POSTOPERATIVE GLUTEUS REPAIR INSTRUCTIONS

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Dear @NAME@,

I consider it an honor and privilege to provide you with the orthopaedic care that you deserve. OSF St. Francis Medical Center and Great Plains Orthopedics have long been recognized as a center of excellence for many reasons, not the least of which is our shared passion for helping people like you get back to the activities they love. My goal is to help you achieve yours.

We understand that preparing for surgery can be an overwhelming and sometimes confusing time. This packet of information is intended to streamline the post-operative process and answer many frequently asked questions.

Please contact the office with any questions or concerns.

Sincerely,

Keith Corpus, MD
Orthopaedic Surgery & Sports Medicine
Great Plains/OSF Orthopaedics

GENERAL POST-OP INSTRUCTIONS

DIET:

- Begin with clear liquids and light foods (jello, soup, etc.). Progress to normal diet as tolerated if you are not nauseated.
- Avoid greasy or spicy foods for the first 24hrs to avoid GI upset.
- Increase fluid intake (water, Gatorade, etc.) to help prevent constipation.

ANESTHESIA:

- Gluteus repair is typically done with general anesthesia as the procedure requires you to be on your side throughout the surgery. However, the decision will be made in the preoperative area after discussion with the anesthesia team.

PRESCRIBED MEDICATIONS:

- Narcotic pain medicine (Norco): You will be given a prescription for 30 pills of Norco to be taken every 4-6 hours as needed for pain post-operatively. Every patient experiences pain differently, but most do not take narcotic pain medication for longer than about a week. Given the current climate regarding narcotic pain medications, every effort will be made to limit narcotic prescribing, therefore please be aware that in most cases refills will not be provided. Narcotic pain medications may cause constipation, nausea, itching, and excessive drowsiness. You should take an over-the-counter stool softener (Colace and/or Senna) while taking narcotics to prevent constipation, but stop if you develop diarrhea. If you experience itching (another common side effect of narcotic pain medication), over the counter Benadryl may be helpful. Narcotic pain medications often produce drowsiness and it is against the law to operate a vehicle while taking these medications.
- Anti-inflammatory (NSAID) medicines: You will also be prescribed Celebrex or Naprosyn to be started once the indomethacin is completed. Do NOT take this medication if you have had an ulcer in the past unless you have cleared this with you primary care doctor. You should take NSAIDs with food to reduce the chance of upset stomach.
- Anti-nausea medicine (Zofran): sometimes patients experience nausea related to either anesthesia or the narcotic pain medication. If this is the case you will find this medication helpful.
- Anti-reflux medicine (Omeprazole): Anti-inflammatories can often result in GI upset and reflux. To combat this, we prescribe omeprazole which is taken once daily.
- DVT prophylaxis (Aspirin): Gluteus repair can have a risk of blood clots. Our standard protocol is to place each patient on aspirin 325mg, a blood thinner taken once a day, for the first 2 weeks to help combat the risk of clotting.
- Stool softener (Colace and/or Senna): are available over the counter at your local pharmacy and should be taken while you are taking narcotic pain medication to avoid constipation. You should stop taking these medications if you develop diarrhea. Over the counter laxatives may be used if you develop painful constipation

ICE:

- Ice is a very important part of your recovery. It helps reduce inflammation and improves pain control. You should ice several times each day for 30 minutes at a time. Please make sure there is a thin piece of material (sheet or towel) between the ice and your skin.
- Ice as much as possible (30 minutes on, 30 minutes off, etc.). The more you ice during the first 2 weeks, the less pain, swelling, and inflammation you will experience.

BANDAGES:

- A waterproof dressing will be placed over the incision. This should be kept in place until the first follow up appointment with Dr. Corpus. You can shower with the bandage in place. Simply let water run over the bandage, DO NOT scrub it.

INCISION:

- Keep your dressing on until the first post op appointment.
- After the bandage has been removed, you may leave the incisions open to air.
- Do NOT apply any ointment or creams to the incision.

BRACING:

- In certain cases, a post operative hip abduction brace will be ordered by Dr. Corpus. This decision will typically be made preoperatively and discussed. However, in some cases intra-operative findings will require a brace, in which case Dr. Corpus will discuss with you post op.
- The brace, if ordered, will be worn for 6 weeks and can be removed for showers.

CONSTIPATION

Begin the following if no bowel movement by 3 days after surgery. All of the medications listed below can be obtained from your local pharmacy over-the-counter. Stop if you develop diarrhea. Patients under age 18 should NOT use this regimen.

- **Postoperative Day 4-5:** Colace 100mg caps 3 times per day AND Senna 2 tabs at bedtime. Increase by 2 tabs at mealtimes up to a maximum of 8 tabs per day if no bowel movement.
- **Postoperative Day 6**: Continue above medications AND add Milk of Magnesia 30ml (2 tablespoons) 1-2 times per day.
- **Postoperative Day 7**: Continue above medications AND add a Biscodyl rectal suppository or try a Fleets enema.

SHOWER:

- You may shower with the bandage in place. DO NOT scrub at the bandage. You may remove your brace, if one is requested, for showering but be mindful of your range of motion restrictions.
- As your balance may be affected by recent surgery, we recommend placing a plastic chair or bench in the shower to help prevent falls.
- Do NOT take baths, go into a pool, or soak the operative site until approved by Dr. Corpus at your first postoperative visit.

PHYSICAL THERAPY:

- You will start physical therapy after the first post op visit.
- Post-operative exercises will also be instructed at the pre-operative visit.

DRIVING:

- By law, you may drive when you are (1) ambulating without a brace on your right leg (2) when you are no longer taking narcotic pain medication.
- It is against the law to drive while taking any narcotic pain medication (even when legally prescribed).
- For right sided injuries, driving will not be legal until the brace (if ordered) is removed (6-8 weeks).

TRAVEL:

- Avoid long distance traveling after surgery. It is important to discuss your travel plans with Dr. Corpus, as additional medications may need to be prescribed to help prevent blood clots if certain travel is unavoidable.

RETURNING TO WORK OR SCHOOL:

- Typically, you may return to sedentary work or school 3-7 days after surgery if pain is tolerable and you are no longer requiring narcotic pain medication during work/school hours.
- Dr. Corpus will determine when you may return to more physically rigorous demands.
- If you require any specific letters for work or school please let us know.

NORMAL SENSATIONS AND FINDINGS AFTER SURGERY:

- PAIN: surgery hurts. We do everything possible to make your pain/discomfort level tolerable, but some amount of pain is to be expected.
- WARMTH: mild amount of warmth around the operative site is normal for up to 3 weeks.
- REDNESS: small amount of redness where the sutures enter the skin is normal. If redness worsens or spreads it is important that you contact the office.
- DRAINAGE: a small amount is normal for the first 48-72 hours. If wounds continue to drain after this time, you need to contact the office.
- NUMBNESS: around the incision is common.
- BRUISING: is common and often tracks down the leg due to gravity and results in an alarming appearance, but is common and will resolve with time.
- FEVER: low-grade fevers (less than 101.5∞F) are common during the first week after surgery. You should drink plenty of fluids and breathe deeply. A low-grade temperature is normal for a week after the surgery.

PLEASE BE ADVISED OF THE FOLLOWING:

Most orthopedic surgical procedures are uneventful. However, complications can occur. The following are things to be aware of in the immediate postoperative period.

- **FEVER** – Low-grade fever is common after orthopaedic surgery, particularly within the first 5 days. Please notify Dr. Corpus if your temperature rises above 101.5∫F.
- **BLEEDING** – It is fairly common to have minor bleeding that can even soak through the bandages. Notify us if the wound drains any fluid more than 4 days after surgery.
- **CARDIOVASCULAR** – Chest pain, shortness of breath, palpitations, or fainting spells must be taken seriously. Go to the emergency room (or call 911) immediately for evaluation. Someone should notify both Dr. Corpus and your primary care doctor.
- **BLOOD CLOTS** – Orthopaedic surgery patients are at risk for blood clots. While the risk is higher for lower extremity surgery, even those who have undergone upper extremity surgery are at an increased risk. Please notify Dr. Corpus if you or someone in your family has had blood clots or any type of known clotting disorder.
    - Obesity or use of oral contraceptives can increase the risk of blood clots. Women should consider stopping oral contraceptive use until able to walk normally without crutches, brace, or cast on the leg.
    - Traveling after surgery – Long flights or car trips may increase the chance of blood clots. If you need to travel in the first 4 weeks after surgery, please inform us so that addition medication may be prescribed as necessary.
    - Signs of blood clots may include calf pain or cramping, diffuse swelling in the leg and foot, or chest pain and shortness of breath. Please call if you recognize any of these symptoms. There is noninvasive testing available to rule out this potentially life threatening condition.

- **CONSTIPATION** – It is common to become constipated from taking narcotic pain medications so you may need to use a stool softener or laxative. These are available over the counter at any pharmacy.

NOTIFY US IMMEDIATELY FOR ANY OF THE FOLLOWING:

- Temperature greater than 101.5∞F.
- Severe nausea, vomiting, diarrhea, or constipation.
- Chest pain or shortness of breath (go to ER).
- Sutures become loose or fall out and incision becomes open.
- Change is noted to your incision (increased redness or drainage).
- Drainage persists greater than 4 days or becomes yellow or foul smelling.
- Increased pain unrelieved by medication or measures mentioned above.

FOLLOW-UP:

- Follow-up appointment should be arranged for 10-14 days after surgery. If one has not been provided, please call the office to schedule.

Postoperative FAQs

WHAT ARE SOME WARNING SIGNS OF INFECTION?

- If you have a measured temperature greater than 101.5∞F, recurrent chills, yellow or foul smelling drainage, or increasing redness around the incisions you should call the office.

WHAT IF I HAVE A LOW-GRADE FEVER AFTER SURGERY?

- A have a low-grade fever (less than 101.5∞F) during the first week after your surgery is common. This is a normal response by your body to the stress of surgery. Drinking plenty of fluids and taking deep breaths is helpful.

IS THE SWELLING NORMAL?

- Yes, some swelling is normal. For hip surgery, it will be worse when the leg is down and better when the leg is elevated. Elevation and ice can be very helpful. If the swelling does not go down or you start to develop calf pain please notify the office.

WHY IS THERE BRUISING THAT TRACKS DOWN THE OPERATIVE LIMB?

- This is normal after surgery. Blood from the surgical site is pulled down by gravity and causes bruising in locations away from the area that was operated on. Some people get bruising into the foot after hip surgery. You should not be alarmed it will resolve over 3-5 weeks. The amount of such bruising varies by person.

IS PAIN NORMAL?

- Yes, surgery is painful. The most pain will occur within the first 72 hours after surgery. There is no purpose in “being a hero” during this time. During the early postoperative period, pain is like fire, if you wait too long to put it out it gets out of control. Take your pain medicines when scheduled for the first few days and then you can begin to space them out. Remember, it takes 30-45 minutes for a pain pill to begin working, so do not wait for the pain to become unbearable before taking the next dose. Also, ice is one of the most important parts of pain relief.

HOW OFTEN SHOULD I ICE?

- Ice and elevation are your best friends! You should ice around the clock (30 minutes on, 30 minutes off) for the first 3-5 days. Then ice at least 3 times per day thereafter. Be sure to place a thin towel between the ice and your skin.

SHOULD FLUID DRAINING FROM THE INCISIONS ALARM ME?

- A small amount of drainage seen on the bandage is normal. Do not remove the bandage unless instructed by Dr. Corpus. Heavier amounts of drainage that result in leaking of blood or fluid from underneath the bandage should be discussed with Dr. Corpus.

HOW DO I TAKE OFF THE BANDAGE?

- DO NOT remove the bandage. It will be removed at the first post op appointment.

HOW DO I ELEVATE?

- For lower extremity surgery, prop the leg up (elevation) using several pillows or blankets underneath. Elevation is extremely important to limits swelling and pain after surgery. Proper elevation works by gravity. The foot should be higher than the knee, which should be higher than the hip allowing gravity to pull the fluid/swelling back towards the heart. Be mindful of range of motion restrictions.

WHAT ACTIVITIES CAN I DO?

- It is very important for you to do as much activity as possible while still adhering to the limits imposed by Dr. Corpus. Simply getting up and walking around the house is important. This will decrease the possibilities of post-anesthesia problems such as pneumonia and blood clots. Generally, if you have a job with little physical activity, you may return to work 3-7 days after surgery. If your job requires excessive lifting or use of the arm, then discuss your return to work date with your doctor. That being said, always be mindful of weightbearing and range of motion restrictions discussed by Dr. Corpus and the physical therapist.

WHEN CAN I DRIVE?

- Prescription narcotic pain medications impair your motor skill, reaction time and judgment. It is against the law to drive while taking prescription pain medications (even if they were prescribed for you). It is also against the law to drive while you are (or should be) wearing a brace as reaction time can be altered (most specifically if you had right proximal hamstring surgery). Please discussed with Dr. Corpus before returning to driving.

WHAT HAPPENS AT MY FIRST POST-OPERATIVE VISIT?

- Your first postoperative visit typically occurs 10-14 days after surgery. Dr. Corpus will review your surgery details. He will outline your post-operative physical therapy protocol. If you have sutures that need to be removed, they will be.

WHAT IF I NEED A PAIN MEDICINE REFILL?

- Only your doctor and his staff can call in pain medication. During the weekend, on call doctors will <u>NOT</u> call in prescriptions for you. Therefore, if you feel that you will need a prescription during the weekend, please call the office during regular business hours. You can also reach out to us via OSF MyChart. As stated previously, every effort will be made to prevent narcotic pain medication refills. Most patients do not require narcotics beyond one week. Therefore, anti-inflammatories and tylenol should be used to transition off narcotics as early as possible.