

Dr. Brian White

Discharge Instructions - Open Glute Repair

These are your post-op care instructions from Dr. White. Please follow them carefully. If you have any questions or concerns after you leave the hospital, please contact a member of Dr. White's team at Western Orthopedics. 303-321-1333.

- ❖ **Follow-Up Appointment:** Please set up an appointment to see Shawn Karns, Dr. White's PA in 10-14 days from surgery. Be sure to communicate that it is your first postoperative appointment. If you are a traveler (typically more than 2 hours away), please see either your Primary Care doctor, your Physical Therapist, or your home orthopedist at that time for suture removal and wound check, then schedule an appointment with Dr. White in 6-8 weeks. See your After Visit Summary for clinic phone numbers if you don't already have them.
- ❖ **Diet:** You may resume your regular diet. Drink plenty of non-alcoholic fluid, non-caffeinated fluids. Caffeine can lead to dehydration which can worsen constipation with pain meds. A cup or two of your morning coffee is ok so you don't get a caffeine withdrawal headache. But drink plenty of non-caffeinated fluids to offset your coffee.
- ❖ **Nicotine:** Do not use any product with nicotine, including cigarettes, vape pens, patches, gums, etc. Nicotine may prevent the soft tissue repair of your surgery from healing properly, which could result in increased pain and additional surgeries.
- ❖ **Weight Bearing:** You will be allowed to put 20% of your weight on your operative leg with the use of crutches or a walker. By now your Physical Therapist at the hospital has helped you to be able to do this. Your weight bearing restrictions are in affect for 6 weeks. Some people may use one crutch for a while after that, others may not be ready to get off of crutches that quick. Your outpatient Physical Therapist will guide you. You simply can not limp.
- ❖ **Other Restrictions:** Do not cross your leg over the midline (adduction) for 6 weeks. Do not actively move your leg out to the side (abduction) for 6 weeks. You will need to use an abduction wedge pillow for 6 weeks at night while you sleep to keep your leg from crossing over the midline while you sleep.
- ❖ **Dressings and Wound Care:**
 - The PICO dressing will remain in place until 1 week post op. The battery pack for the PICO may or may not die by this time, but you should still remove the dressing at 1 week post op. You will remove it at home yourself, or with the help of a family member. Pull slowly as you remove the dressing. Throw everything in the trash.
 - Once the PICO dressing is removed, there will be a strip of Prineo surgical tape on your surgical wound. This is the final layer of surgical closure at the skin. The Prineo should remain in place for 2-3 weeks. DO NOT attempt to remove it yourself. It will be removed at your 2 week post op appointment.
 - You are allowed to shower with the PICO dressing in place and also once it is removed with your wound covered. A gauze & tegaderm dressing should be in place over the Prineo for your shower. Continue this showering & dressing change protocol daily, using supplies provided for you by the hospital, until your follow up appointment in 2 weeks.
 - DO NOT touch, or apply ointment to the incisions.
 - At the dressing change evaluate the incision for excessive drainage, redness surrounding the incision or red streaks coming away from it, increased pain, and increased temperature. There are all signs of infection.
 - Monitor for redness or blistering under or around the Prineo. These are signs of a reaction to the Prineo. If you have questions or concerns, please call the office immediately.

❖ **Bathing:**

- It is important to keep the incision dry at all times for the first 2 weeks post op. Once you remove the PICO, keep the tegaderm & gauze in place while showering. Leave this in place until your 2 week appointment, unless it becomes saturated then change it, using the supplies provided for you by the hospital. Avoid baths, swimming pools or soaking in a hot tub until all incisions are completely healed, usually in about 2-3 weeks. (It is recommended that you stay out of a hot tub for 6 weeks).
- Sutures: In most cases, your incisions will have “suture tags” on the outside of the skin at either end of the wound. At your 2 week post-op appointment, the sutures will be removed. Please do not try to remove them on your own.

❖ **Driving:** You cannot drive until you are off of narcotic pain medications. The determination of when to drive is based on when you feel that your braking time is not affected by your surgery and you can do it safely. With your abduction and adduction restrictions in place for 6 weeks, you will not be able to drive for 6 weeks. Be sure to first practice in an empty parking lot.

❖ **Physical Therapy:**

- Please make an appointment for your Physical Therapy to begin as soon as possible after surgery (in the next day or two). Dr. White believes that working hard and getting started early with Physical Therapy and doing the exercises regularly at home is critical for a successful outcome.
- You were given a Physical Therapy prescription (order, referral) with Dr. White’s protocol stapled together. It can be found in the packet that you were given by Dr. White after your surgery. Your Physical Therapy prescription is custom written for you & the details of your surgery immediately after your surgery, so don’t lose it. You will need to take the prescription and the attached protocol with you to your first PT appointment.
- In this protocol you will be given specific exercises to follow at different time frames during your rehabilitation. Your Physical Therapist will help guide you. Follow these instructions carefully. If you have any questions, please call the office. 303-321-1333

❖ **SWELLING, INFLAMMATION CONTROL AND REACHING YOUR RANGE OF MOTION GOALS ARE THE PRIMARY FOCUS FOR THE FIRST TWO (2) WEEKS AFTER SURGERY.** The following will help you reach your goals:

- **Ice:** Ice your hip 5-6 times a day 30 minutes at a time. This can be achieved in a number of ways: ice bags, durakolds, freezer wraps or frozen peas can be used. If you purchased an ice machine, use it as much as possible (using the above intervals for a total of at least 3-4 hours a day). Whatever the means, be very diligent with your icing. Be sure to put a thin sheet of cloth such as a T-shirt next to your skin while icing, as the ice can cause frost bite.
- **TED hose:** These are to be worn for the first 2 weeks after surgery. They should be worn over the calf at all times. They serve the dual purpose of decreasing the chance of blood clot formation and aid in controlling swelling in the lower extremities. You may remove them nightly to wash and inspect your skin, but you should wear them as much as possible to gain the maximum benefit. They can be difficult to put on, so you will likely need some assistance, especially on your operative leg.
- **Range of Motion:** Exercise will help to decrease the amount of swelling. Follow your specific protocol of activities and stay within the limitations outlined in your physical therapy protocol.

❖ **Sequential Compression Devices (“SCDs”):** You will be set up to have a machine for home use. You should wear them on your calves to help prevent blood clot formation. They should be worn while in bed, or when you are resting and not active, for 2 weeks. They can be worn all day, even over the TED hose if you’d like. But this is not necessary.

- ❖ **A-Frame Pillow/Pink Wedge Pillow**: This pillow should be used at night for 6 weeks to prevent moving your leg across the middle of your body or turning your toe in. Dr. White prefers this pillow over regular pillows as it is more secure. You can also strap your legs in either side with the Velcro straps which will allow you to lay on your side (surgery side up) with pillows behind your back.
- ❖ **Blood Clots**: Blood clots in the legs, specifically the calves (“DVTs”) or lungs (“PEs”) are a risk in the first 2-4 weeks post operatively. “DVTs” can occur in either leg, not just the surgical leg. Symptoms include swelling, redness, pain and warmth to the touch. Should any one of these symptoms occur it warrants a trip to your local ER to get an ultrasound to rule out a DVT. The symptoms of a PE are sudden shortness of breath or chest pain. Should either of these symptoms occur, they warrant a call to 911 as they can be life threatening.
 - Our current protocol for preventing post operative blood clots is to:
 - Begin sequential compression stockings (SCDs) to keep the blood flowing in the lower extremities, directly post operatively, beginning on the operative room table. A home unit is also recommended for continued use at night for 2-4 weeks post operatively.
 - After surgery TED hose, compression stockings, are placed on your legs and worn primarily during the day for 2-3 weeks following surgery. They can be worn at night if desired. The SCDs can be worn over top of them as well if desired.
 - Start a blood thinner (anticoagulant medication) as soon as possible post operatively, and continue for 4 weeks. For most patients I typically use Ecorin 325mg twice daily for 1 month.

Dr. Brian White – Open Glute Medius Tendon Repair
Discharge Medication Instructions

Below is a list of medications you may be going home on after surgery.
Specific instructions will be given by your nurse before you go home.

- ❖ **Blood Thinner**: You will be on a blood thinner (Ecotrin 325mg, which is coated Aspirin, or Lovenox) to prevent blood clots. Ecotrin can be purchased over the counter.
- ❖ **Stool Softener/Laxatives**: Take your stool softener (Colace or Senokot) twice daily until you are off of all pain medications as they can cause constipation. In addition, it's a good idea to take a laxative daily (Miralax, Dulcolax, Milk of Magnesia) to help facilitate a normal bowel regimen. If you are still struggling with constipation in a day or two, despite taking both of these medications, you should try Magnesium Citrate or an enema. All of these medications can be purchased over the counter.
- ❖ **Nausea medication**: Zofran (Ondansetron). To be used as needed.
- ❖ **Pain Medication**:
 - Take pain medications with food.
 - Begin weaning off at about 48-72 hours after discharge as you can tolerate.
 - Start tapering your pain medication 48-72 hours after discharge. First drop the dose (1 pill instead of 2, or a half of a pill instead of a full pill) and continue every 4 hours. You'll know in about an hour if the lower dose is effective. If it isn't, then go ahead and take the other half of your dose and wait another day to start to taper. The next step will be to begin spreading the time in between doses to 5 or 6 hours, progressing day by day. You can then begin substituting Tylenol 650mg in place of pain medications. (Examples of short acting pain meds are Tramadol, Norco, Oxycodone, Dilaudid)

- DO NOT drive while on pain medication.
 - DO NOT drink alcohol while on pain medication.
 - DO NOT take extra Tylenol while on pain medications while many of them already contain Tylenol. (Tylenol in excess of 3,000mg daily, or combined with alcohol can cause irreversible liver damage.)
 - **An important point:** Pain medications are sedating. For safety reasons, it is important that you have a family member in charge of administering you your medications. Keep your pain medication secure in your home so they don't fall into the wrong hands.
 - **Please note:** Narcotics are HIGHLY ADDICTIVE pain medications. They can create constipation and lethargy. They must be used with caution. The body can adapt to them, and in order to achieve pain relief, the body may require increasing doses and ultimately become dependent on them. For these reasons, Dr. White prescribes narcotic medications with caution. They are prescribed for acute pain, but should be tapered and used sparingly.
 - **Also note:** It is the strict policy of Dr. White's office that narcotics and other pain medications will NOT be refilled on weekends or after hours. As well, to avoid creating an addiction, Dr. White will only provide 1 refill of your short acting pain medication.
 - Once you've discontinued taking pain medication, please dispose of any excess safely such as at a community drug take back event, your local pharmacy drug take back drop box, or maybe at your local police or fire station. Do not flush them down the toilet or throw them in the trash.
- ❖ **Muscle Relaxers:** To be used every 6-8 hours as needed for muscle spasms (which typically feel like a sharp, stabbing, burning or pressure type pain). Take them only if needed. Examples are Robaxin & Valium.
- ❖ For women using **hormonal Birth Control or HRT** (Hormone Replacement Therapy): Most often you can continue to take it postoperatively. However, due to increased risks of blood clots with birth control or HRT, as well as during the postoperative phase, you may need to discontinue the therapy for several weeks. It is best to consult your primary care provider, or gynecologist regarding the risks and benefits of their continued use while you recover.

PICO DRESSING INSTRUCTIONS

- ❖ **Call your nurse or doctor immediately** if you notice a change in the color or amount of fluid in the dressing. For example:
- If it changes from clear to cloudy or bring red
 - You see the dressing fill rapidly with blood
 - Your wound looks more red than usual or has a foul smell
 - The skin around your wound looks reddened or irritated
 - The dressing feels or appears loose
 - You experience pain
 - The alarm display will not stop flashing
- ❖ **What does PICO 7 do?**
 PICO 7 is indicated for patients who would benefit from a suction device (Negative Pressure Wound Therapy) as it may promote healing via removal of low to moderate levels of exudate and infection materials. **WARNING:** Certain patients are at high risk of bleeding complications which, if uncontrolled, could potentially be fatal. Patients must be closely monitored for bleeding.

❖ **How does PICO 7 work?**

The pump applies compression to the area, increasing blood flow, and providing the surgical site or wound with a controlled environment that may promote wound healing.

❖ **How long will it take to improve your wound?**

Results vary, but in many cases improvement can be seen after the first dressing is changed. Discuss with your doctor what results you may expect.

❖ **Will PICO 7 be painful?**

Upon application, patients may feel a slight pulling or drawing sensation. PRECAUTION: If pain, reddening, odor, sensitization or sudden change in the volume or color of wound fluid occurs during use, contact your healthcare professional.

❖ **How often will the dressings have to be changed?**

The dressings have a wear time of up to 7 days, depending on exudate levels. Inspect the PICO dressing regularly. You need to remove it 7 days after surgery. The fixation strips should be stretched away from the skin and the dressing lifted at one corner and peeled back until it has been fully removed. The wound can be open to air at this point. Do not apply ointments or creams to the incision. Do not scrub the incision. Water can run over it in the shower.

❖ **Will the dressing changes hurt?**

In some cases, slight discomfort during dressing changes may be experienced; specifically, during wound cleansing, which may vary based on type and location. If you feel any discomfort, please notify the person who is changing your dressing. PICO 7 dressing should only be applied, changed or removed by a healthcare professional.

❖ **When you are asleep:**

Make sure that the PICO 7 pump is placed in a safe location and cannot be pulled off a table or cabinet onto the floor during sleep.

❖ **Showering and washing:**

Light showering is permissible; however, the PICO 7 pump should be disconnected and placed in a safe location where it will not get wet. The dressing should not be exposed to a direct spray or submerged in water. While disconnected, ensure the end of the tubing attached to the dressing is facing downward so that water does not enter the tube.

❖ **Disconnection of the pump from the dressing:**

- Press the orange button to pause therapy
- Unscrew the two part connector
- Place the pump somewhere safe