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Post-Operative Guidelines and Frequently Asked Questions for Gluteal Tendon Repair

This document will help you plan for your post-operative recovery course following surgery. Please read and retain this information for future reference. Many of the questions you may have later can be answered by referring to this information.

Crutches: Crutches (or other assistive device) should be used at all times during the first six weeks after surgery. It is ok to rest your foot on the ground when standing, but you should avoid putting any body weight on the operative leg. After the first post-operative appointment with Dr. Kent (at four weeks), you may slowly begin putting some weight on your leg. Begin with 50% of your weight for the first few days. If this is not painful and does not make you sore the next day, gradually increase day by day until you can put all your weight down. Once walking safely with all your weight on your leg, you may then stop using crutches but not before 6 weeks.

Continuous Passive Motion (CPM) machine: The CPM will only be used if you also had a labral repair. See the handout on labral repairs for more information.

Wound Care: Keep the site clean and dry as it heals*. You may remove the outer bandages and gauze 2 days (48 hrs) after surgery. DO NOT remove the white strips directly over your incision sites. You may shower 48 hours after unless told otherwise by Dr. Kent. Do not apply any gels or ointments to the surgical site. You do not need to re-apply any gauze over your incisions after your first shower, unless there is continued drainage.
*It is normal to have small amounts of bloody drainage on the dressing especially the first 24-36hrs. You may develop swelling and bruising that extends from your thigh and buttock down to your leg and perhaps even to your ankle and foot over the first week after surgery. Do not be alarmed. This too is normal, and it is due to gravity pulling the bruising and swelling downward. Notify the office if you have any of the following: steadily increasing drainage on the dressing, pus-like or foul smelling drainage from any of the incisions, elevated temperature above 101° Fahrenheit, breathing difficulties, pain in your calf when you flex your foot up and down that is unrelieved by rest or elevation, or swelling in your calf, foot, or ankle.

Pain Medication: Prescriptions will be electronically sent to your pharmacy a few days prior to your surgery. Please pick up all prescriptions BEFORE your surgery day if possible. You will receive two medications: one narcotic pain medicine (oxycodone or hydrocodone), and Ondansetron for nausea. You may also take Tylenol, and an anti-inflammatory medicine such as Ibuprofen or Aleve. Please note that narcotics will make you constipated, so a stool softener or laxative may be needed. Start taking your pain medication as soon as you start to feel pain or when you feel the nerve block or local anesthetic wearing off. After that you will use the pain medication ONLY as needed. It is normal for pain to be worse at night. You should avoid taking pain medications on an empty stomach, as it will make you nauseous. Use the Tylenol and anti-inflammatory daily, as directed, to reduce the swelling and pain after surgery. Take all medication as directed. Please call the office ASAP for a refill when your supply is low. PLEASE DO NOT DRIVE WHILE TAKING THE PRESCRIPTION PAIN MEDICATION!

Pain medication may make you constipated. Below are a few solutions to try in this order: Also, if you are prone to constipation try these below.

A. Decrease the amount of pain medication if you aren't having pain.

B. Drink lots of fluids such as water.
C. Drink prune juice and/or eat dried prunes
D. Take Colace – an over-the-counter stool softener
E. Take Senokot – an over-the-counter laxative
If those don't work then:
F. Take Miralax – a stronger over-the-counter laxative. Dosage as directed 2 x day
If they don't work call the office or if you have any questions on this please call us.

Cold Therapy: You may use ice on your surgery site to help control pain, swelling, and bruising. Do not place the ice directly on your skin. Ice the affected area for 20 - 30 minutes at a time, then take a 30 minute break. Frequent cold therapy is encouraged as often as possible during the first few post-operative weeks to reduce pain and swelling. Compression or tight-fitting shorts can also be worn to help prevent swelling.

Follow-up Appointments: 14 days, 6 weeks, 3 months, and at 5-6 months.

Physical Therapy*: You will receive a physical therapy prescription before your surgery. You may start PT within the first week after therapy. PT typically is necessary 1-2 times weekly for 3-4 months post-operatively.
*These guidelines may be adjusted by Dr. Kent as you progress.

Frequently Asked Questions: Arthroscopic Hip Surgery (Labral repair and augmentation)

1. What are the gluteus muscles?
The gluteus maximus is the buttock muscle and is responsible for extending the hip. The gluteus medius and minimus muscles are on the lateral side of the hip and are responsible for abducting and rotating the hip, and are vital for keeping our trunk upright and stable while walking. The medius and minimus tendons share an insertion on the trochanter of the hip (the large bony prominence on the lateral side of the hip), and are often referred to as the rotator cuff of the hip.

2. Why do the gluteal tendons tear?
The gluteus maximus rarely tears and is typically unaffected. The medius and minimus tendons are much smaller than the maximus and are thus more prone to injury. Because they are used for multi-directional control of the hip, they are also more prone to injury.

3. Will gluteal heal themselves over time?
Unfortunately, these types of injuries do NOT heal. The tendon has a poor blood supply and limited ability to heal itself. It is also under tension, so when it tears it separates from the bone which further impedes the ability to heal. While rehabilitation and exercise may make your hip feel better, gluteal tendon tears persist indefinitely without surgical intervention.

4. What does rehabilitation do for this hip condition?
Rehabilitation to strengthen the muscles, tendons, and ligaments around the hip, including the core and low back, is often prescribed. Strengthening these muscles is a good way to help decrease pain and increase function by compensation. However, muscle strengthening does NOT fully return normal functions. This varies from person to person.

5. What is done to my hip during an arthroscopic surgery?

After general anesthesia has been induced, you are transferred to a special table which allows for manipulation of the leg and hip. Several small (one centimeter) incisions are then made in the skin over the lateral hip joint. An X-ray machine is often used to help orient the placement of instruments. The camera is then inserted and the IT band is visualized. An incision is made in the IT band to expose the underlying trochanter and gluteal tendon insertion. The tear is identified and any devitalized tissue is removed. The bone is cleared of any dead tissue and is lightly abraded to induce some bleeding. This is done to create a bleeding bed of bone for the tendon to heal down to. Small anchors with sutures attached are then anchored into the bone. The sutures are then used to stitch the tendon to the bone. Finally, the skin is stitched closed. This usually requires about 90 minutes of actual surgical time, plus the required time for anesthesia, sterilization, positioning, etc.

6. What type of anesthesia is administered?

Typically, local anesthetic or a regional anesthetic (i.e. nerve block) is administered that numbs the operative site or limb respectively. Regional blocks are done using ultrasound visualization for precision. These regional blocks are supplemented with sedation to make you comfortable during the procedure. The surgery is then performed under general anesthesia. You and your anesthesiologist will discuss these issues in detail immediately prior to your surgery.

7. How long do I use crutches? How long do I wear the compression stockings?

Patients should expect to be on crutches for six weeks after surgery. Compression stockings should be used until you begin to resume your regular activities and are more upright and active, typically about a week or so.

8. How long is the recovery?

The typical recovery for a gluteal tendon repair is about 4-6 months.

Physical therapy begins the first week after surgery. Initially, we will limit your activities to allow for healing. A rough timeline for gluteal tendon repairs has you walking without crutches at six weeks, starting strengthening exercises around 8 weeks, jogging around 12-14 weeks, and back to full activity around 16-20 weeks.

9. What are the risks of arthroscopic hip surgery?

While very uncommon, infections do occur and are typically associated with poor wound healing. As such, we recommend keeping these wounds dry for at least 7-10 days after surgery. Please do not use ointments or other compounds on these wounds until instructed to do so by the staff. Nicotine interferes with wound healing, so discontinuing smoking or vaping 2 weeks prior and 3 months following surgery is recommended.

Blood clots (DVT, deep vein thrombosis) occur rarely following all types of surgery. Your best bet in decreasing likelihood of a clot is to GET UP and MOVING following surgery. Moving your feet and ankles, ambulating, ranging your knee, etc. all contribute to keeping the blood in your legs circulating. This in turn helps to prevent clotting. If you feel pain in your calf area or note swelling there – immediately notify the office staff. A quick and painless test (ultrasound) can be arranged to see if you have a DVT. Again, these issues are rare, but if you do experience a clot, you will need to take a blood thinner until the clot disappears.

There are many nerves around the hip. Fortunately, the majority of these nerves do NOT exist in the surgical field during a typical hip procedure. Nevertheless, though very uncommon, temporary nerve dysfunction (muscle weakness, tingling, numbness) can occur following these procedures. These injuries are typically transient.

It is very common to develop tendonitis after surgery – the hip flexors and adductors (groin) are the most common areas for this to occur. The best way to prevent tendonitis is to follow your physical therapy protocol as prescribed, and to work hard to regain full range of motion. Consistency in stretching and home exercises is key.

10. Is there anything else that I need to do following surgery?

Patients should plan to return to the office at 14 days, 6 weeks, 12 weeks, and 6 months following surgery. These are quick visits designed to go over your progress and address issues germane to your recovery. The first postoperative appointment should be made when a date for surgery is confirmed.

Please note that Dr. Kent expects that you will have full range of motion following these procedures. Working diligently with your therapist will help ensure that you derive maximum clinical benefit from your hip procedure.