

POSTOPERATIVE INSTRUCTIONS PROXIMAL HAMSTRING REPAIR

1. DIET

- Begin with clear liquids and light foods (Jell-o, soups, etc.)
- Progress to your normal diet if you are not nauseated

2. WOUND CARE

- Maintain your operative dressing, loosen bandage if swelling of the foot or ankle occurs.
- It is normal for the knee to bleed and swell following surgery – if blood soaks onto the bandage, do not become alarmed – reinforce with additional dressing.
- Remove surgical dressing on the **2nd** post-operative day – if minimal drainage is present, apply waterproof band-aids over incisions and change daily.
- To avoid infection, keep surgical incisions clean and dry – you may shower by placing waterproof Band-Aids over incision areas. Please remember to change Band-Aids daily.
- NO immersion of operative leg (i.e. bath) *Brace may come off to shower.

3. MEDICATION

- **Do not drive a car or operate machinery while taking the narcotic medication**
- Pain medication is injected into the wound and knee joint during surgery – this will wear off within 8-12 hours.
- Most patients will require some narcotic pain medication for a short period of time.
- Primary Medication = Oxycodone
 - Take 1 – 2 tablets every 4 – 6 hours as needed
 - Max of 12 pills per day
 - Plan on using it for 2 to 5 days, depending on level of pain
- Common side effects of the pain medication are nausea, drowsiness, and constipation – to decrease the side effects, take medication with food.
- If constipation occurs, consider taking an over-the-counter laxative such as prune juice, Senekot, Colace, or MiraLAX.
- If you are having problems with nausea and vomiting, contact the office to possibly have your medication change, email/call Dr. Waterman.
- For nausea, take prescribed Zofran / Phenergan.
- Ibuprofen 600-800mg (i.e., Advil) may be taken in between the narcotic pain medication to help smooth out the postoperative “peaks and valleys”, reduce overall amount of pain medication required, and increase the time intervals between narcotic pain medication usage.

4. ACTIVITY

- USE CRUTCHES to maintain TOE TOUCH WEIGHT BEARING with the brace locked at 45 degrees.
- Avoid hip flexion coupled with knee extension.

- Elevate the operative leg to chest level whenever possible to decrease swelling.
- Do not engage in activities which increase knee pain/swelling (prolonged periods of standing) over the first 7-10 days following surgery.
- Avoid long periods of sitting (without leg elevated) or long distance traveling for 2 weeks.
- May return to sedentary work ONLY or school 3-4 days after surgery, if pain is tolerable.

5. BRACE

- Your brace should be worn locked at 45 degrees at all times (day and night) until otherwise informed by the physician after the first post-operative visit.
- Remove brace for shower, be cautious about knee extension with hip flexion.

6. ICE THERAPY

- Begin immediately after surgery
- Use icing machine continuously or ice packs (if machine not prescribed) every 2 hours for 20 minutes daily until your first postoperative visit – remember to keep leg supported while icing
- DonJoy Ice Machine “Game ready”/Vasothermic device may be used.
 - Use unit as frequently as tolerated x 14 days
 - Unit is programmed hour on/hour off continuous of compression and ice alternating

7. EXERCISE

- Begin exercises 24 hours after surgery (quad sets, and ankle pumps, abdominal isometrics) unless otherwise instructed.
- Passive knee ROM can be done with no hip flexion
- Discomfort and stiffness are normal for a few days following surgery
- Complete exercises 3-4 times daily until your first postoperative visit
- Do ankle pumps continuously throughout the day to reduce the possibility of a blood clot in your calf (extremely uncommon).
- Formal physical therapy (PT) will begin 7-10 days after surgery. Please contact you PT location of choice after surgery to schedule appointments

8. EMERGENCIES

- Contact Dr. Howard or his staff at 831-648-7200 if any of the following are present:
 - Painful swelling or numbness
 - Unrelenting pain
 - Fever (over 101° - it is normal to have a low grade fever for the first day or two following surgery) or chills
 - Redness around incisions
 - Color change in wrist or hand

- Continuous drainage or bleeding from incision (a small amount of drainage is expected)
- Difficulty breathing
- Excessive nausea/vomiting
- **If you have an emergency after office hours or on the weekend, contact the same office number (831-648-7200 and you will be connected to our page service)
- **If you have an emergency that requires immediate attention, proceed to the nearest emergency room.

9. FOLLOW UP CARE + QUESTIONS

- Typically the first post-operative appointment following surgery is 10-14 days following surgery
- If you do not already have a postoperative appointment scheduled, please contact the office during normal office hours (831-648-7200) and ask for appointment scheduling.
- The first post-operative appointment will be with Dr. Howard where he will assess the wound, go over post-operative protocol, and answer any questions you may have regarding the procedure