



### Eric Busse, M.D.

1000 W. 140<sup>th</sup> St Suite 201 Burnsville, MN 55337

P: 952-808-3000 | F: 952-679-7635

[www.TCOmn.com](http://www.TCOmn.com)

Emily Speiker, Dr. Busse's Care Coordinator | P: 952-838-0632

## Proximal Hamstring Repair Post-Operative Instructions

### ACTIVITY

- **Rest for the first few days** following surgery. When sitting or lying down try to keep your leg elevated up and above the level of your heart to help decrease swelling.
- **Utilize ice** as much as possible for the first 3-4 weeks to help decrease swelling (15-20 minutes 3-4 x daily)
- Crutches and a knee brace will be utilized following surgery. The brace will be locked at 30 degrees of flexion while walking or standing. Brace is to be **worn at all times** (including sleeping) except for hygiene. When sitting you can flex the knee to 90 degrees.
- Initially following surgery you will be **partial weight bearing on the operative extremity (25%)**, ambulating with the assistance of crutches at all times for the first 4 weeks following surgery.
- At your two week postoperative appointment you will be advanced to 50% weight bearing
- After 6 weeks you will be advanced to weight bearing as tolerated and will start weaning from crutches.
- Returning to work varies from patient to patient, depending on type of job. In general, patients will take anywhere from 1-2 weeks off work following surgery. Return to lifting, heavy labor, or excessive ambulatory activities will be determined by Dr. Busse.
- Driving is not recommended for the first 1-2 weeks following surgery. No driving permitted while still taking narcotic pain medication.

### DRESSINGS

- Dressing should remain in place for **at least 7 days** following surgery. You can shower with the dressing on as it is waterproof. After 7 days, you may remove the dressing. Otherwise, you can leave intact until your 2 week postoperative appointment. You can shower with the dressing off after day 7 but do not scrub or pick at the incision site.
- **DO NOT bathe, hottub, soak, or submerge the incision** in water for at least 4 weeks following surgery. This can increase the risk of infection.
- Small amounts of bloody drainage, numbness at the incision site, swelling and bruising are normal following surgery.
- **Do not use** any bacitracin, ointments, or any creams over the incision for at least 4 weeks following surgery.

## MEDICATION

- You will be prescribed **oxycodone** prior surgery. Please take 1-2 tabs every 4-6 hours as needed for pain.
- In addition to narcotic pain medication it is recommended that you take **scheduled NSAID (non-steroidal anti-inflammatory)** and **Tylenol**. These medications can be alternated throughout the day for the first five days. As your pain improves you will wean off the narcotic pain medication and take the 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, GI bleeds, or if you are currently on a blood thinner.
- You may be given a prescription for enteric coated **Aspirin 325 mg** which you should take daily with food to decrease the risk of postoperative blood clot formation.
- You may also be given a prescription for **Senokot** which is to be taken 1-2 tabs daily as needed for 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 biscodyl suppository.
- If you have any side effects (ie. Nausea, rash, difficulty breathing) from medication discontinue use and call our office.

## FOLLOW UP

- You have likely already been scheduled for your first postoperative 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. Busse's Physician Assistant—Ashley Roerig. Sutures will be removed, if necessary, at that time. You will also be able to go over any questions you may have.
- Call the office immediately if you develop a fever (>101.4), chills, excessive incision drainage, calf pain, or persisting leg numbness.
- If you have any other questions or concerns, please feel free to call the office.

## PHYSICAL THERAPY

- If you have not already scheduled your physical therapy appointments, please call 952-808-3000 to schedule. Make your first PT appointment within 7-10 days after surgery.
- PT expectations/guidelines: You will be partial weight bearing, brace use required for 6 weeks after surgery. Only remove the brace for hygiene, keep hip flexed to 90 degrees and knee bent at 90 degrees. For **Week 1-4**: Brace will be locked at 30 degrees of knee flexion (Gentle PROM allowed from full flexion to 30 degrees, DO NOT force). At **Week 6** you may return to weight bearing as tolerated and wean from brace use. During PT you will work on gentle ROM and progress as tolerated (DO NOT force). **Week 8** you may also start functional strengthening, isolated hamstring resisted strengthening and return to activities as tolerated.