

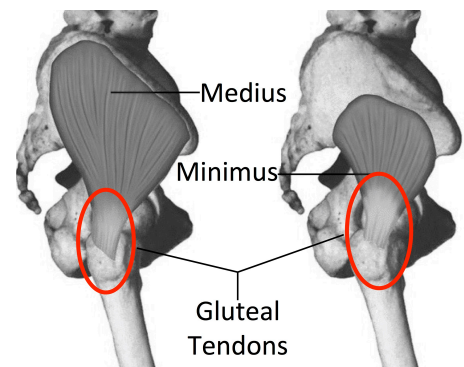
Information for Patients following gluteal tendon repair

Introduction

This document provides you with a guide to your recovery following a gluteal tendon repair.

What are the gluteal tendons?

The gluteal tendons attach the gluteal muscles (gluteus medius and minimus) to the bone that you can feel at the side of your hip. This is called the greater trochanter. The gluteal muscles function as stabilisers of the hip and pelvis. They keep your pelvis level when you are walking and transferring your body weight from one leg to the other. The gluteus medius and minimus muscles are highly developed in the human and are critical to our elegant upright gait. Unlike, the apes, who lurch from side to side, humans can walk with their head held in the midline. When the gluteal muscles are damaged, we find it difficult to walk without lurching.



What happens when the gluteal tendons are torn?

When a tear occurs in the gluteal tendons, you may be aware of discomfort around the outside of your hip: often with radiation down the outer thigh to the side of your knee. You may also develop a limp. Unless there has been a trauma or direct impact to the side of your hip, most tendons develop tendinopathy before they tear. Tendinopathy describes a condition whereby the tendon develops internal changes and becomes weakened. This reduces its efficiency transferring the power generated by the gluteal muscles and makes the tendons more vulnerable to tears.

Most commonly, the gluteal tendons are damaged on the underside of the tendon and in a lengthwise direction. When the tear does not extend through the entire depth of the tendon, it is known as a partial thickness tear. When it extends through the tendon, this is known as a full thickness tear. In severe cases, the tendon can be completely detached from the bone; this is known as an avulsion tear.

What is a gluteal tendon repair?

Until relatively recently, surgery to the gluteal tendons was always undertaken through a cut running over the outer side of the hip; similar to that used for hip replacement. A growing number of surgeons are now learning to undertake these operations arthroscopically (through telescopes) using two or three small cuts around the side of the hip. The thin telescopes and instruments are then inserted into area where the tendons

attach on to the bone at the side of the hip. Images of the tendons are seen on a screen in front of the surgeon. Special surgical instruments are used to repair damaged the tendon tear. In the most severe cases, where the tendon has pulled away from the bone, the more traditional open technique (where the surgeon makes a longer cur) often enables the surgeon to reconstruct the defect and ensure the best quality repair possible.

What to expect after surgery

Discomfort and swelling - If you are lucky you will have very little discomfort following your tendon repair. It is also possible that you feel sore around the buttock area, hip and groin area for several weeks. Additionally, you may experience discomfort in your lower back. It is essential that your pain is well controlled, with painkillers, so that you are able to carry out your exercises. Keeping your hip moving will help prevent your hip joint from becoming stiff. You may notice some swelling around the outside of the hip near your scars and around your groin area. This is part of the natural healing process and usually settles within two weeks.

Precautions following surgery

The robustness of the tendon repair in addition to the pre-existing quality of the tendon will determine how protective you should be of your hip in the first 8 weeks after surgery. There is a balance to be struck between protecting the surgical repair and ensuring that your hip retains good movement and muscle function. We recommend the following:

- Use two elbow crutches when walking for the first four weeks after surgery.
- Use one elbow crutch, on the opposite side to the operated hip, when walking from the fifth through the eighth week after surgery.
- You should avoid pushing off through the toes of your operated leg by walking with a flat foot for 8 weeks after surgery.
- To protect the repair, during first four weeks, you should only move your hip out to the side with the full assistance of another person.
- During the fifth through the eighth week, you may begin to move the leg out to the side performing more but not all of the movement yourself.
- Avoid crossing your operated leg across the midline. This precaution helps to prevent excessive tension or compression being placed on the repair site and ensures good blood supply to the healing tendon.
- Additionally, lying on your side (operated or non-operated) at night should be avoided for a full eight weeks after surgery, again to avoid compression of the healing tendon and its blood supply where it attaches on to the bone.

We have devised two different rehabilitation exercise programmes for our patients who undergo gluteal tendon repairs – a conservative ‘protective protocol’ and an accelerated ‘moderate protocol’. We decide which protocol would best suit you based on the following:

- The size of the tear
- If the tendon was completely detached from the bone and retracted
- The tension of the repaired tendon
- If more than one structure was repaired during surgery
- The pre-existing quality of the tendon
- The quality of the surgical repair
- Your age – this can affect the quality of the tendon

Assessment by physiotherapist

A physiotherapist will assess you before you leave hospital. The physiotherapist will ensure that you can walk safely with crutches and that you understand the precautions and the exercises that you should carry out at home. They will also organise a referral for follow up outpatient physiotherapy treatment once you have been discharged.

Weight bearing after surgery

Weight bearing refers to the amount of weight you can take through your operated leg. It is recommended to use two elbow crutches after surgery for four weeks, followed by one elbow crutch for the next four weeks. You can stand still with your weight through both legs from day 1 after surgery without crutches, but must not take all of your weight through your operated leg without crutches. This is to protect the surgical repair.

Early stage rehabilitation

The goals of the early stage rehabilitation programme are threefold. Firstly, regular ‘foot pumping and heel raises’ are encouraged. These exercises help prevent blood clots forming in your legs while you are recovering from surgery. It is a good idea to perform foot pumping every twenty minutes throughout the day in the early post-operative period. Secondly, the programme aims to maintain good movement of your hip without compromising the surgical repair. Finally, it is designed to maintain other key muscle groups; such as your inner and central thigh muscles and prevent them from wasting. Pictures and descriptions of these exercises can be found our exercise information sheets.

What if the exercises are sore?

You may feel some discomfort around the side of your hip during the rehabilitation process; it is often hard to avoid discomfort due to the nature of tendon injuries that

have been sore for a long time. It is acceptable to experience some discomfort during the exercise and on the same day after the exercises, however, this discomfort should not be more painful by the next morning. If the pain does not diminish by the next morning, then it may be necessary to reduce the difficulty of the exercise, the resistance or the number of repetitions. Furthermore, your physiotherapist could consider increasing the length of time before you progress to the next programme. Detailed advice should be sort from your physiotherapist especially if you are experiencing difficulty. Your physiotherapist is also welcome to contact our team if they have any queries.

Your wound

Initially you will have stitches in the wound sites. You will have waterproof dressings in place to keep the wounds dry. It is possible that a small quantity of fluid or blood may leak through surgical cuts in the first few days. Do not worry if this happens. If the dressings do come loose they can be replaced. If there is leakage beyond the tenth day, please contact Prof Field's secretary. The important thing is to keep the wound sealed so that bugs from the outside world cannot get into the wound before the skin edges have healed together. The nursing staff will advise you further regarding wound care and dressings. As most people live some way from the hospital, it is usually best for your stitches to be removed by a district nurse or the nurse at your GP surgery. Please contact your surgery well in advance and book an appointment with the nurse ten to twelve days after your operation. Please do not let anyone remove the stitches before the ten-day point. If you develop signs of infection (increased redness of the skin around the wounds, a temperature, more swelling and increasing pain) please seek urgent medical advice.

Driving

You can return to driving as soon as you are able to perform an emergency stop safely. It is also essential that you are not taking painkillers that make you drowsy Don't worry if using the brake or clutch pedal irritates your hip symptoms when you first return to driving, this will settle down.

Return to work

Return to work will depend on the nature of your job and how you travel to work; most people with a sedentary job will be able to return to work within two to three weeks. Return to work is often tolerated best if it is undertaken gradually, for example working half days initially. If you have a manual job, return to work will take longer and should be discussed with your surgeon and employers to see whether you can be allocated light duties.

Surgical review

Prof Field or a member of our Hip Team will review you, in the outpatient department three weeks after your surgery. They will check your wounds, the movement in your hip and address any concerns that you have. You will be reviewed again twelve weeks after your operation and, if appropriate, at twelve months. If you are progressing well, you will then be discharged.

Mid and late stage rehabilitation

Guides of recommended exercises that will strengthen the muscles around your hip are available for you to download from our website www.themskpractice.com. We recommended that a physiotherapist manages your rehabilitation and that they tailor each programme to your specific situation. The physiological process of increasing muscle mass takes around twenty weeks, so progress will be gradual and exercises should be incrementally made harder by your physiotherapist over a prolonged period of time.

Return to sport and impact activities

Returning to running or impact sport such as tennis is optional. If you do wish to run, we ask you to meet some strict criteria before beginning a graduated walk to run programme. These are:

- You are no longer experiencing pain in your outside hip area with day to day activities
- You underwent your gluteal tendon surgery over six months ago
- Movement in your hip is normal
- You have excellent hip isometric strength in all directions of motion
- You have achieved 95% strength in your operated leg compared to the unaffected leg.

Your physiotherapist will be able to assess and advise you on this. In many cases it takes a very long time to achieve these criteria, each person should be individually advised about when they are ready to run.

Be prepared

There are some activities that your hip may not tolerate in the first few weeks after your surgery such as prolonged standing or walking and carrying heavy loads. Prof Field and physiotherapist may have further instructions tailored to your individual case. If you have any questions or worries about your surgery or recovery don't hesitate to ask. We wish you all the best with your recovery and in case you have any questions after you have gone home, please call Prof Field's secretary.

We wish you all the best with your recovery.

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