

Proximal Hamstring Repair Manual

Dr. Edward Szalapski

PREPARING FOR SURGERY

- **Make a pre-operative physical exam with your Primary Care Physician**
 - The pre-operative physical exam is necessary to make sure you are healthy enough to undergo surgery. Please refrain from making this appointment until you have scheduled surgery with Jessica, our care coordinator as this needs to be performed during a particular time frame. In some instances, you may need further testing further specialized testing prior to surgery (for example with a cardiologist)
- **Make a post-operative appointment**
 - We request that you follow up to clinic 2-3 weeks following your surgery. At that time, you will see Dr. Szalapski's Physician Assistant, Tracy. Typically at this appointment, we will remove sutures, assess wound healing, check your range of motion, and give you therapy exercises to perform at home.
- **Taking time off work**
 - This varies between patients and the type of job you have. Typically, patients need a minimum of 3-4 months off work if they have a physical job. If a patient has a desk job, they may be able to return to work earlier. If you need paperwork filled out for your employer, please bring this to the office prior to your surgery and avoid bringing any paperwork to the hospital or surgery center.
- **Preparing your house for your return after surgery**
 - This is an outpatient surgery which means that you will be returning home following the procedure. There are some things we recommend doing prior to surgery to make your transition back to home easier. These include removing tripping hazards (such as throw rugs), preparing for meals for after surgery and moving items you use regularly to a place that is easy to access. In addition, it is often helpful to wear loose clothing such as sweat pants that can fit over your brace. You will need to have a ride to and from the surgery center and should have someone staying with you at least 24 hours following surgery.
- **Medications to have at home**
 - Extra-strength Tylenol and oral anti-inflammatories (Advil, Ibuprofen, Aleve etc.)- are great to help supplement your pain control regimen. Please note that you **SHOULD NOT** use Advil, Ibuprofen, or Aleve if you have a history of stomach ulcer or kidney disease.

- **Stool Softeners** - Many patients develop constipation following surgery from a combination of narcotic pain medications and being sedentary. Constipation can be alleviated by getting up to walk frequently, drinking plenty of water and having a diet rich in fiber (wheat bran, oats, fresh fruits and vegetables). Miralax (which can be purchased over the counter) is also helpful. Follow the directions on the package. If you have developed constipation from previous narcotic use or continue to have difficulty with these over-the-counter options, let us know.

DAY OF SURGERY

- You will receive notification from the hospital or surgery center prior to surgery when to arrive on the day of surgery. On the day of surgery, you will meet with Dr. Szalapski in the pre-operative area for any last minute questions prior to surgery. An anesthesiologist will also meet with you to review your history and discuss anesthesia.
- Surgery will typically take 1-2 hours. This time includes getting you positioned, time for anesthesia, and the actual procedure.

AFTER SURGERY

- In order to protect your hamstring repair, you should wear the hinged knee brace locked in 60 degrees of flexion **at all times for 6 weeks from surgery.** You will also be non-weight bearing on your surgical extremity at all times. Failure to observe this precaution may cause your repair to fail.
- You will not be able to sit without a lot of discomfort for at least the first 2 weeks after surgery. Please be sure you have a comfortable place to rest when you get home.
- We recommend that you take a “6-pack” immediately when you start to feel pain getting out of control in the first 24 hours after surgery. This will help you stay ahead of the pain. The 6 pack includes:
 - 2 narcotic pain medications (typically Oxycodone or Dilaudid)
 - 2 Tylenol
 - 2 anti-inflammatories (such as Ibuprofen or Advil)- DO NOT use these medications if you have a history of stomach ulcer or kidney disease
- Try to keep your incision(s) clean and dry following surgery. No baths.
- Ice frequently. We recommend the ice be on at least 20 minutes on and 60 minutes off (to protect skin from being frozen), a minimum of 3 times a day. This can be repeated as often as you need.

TREATMENT PLAN

- In order to protect your hamstring repair, you should not straighten your leg, or flex at the hip more than 90 degrees. Also, you will be strict non weight bearing at all times. Failure to observe this precaution may cause your repair to fail. Remain in knee brace at all times to stop any movement.
- Perform ankle range of motion exercises to prevent stiffness. This is performed by simply lifting the foot up and down like you are pumping a gas pedal.
- Try to wean off narcotic pain medication as soon as tolerated. You may supplement with Tylenol or Ibuprofen as needed. You should expect swelling in the operative extremity, which often develops in the hand. Continue to ice often. DO NOT USE IBUPROFEN if you have a history of stomach ulcer or kidney problems.
- Plan to follow up in clinic two weeks after surgery for staple/suture removal, evaluate your recovery and any questions you may have.

Week 0 – Week 6

- In order to protect your hamstring repair, you will be in a brace at all times and non-weight bearing for 6 weeks. Failure to observe this precaution may cause your repair to fail.
- Follow up in clinic at weeks 2 for further evaluation and for a referral to begin formal physical therapy, typically starting at 4-6 weeks from surgery.

Week 6 – Week 12

- Brace adjusted to allow some mobility at the knee.
- Start formal physical therapy including range of motion exercises and progressive strengthening as directed by your physical therapist.
- Transition back to daily activities such as driving. Keep in mind, that with the right lower extremity this will take between 6-8 weeks.
- Follow up at week 12 for further evaluation.

Week 12 and Beyond

- Continue working with physical therapy, begin strengthening exercises.
- Transition back to work and other activities as tolerated.
 - Most patients are back to normal activities around 6 months postop although this can take up to one full year.

Should any question arise before or after surgery, please call us!

Jessica - Care Coordinator for Dr. Szalapski: 952-456-7199

Tracy - Physician Assistant for Dr. Szalapski: 952-456-7194