical therapist for further instructions and guidance regarding this.

- **Do NOT** put weight on the leg during the first 6 weeks following surgery.
- **Avoid** abduction of the operative leg (bringing your leg to the side away from the midline of your body).

- You will be allowed to drive once you are:
 - No longer using the crutches/walker.
 - No longer using narcotic medications to manage pain.
 - Feel comfortable in your abilities to come to an emergency stop if needed.

- **Initial Post-Op Visit:** 2 weeks post op (sutures will be removed at this visit).
- **Expected Additional Follow-up Visits:** 6 weeks post-op, 3 months post-op, 4.5 months post-op, 6 months post-op, 9 months post-op.

- Please note that it is normal to experience mild temperature fluctuations after surgery. However, please contact our office if you begin to experience a fever **>100.4° F**.
- If you develop chills or continued night sweats.
- If you notice pus, significant pain, or redness surrounding the incision site. Please email the practice a photo of your incision at chahlapractice@rushortho.com
- If you experience constant cramping, tightness, pain, or a persistent Charlie-horse sensation in the calf of the operative leg.
- If you are unable to urinate for greater than 1-2 days after surgery.