



Discharge Instructions: Open Hip Gluteus medius/minimus tendon repair

Weightbearing / Crutches:

- **50% Partial weight bearing on surgical leg with hip abduction brace. Will progress to full weightbearing by 4-6 weeks.**
- Walk with your foot flat on the ground to mimic a normal gait.
- **Use crutches to avoid bearing weight on your injured leg.**

Brace:

- **Wear your brace when you are up and about.**
- **Brace will be worn until you are off crutches, usually 4-6 weeks.**
- **Use brace while sleeping for the first 2 weeks.**
- **You do NOT need to wear the brace for: using stationary bicycle, using ice machine, showering and using the bathroom.**

Wound Care:

- There are no sutures to remove, they are beneath your skin and will dissolve over time.
- Remove your bandages 3 days after surgery. Leave the Steri strips (white tape) in place. Ok to get these wet in the shower.
- You may shower day of surgery, Allow water to run over your dressing and pat dry.
- Do not get your brace wet. Use caution not to fall in the shower.
- Do not scrub incision or scrub/remove skin glue. Allow soapy water to run over your incisions and pat dry with a clean towel.
- Do not submerge your incisions underwater (bath, swimming pool, etc.) until fully healed (typically around 4 weeks).

Cryotherapy / Ice:

- Use ice packs or cryotherapy often for several weeks after surgery and after therapy sessions.
- Apply ice for 20 minutes every 2 hours while awake.
- Ice or cold pack should never be applied directly on the skin as this may cause frostbite. A cloth or towel should always be used between the skin and ice pack to protect the skin.
- You may consider purchasing a commercially available ice and compression device available online (e.g., amazon.com). Some options include a NICE Machine, Game Ready machine or Cryocuff. These devices are not always covered by insurance; please contact your insurance company for cost details. If desired, Dr. Stapleton can write you a prescription for these devices.



Diet:

- Begin with clear liquids and light food (jello, toast, etc.)
- Progress to your normal diet if you are not nauseated.



Activity:

- **50% weight bearing for 4 weeks.**
- Elevate the operative leg above your heart as often as possible for 5 days after surgery to help decrease post-operative swelling.
- To protect your repair you must wear the brace for 4 weeks. The brace will prevent you from being able to flex too much at the hip and prevent any hip abduction.
- Take frequent short walks with crutches to help promote blood flow in your legs and minimize the risk of blood clots.
- **Do not drive while on narcotic pain medication.** Do not make important decisions or sign any legal documents while on narcotic pain medication.
- Do not drive until cleared by your physician. This may not occur until 6-8 weeks after surgery.

Physical Therapy:

- Formal physical therapy will be 2 weeks after surgery and script given at first follow-up appointment. please call and schedule the appointment at a facility of your choice. Follow the rehab protocol at www.stapletonortho.com
- **If you have access to a stationary bike, gentle cycling with NO resistance is excellent therapy.**

Begin these home exercises the day after your surgery.

	<p>ANKLE PUMPS</p> <p>Bend your foot up and down at your ankle joint as shown.</p> <table> <tr> <td>Repeat</td><td>10 Times</td></tr> <tr> <td>Hold</td><td>1 Second</td></tr> <tr> <td>Complete</td><td>3 Sets</td></tr> <tr> <td>Perform</td><td>3 Times a Day</td></tr> </table>	Repeat	10 Times	Hold	1 Second	Complete	3 Sets	Perform	3 Times a Day
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Hold	1 Second								
Complete	3 Sets								
Perform	3 Times a Day								
	<p>Ankle ABCs</p> <p>Sit with your affected foot out in front of you. While moving only your foot and ankle, draw the letters A-Z with your foot, pretending your big toe is the tip of your pen.</p> <table> <tr> <td>Repeat</td><td>3 Times</td></tr> <tr> <td>Complete</td><td>3 Sets</td></tr> <tr> <td>Perform</td><td>3 Times a Day</td></tr> </table>	Repeat	3 Times	Complete	3 Sets	Perform	3 Times a Day		
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DR. ERIK STAPLETON
BOARD CERTIFIED ORTHOPEDIC SURGEON
Sports Medicine Specialist



<https://www.stapletonortho.com/>

Pain / Medications

- Please use narcotic medications (Oxycodone) sparingly and slowly try to decrease the amount and frequency over the next two weeks.
- It is easier to maintain pain control if you stay ahead of the pain. It is difficult to catch up with your pain if it gets too severe.
- Expect to have pain following surgery. Pain level of 4-5/10 is our goal. The pain medications prescribed by Dr. Stapleton should provide relief, but often does not take all the pain away. The first few days after surgery are often the most painful. Your pain will improve with time.
- Do not make important decisions or sign any legal documents while on narcotic pain medication.
- **Constipation** is common after surgery due to pain medication and lack of activity. Consider taking a stool softener such as Miralax or Colace as needed.
- It is important to keep your pain under control. It is difficult to catch up with your pain if it is severe.

Continue all medications you were taking before surgery in addition to the medications Dr. Stapleton prescribed below.

Narcotic Pain Medication

- You have been prescribed a narcotic pain medication.

Tramadol 50mg by mouth every 4-6 hours as needed for mild to moderate pain

Oxycodone 5mg by mouth every 6-8 hours as needed for severe pain

Non-narcotic Pain Medication

- In addition to your narcotic medication, you should also take:

Tylenol 1,000 mg every 6 hours. Do not exceed 4,000mg of Tylenol per day.

Ibuprofen 600 mg every 8 hours for additional pain control.

- Take this medication with food to help avoid stomach upset.

Blood Thinner

- You have been prescribed a medication to help prevent blood clots in your legs after surgery (medication indicated below). **It is very important for you to take this medication as directed.**

⌚ Aspirin 81mg (Enteric Coated) - Take one pill by mouth two times per day for 30 days.

⌚ Eliquis 2.5mg – Take one pill by mouth two times per day for 30 days.



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Oral Contraceptive Medication (Birth Control Pills)

- If you are currently taking oral contraceptive medication (birth control pills), you may be at a higher risk for a blood clot after surgery. You may consider talking with your primary care physician or obstetrician about temporarily discontinuing this medication after your surgery.

Dental Work:

- Please do not undergo any dental work, including cleanings, six weeks prior to surgery and for 6 months after surgery as it may increase the risk of infection in your knee.

Return to Work or School:

- You may return to work or school as soon as you are comfortable and able to safely walk using your brace (and/or crutches). This typically occurs 1-4 weeks after surgery. Return to work/school clearance notes can be obtained from Dr. Stapleton's office.

Follow-up Appointments:

- Your first post-operative appointment will be in approximately 10-14 days.
- If you do not have an appointment scheduled, please call Dr. Stapleton's office at (304) 647-5114.
- Follow-up care is a key part of your treatment and safety. Please keep and attend all appointments and call Dr. Stapleton if you have concerns or problems.

When to call for help:

Call 911 anytime you think you may need emergency care. For example, call if:

You pass out (lose consciousness).

You have severe trouble breathing.

You have sudden chest pain and shortness of breath.

Call the office at (304) 647-5114 if you have:

Severe pain that does not improve with pain medication.

Calf or lower leg pain and swelling.

Fever over 101°F for more than one day.

Signs of infection, such as redness around incision or draining from your incision.

If you have questions or concerns during normal business hours, please call the office at (304) 647-5114.

After hours please call the answering service at (304) 433-8788