



THOMAS H. WUERZ, M.D., M.Sc.
STEPHEN WRIGHT, PA-C

Gluteus Medius/Minimus Repair Post-Operative Instructions

The first week following surgery the goals are to decrease swelling, control and decrease pain, maintain active range of motion, and begin to activate the muscle. In order to achieve these goals the following guidelines should be followed. Each patient progresses at a different rate depending on a number of variables, please understand that the recovery process is unique to each patient. If you have any questions, please contact Dr. Wuerz's office.

PRESCRIPTION MEDICATIONS

Hydrocodone/Acetaminophen (Vicodin):

- 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 2-3 days.
 - After 1-3 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.

Aspirin 325mg:

- This is a blood thinner used to prevent blood clots following surgery.
- This medication is to be taken twice per day for 30 days following surgery.

Naprosyn 500mg:

- This is an important medication to help prevent bony overgrowth (called heterotopic ossification) that can be a potential side effect after surgery and to help with inflammation.
- Take 500 mg tablet twice per day with food for 21 days.
- If you are unable to tolerate this medication, please let the office know so we can put you on an alternative medication.

- DO NOT take ibuprofen, Motrin, Advil, Aleve, indomethacin, Celebrex, Meloxicam or other anti-inflammatories while taking this medication.
 - Once you have completed the 21 day course of this medication, you can take other anti-inflammatories as needed for pain.

These medications may be prescribed as needed:

Zofran (Ondansetron):

- This is an anti-nausea medication.
- It is a dissolving tablet- place it 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.



THOMAS H. WUERZ, M.D., M.Sc.
STEPHEN WRIGHT, PA-C

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.

WOUND CARE:

- Leave the bulky surgical bandage on and DO NOT shower for 48 hours.
- 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 soaked fluid on the bandages.
 - This may appear to be a pinkish-yellow fluid and is normal.
- 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. Do not take them out or pull on them.
- DO NOT soak in any pool/bath water until 4 weeks after surgery.

PHYSICAL THERAPY:

- Physical therapy should start 1-2 days after surgery.
 - If your surgery is on Thursday or Friday it is okay to wait until early the following week.
 - On the first visit to your therapist you should expect to:
 - Be taught proper weight bearing technique
 - Proper utilization of your crutches
 - Passive range of motion exercises
 - Isometric exercises to be done at home
 - Stationary bike (upright ONLY- NOT recumbent)
- Choose a physical therapy clinic close to your home so you can be compliant with your program.
- Please bring your prescription for therapy and physical therapy protocol (provided on surgery day and also on the website) to your first appointment.

WEIGHTBEARING:

- You will be 20lbs foot-flat weight bearing for the first 6 weeks.
- Walk with your foot flat to the ground, and “mimic” a normal gait (walking pattern).
- Once you are 6 weeks out from surgery, you may begin to progress your weight bearing slowly as directed by your physical therapist to full weight bearing, as long as your pain is not increasing while walking.
 - Getting off of the crutches takes all patients a different amount of time (General time period is 6-8 weeks)
 - Take your time and don't try to rush yourself to get off of the crutches.



THOMAS H. WUERZ, M.D., M.Sc.
STEPHEN WRIGHT, PA-C

BRACE:

- You will get a brace on the day of surgery.
- 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)
- You do NOT need to wear the brace:
 - While sleeping (Wearing the brace is recommend for the first week)
 - On the CPM machine
 - Lying on your stomach
 - Using the upright bike
 - Using the ice machine
 - Showering and using the bathroom
- The lateral (outside) post on the brace should be positioned over the lateral aspect (outside) of the leg
- The point of the brace is to prevent hyperflexion and abduction (bringing the leg too close to the chest or bringing the leg too far away from the body).

ICE MACHINE:

- Cycles on and off on its own
- Use it as much as you can for the first 72 hours
- Try to use it 4-5 times per day after the first 72 hours for the first two weeks after surgery.
 - After 2 weeks continue using following PT and activity.
- Do not wear the brace over the ice machine pad.

BIKING

- You may start biking on post op day 1
- You may use the upright bike ONLY, no recumbent bike!
- No resistance while on the bike for the first two weeks after surgery.
- Use your non-operative leg to push the operative leg around
- You do not have to go out and buy a bike, you may use the one that is provided for you at your physical therapy sessions.

GENERAL ACTIVITY LEVELS

- It is beneficial to change positions often after hip arthroscopy.
- Alternate sitting, reclining, and lying down as much as you can tolerate
 - We recommend you get moving once every 30 minutes to prevent stiffness.
 - Do not stay in a seated position for longer than 30 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)
- Laying around too much will make you stiff, so feel free to move around your home as you can tolerate.



THOMAS H. WUERZ, M.D., M.Sc.
STEPHEN WRIGHT, PA-C

FOLLOW UP:

- You will need to follow up in clinic with the Stephen Wright, PA-C in 2-3 weeks.
- At that time we will review your surgery and rehab protocol with you at that time as well as assess the incision sites.
- Please call central scheduling to make an appointment (contact information below).

WHEN SHOULD YOU CONTACT THE OFFICE?

- If you have a fever >100.4 degrees F.
 - A low grade temperature (even up to 100 degrees) is expected after surgery, but let us know if it gets this high!
- If you develop chills or sweats.
- If you have pus, significant pain, or redness surrounding the incision sites.
- If you are unable to urinate >1-2 days after surgery.

IMPORTANT CONTACT INFORMATION

Office Phone Number: (781) 890-2133

Office Fax Number: (781) 890-2177

Office Assistant: Nina Daughrity