



TWIN CITIES ORTHOPEDICS

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POST-OPERATIVE INSTRUCTIONS

Proximal Hamstring Repair

Activity

- Try and rest the first few days following surgery. When sitting or lying down be sure to keep your leg elevated up above the level of your heart to help decrease swelling.
 - **Ice** can be used as much as possible for the first 3-4 weeks to help decrease swelling. [please see "medication" section for more information on icing]
 - Crutches and the knee brace locked at 30 degrees of flexion should be used during the first several weeks after surgery to protect the hamstring repair. You will be instructed when to formally discontinue them.
 - Your brace should be locked at 30 degrees of flexion while standing or walking. The brace must also be worn at night while sleeping. When sitting you can have the knee flexed to 90 degrees.
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- You will be **toe-touch weight bearing**, ambulating with the assistance of crutches at all times for the first 4 weeks after surgery
 - Week 5: 30% partial weight bearing
 - Weeks 6: 80% partial weight bearing and transitioning to weight bearing as tolerated with weaning from crutches
 - Week 7 +: full weight bearing
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- Return to work varies on the patient and the type of job. On average, patients may need anywhere from 1-2 weeks off of work for a safe recovery. Return to heavy labor or excessive ambulatory activities will be determined by Dr. Murar.
 - Driving is not recommended for the first 2 weeks following surgery and contraindicated when taking narcotic pain medication.

Dressings

- Dressing should remain in place for 7 days. You can shower with the dressing on as it is waterproof. After 7 days, it is okay to remove the dressing. You can then shower with the dressing off after day 7 but do not scrub at the incision site.
- Please **DO NOT BATHE, HOTTUB, OR SOAK/SUBMERGE THE INCISION IN WATER** as this can increase risk of infection. Wait one month from surgery or until you are directed to do so.
- Small amounts of bloody drainage, numbness at incision site, swelling, and bruising are normal findings following surgery.
- Do not use bacitracin or any ointments under band-aids. Avoid any lotion or creams applied directly over the incision for one month after surgery to ensure proper healing.

Medication

- You have been prescribed one of the following **pain medications**:
 - Oxycodone – Please take 1 tab every 4-6 hours as needed for pain.
 - Ultram – Please take 1 tab every 6 hours as needed for breakthrough pain
- In addition to narcotics it is advised that you take scheduled **NSAID (non steroidal anti-inflammatory)** and **Tylenol** (alternating) for the first three days and then as your pain gradually improves you will wean off the narcotics and take NSAID/Tylenol on an as needed basis.
 - **Tylenol (Acetaminophen)** – take no more than 4,000 mg in a 24 hour period. Do not take if you have liver disease.
 - **Ibuprofen (Advil)** – take no more than 2,400 mg in a 24 hour period. Do not take if you have kidney disease, history of ulcers, or GI bleeds.
 - **Naproxen (Aleve)** – if you prefer this over the counter NSAID over Ibuprofen/Advil you may take this instead. **DO NOT TAKE BOTH IBUPROFEN & NAPROXEN** as this increases your risk for toxic side effects. Please take no more than 1,500 mg of Naproxen in a 24 hour period. Do not take if you have kidney disease, history of ulcers, or GI bleeds.
- **ICE** – while you are resting place cold ice packs on your leg for 15-20 minutes at a time. Place a clean, dry towel or pillowcase between your skin and the cold pack. Ice can be used as much as possible for the first 3-4 weeks to help decrease the swelling.
- You have also been given a prescription for **enteric coated Aspirin 325 mg** which you should take once daily with food to decrease the risk of post-operative blood clot formation.
- You may have also been given a prescription for **Senokot** to take 2 tabs daily as needed for constipation. Sedation during surgery, narcotic medications, decreased fluid intake, and decreased activity all contribute to constipation. If you find that you are still constipated despite the Senokot medication, there are other over the

counter medications that you can try: Miralax, Fleet enema, or bisacodyl suppository.

- If you have any side effects (i.e. Nausea, rash, difficulty breathing) from medication discontinue its use and call our office.

Physical Therapy

- Schedule Physical therapy to begin approximately one week after surgery. If you have not yet made your appointment by your 2-week post operative appointment you will receive a referral for PT (physical therapy) then.

Follow Up

- You have likely already been scheduled for your first post-operative visit. If you have not received an appointment please contact the office to schedule an appointment for 10-14 days after your surgery.
- You will be seen by Dr. Murar or his Physician Assistant – Katie Peterson. Your first post-operative visit will include a review of your intra-operative findings, checking the healing of the incision and removing any sutures if needed, and to go over any questions you may have.
- Call the office immediately if you develop a fever (>101.5), chills, excessive drainage from the incision, calf pain, or persistent lower extremity numbness.
- If you have any questions or concerns please feel free to call the office.

Exercises

- You can **perform the following exercises 3-5x per day** to help strengthen your muscles (these should be performed with your brace on)

1) Ankle pumps. Point, then flex both feet. Do this 30 – 50 times per set.



2) Passive knee ROM. While seated in a chair, work on bending the knee of your surgical leg while using your non-operative leg to help. Do not fully extend (straighten) the leg out while seated. Place your non-operative ankle over your surgical ankle/shin and gradually pull back (or towards you) to bend the knee to 90 degrees. Then place non-operative foot behind your surgical ankle and push away from you to straighten knee back to 30 degrees. Work on bending knee from 90 degrees in the knee brace.



