



Midland Orthopaedics

Gluteal Tendon Repair Surgery Information

Below is some information regarding your operation, which is intended as a guide. Please read this. For any further clarification, or if you have any queries or issues, please contact my rooms as soon as possible on 9389 3855 or email: spenceradmin@hogwa.com.au

With kind regards,

Mr Jonathan Spencer

Risks and Benefits of Gluteal Tendon Repair Surgery - Please Read

Aim of Surgery

Reduce hip pain
Improve hip function
Improve overall quality of life and mobility

Overall success rate: 95%

What to Expect

2-3 nights in hospital
2 weeks of swelling and discomfort requiring significant pain killers
6 -12 weeks for reasonable recovery
6-12 months for a good to full recovery

Risks

5% chance of minor complication
1% chance of serious complication
Risk of dissatisfaction with the outcome of surgery
Extremely rare chance of death

Possible Complications of Surgery

Wound infection
Deep joint infection
Deep vein thrombosis (DVT)
Fracture
Nerve injury
Component failure
Revision surgery
Heart attack
Chest infection
Pulmonary embolism

Post Operation Wound Care:

- Keep wool and crepe bandages on for 24 hours after the operation.
- Keep wounds clean, dry and covered for 2 weeks or until the wound is completely healed. If the dressings get soaked through, they will need to be changed.
- Do not soak the incision (ie. bath or pool) until the wound is completely healed.
- Mr Spencer mainly uses dissolvable stitches.
- If you have any concerns about your wound please contact Mr Spencer's rooms.

After your Gluteal Tendon Repair: A Rehabilitation Guide

The time frames below are approximate, vary between individuals and are best guided by Mr Spencer or your Physiotherapist.

Notes below in italics are guidelines intended for your Physiotherapist.

Weeks 0-6

- You will be **touch or partial weight bearing** on crutches **6-8 weeks** after your surgery. Try to walk as close to a **“normal” walking pattern** as possible eg. with an even step length on both sides, try not to lean to one side.
- Ensure **adequate rest** during this stage.
- For comfort, when **sleeping** on your (non-operated) side, try using pillows to support your upper knee at the same height as your hip.
- **Minimise your pain.** Ensure adequate pain relief medication. You can use **ice** on your hip for pain relief, for 15-20 minutes, 3 times/day (including after exercises). Continue to check that your skin is ok whilst using the ice.
- You may be able to **return to work** between 3-10 weeks, depending on your job. Please discuss this further with Mr Spencer.
- Where possible, the set **exercises are best performed** approximately half an hour after pain relief medication is taken.
- *Do set **exercises** 1-3 times/day: eg. Ankle pumps in elevation, Hip Flexion in standing (not past 70 degrees). Maintain Inner Range Quadriceps strength.*

Weeks 6-12

- From 6 weeks, **walking in water** is a good form of exercise for your hip (once your wound is completely healed). Make sure you can safely enter and exit the pool. Start slowly.
- You may be able to **drive from 6-8 weeks**, (depending on the side of operation), when you feel safe and competent to do so. You may need to check with your insurance company to ensure that you're covered to drive.
- *Exercises: Hip flexion, extension, abduction. Progressive Gluteal strengthening from 8 weeks. Maintain quadriceps strength.*

Week 12 +

- You can start a supervised, progressive **walking programme** on alternate days. Initially on a flat surface, start slowly with rests as required and increase duration.
- You are allowed to use a **stationary bike** if desired. Initially for 5 minutes with no resistance, increase duration and then resistance gradually over time, as is comfortable. Try to keep your hip at or below 90 degrees flexion when riding.
- **Swim** (painfree) with a light kick, straight legs. No frog kick initially (after 4 months). This is best guided by a Physiotherapist.
- From 3-6 months you can resume activities such as **Bowling, Gardening and Golf**.
- Your mobility and strength can continue to improve for the first year.
- **Maintain a normal weight** for your height and body build to minimize strain on the repair.
- *Continue to improve the **strength** and balance of your leg with exercises such as below:*
- **Progress lower leg control** with functional, closed chain exercises as able (*mini squat, modified lunge, steps, leg press*) wall slides, ball squats, proprioception exercises.
- **Proprioception exercises** progressing from 2 to 1 leg stance and eyes closed (*as safe*). Start to challenge base of support/centre of gravity. Aim towards operated leg equalling opposite side with proprioception, strength, range of movement.