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Proximal Hamstring Repair

POSTOPERATIVE INSTRUCTIONS

Patient _____ **Surgery date** _____ **Side** ☐ Right ☐ Left

PROTECT THE REPAIR — AVOID STRETCHING THE HAMSTRING FOR 6 WEEKS

- **Avoid bending forward at the hip with the knee straight** — this stretches the repair. Bend your knee when you sit, reach, or pick something up.
- Use crutches with **touch-down weight bearing** (foot flat, resting weight only) for **4–6 weeks**, or as directed.
- Wear your brace as directed below for 6 weeks.
- Limit sitting to 30 minutes at a time. Sit on a soft cushion and shift your weight onto the opposite buttock — avoid sitting directly on the incision.

MEDICATION

Pain medication

Narcotic/opioid medications (oxycodone, hydrocodone) are habit-forming. If needed, you will receive a one-time prescription sized for your surgery. Most patients need them for only 2–3 days; taking them longer than 6 days significantly increases the risk of dependence. **Do not drive, drink alcohol, or make important decisions while taking them.**

Take 1–2 tablets every 4–6 hours as needed for pain.

☐ Oxycodone ☐ Percocet (oxycodone/acetaminophen) ☐ Norco (hydrocodone/acetaminophen)

☐ Other _____

Tylenol (acetaminophen)

☐ You may add Tylenol 325 mg, 2 tablets every 4–6 hours. Do not exceed 3,000 mg in 24 hours *from all sources*.

☐ Do NOT take extra Tylenol — your prescribed pain medication already contains acetaminophen.

Anti-inflammatories (NSAIDs: ibuprofen/Advil/Motrin, naproxen/Aleve, meloxicam/Mobic)

NSAIDs can slow tendon and bone healing and increase bleeding risk; they are approved only for specific patients.

☐ NSAIDs approved ☐ NSAIDs **NOT** approved

Blood clot prevention

☐ **Aspirin 81 mg once daily** for 4 weeks

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☐ Lovenox _____

☐ Continue your home blood thinner

☐ No blood clot medication needed for your procedure

Nausea & constipation

You have prescriptions for **Zofran** (nausea — fill only if you have severe nausea) and **Colace** (stool softener while taking narcotics). Walking, fluids, fiber, and prune juice also help; MiraLAX is OK if no bowel movement in 2–3 days.

Other: _____

ACTIVITY & HOME EXERCISES

Ice / cold therapy

☐ **Cooling unit:** use in 4-hour intervals with 30-minute breaks for the first 1–2 weeks, then as needed. Keep a layer between the pad and your skin. **Do NOT** leave on overnight.

☐ **Ice packs:** 20 minutes on / 20 minutes off as needed for the first 2 weeks. Ice works through thick bandages even if you can't feel the cold.

Do NOT use heat on the surgical area.

- Minimize activity the day of surgery.
- **Ankle pumps:** 20 every hour you are awake.
- Lie on your back or on your stomach to rest; avoid long periods of sitting.
- Do not lift your leg straight up in front of you. Do not do hamstring stretches.
- Keep the incision clean and dry after using the toilet — it sits near the buttock crease. Wipe front to back and pat dry.
- **Driving:** not while taking narcotics or on crutches with a right-sided repair. Right side: typically about 6 weeks. Left side (automatic car): often 2–4 weeks, if sitting is comfortable.
- **Work:** desk work is often possible at 2–3 weeks if you can stand or recline part of the day.

WEIGHT BEARING & BRACE

☐ Touch-down weight bearing with crutches for _____ weeks.

☐ Partial weight bearing _____ % with crutches for _____ weeks.

☐ **Hip brace** limiting hip flexion to _____° for 6 weeks.

☐ **Knee brace** locked at _____° of bend for 6 weeks (keeps tension off the repair).

☐ No brace required.

CALL US IF

- You notice new numbness, tingling, or weakness in the foot (such as a foot drop), or burning pain down the back of the leg.

SHOWERING & DRESSING CARE

Showering

- You may shower **2 days after surgery**. Let soapy water run over the incision; do not scrub it. Pat dry.
- **No baths, pools, or hot tubs** for 3 weeks, and until the incision is fully healed.

Dressing

☐ **Waterproof dressing (e.g., Aquacel):** you may shower over it. Leave on for **7 days**, then remove and cover the incision with a dry dressing or leave it open if dry.

☐ **Gauze dressing:** keep it dry. Remove at **7 days** and apply a new dry dressing.

- Some light bloody drainage is normal. Leave steri-strips or skin glue in place.
- No lotions, ointments, or creams on the incision.

PROCEDURES PERFORMED

☐ Proximal hamstring repair (anchors)

☐ Proximal hamstring reconstruction with graft: _____

☐ Sciatic nerve release

☐ Other: _____

DIET

- Eat lightly the day of surgery, then advance to your regular diet. Drink plenty of non-alcoholic, caffeine-free fluids.
- A well-balanced, protein-rich diet supports healing. Avoid new supplements in the early recovery period unless cleared by your surgeon.
- If you have diabetes, check your blood sugar more often — surgery and steroids given during anesthesia can raise it.

PHYSICAL THERAPY

- ☐ You have been given a physical therapy prescription and protocol (in your post-op packet). Call a convenient location to schedule — therapy should begin within **7–10 days**. Bring the prescription and protocol to your first visit.
- ☐ You will NOT start therapy before your first post-op visit. You will receive PT instructions at that visit.

FOLLOW-UP

Your first post-operative appointment: **Date** _____ **Time** _____ **Location** _____

- To change your post-operative visit, call **469.800.7200**.
- Pain medication refills: call Monday–Friday, 8:30 am–3:00 pm. Allow 24–48 hours. Narcotic refills are not available after hours or on weekends.

WHEN TO CALL US — 469.800.7200, DAY OR NIGHT

- Fever over 101.5°F, or chills
- Redness spreading from the incision, red streaks, foul odor, or drainage that keeps increasing after day 3
- Calf pain, tenderness, or swelling
- Pain or swelling not relieved by your medication, ice, and elevation
- Foot or toes that is cold, pale, or blue, or numbness/weakness that is worsening (mild numbness around the incisions is expected)
- Bleeding that soaks through the dressing

If you cannot reach the on-call surgeon promptly and you are concerned, go to the nearest Emergency Room.

CALL 911 IMMEDIATELY FOR CHEST PAIN OR SHORTNESS OF BREATH.

SPECIFIC INSTRUCTIONS

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Please read these instructions carefully before calling the office — most common questions are answered here. Thank you!