



Orthopedic Surgery • Sports Medicine
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Post-Operative Instructions – Proximal Hamstring Tendon Repair

Bandages & Ace Wrap:

Your post-operative dressing has two layers. First, your incisions were closed with stitches and covered with small white tapes called Steri-Strips. Your Steri-Strips should be left in place until your sutures are removed about 2 weeks after surgery. The second layer is a padded dressing which protects the incision, keeping it clean and dry.

A white fluffy dressing plus a long Ace wrap was wrapped around your leg from the foot up to your thigh. We wrap the whole leg so the swelling does not settle in your foot and ankle.

We will remove the dressings and replace them with fresh new ones a few days after surgery. Once your dressings are removed in the office, you will need to replace the padded dressing daily after showers until your stitches are removed.

Ice:

The best way to minimize swelling after surgery is with the frequent application of ice. The ice pack should be large (like a big zip-lock bag) and held firmly around the back of the hip and thigh. Ice your leg 20 to 30 minutes every 1-2 hours for the first 3 to 4 days. Also, use it after physical therapy or times of increased activity for the next several weeks.

Washing & Bathing:

You will be seen in the office a few days after surgery. Until this time, keep the dressings clean and dry to avoid issues with incision healing. You may shower by covering the dressing with plastic. Once your dressings are changed in the office, you can shower without covering your hip. You can use soap on your leg and over the Steri-Strips. This shower should be quick. Do not take a bath or use a swimming pool until 1 month after surgery. Because lake and ocean water contain bacteria, avoid these for 6 weeks after surgery.

The yellow discoloration you will find on your leg is a long lasting surgical prep called DuraPrep. This is used because it will kill bacteria on your skin hours longer than old fashion iodine surgical preps. This yellow discoloration will not come off with soap and water, instead you will need rubbing alcohol to remove it. This should be avoided until your first office visit unless it is causing your leg to itch, then it can be removed sooner.

Walking & Crutches:

Your physical therapist will give you instructions regarding how to use your crutches safely and weight-bearing restrictions. Almost all patients transitioned off of crutches after 6 weeks, depending on your surgery.

Physical Therapy

Most patients will have seen the physical therapist at least once prior to surgery. This is so you can start the rehabilitation process right away. At this appointment, your therapist will teach you exercises that will be important to do regularly before surgery and right after surgery. Regular physical therapy will begin after your first office visit, and you will start range of motion, gait, and strength exercises on your first visit.

Follow up appointment:

I want to see my patients in the office 3 to 4 days after surgery. Sometimes I find other issues with your hip or thigh that we did not anticipate. When these unforeseen circumstances occur, I may want to see you in the office sooner than originally planned.

Pain Medications:

I will usually prescribe multiple medications for the control of your post-operative pain. Please read the Surgical Pain Medicine Guide to help understand your post-surgical pain medications. During surgery, I will often inject a painkiller, like novocaine, that will give some pain relief for several hours after surgery. It is important to begin to take your pain pills before this medicine wears off.

Oxycodone is a strong narcotic pain medication. It will begin to work within 15 minutes after taking it with a maximal effect in one to two hours. Narcotic medications like Oxycodone can cause nausea or an episode of vomiting. Take the medicine with a little food, start with just one pill, and be patient while the medicine begins to work. Usually, after the first few doses, the nausea goes away. If you take a full dose of this medication for more than 4 or 5 days it can lead to constipation. Normally, Oxycodone is taken every 6 hours but if the pain is severe, it can be used every 4 hours. Remember, narcotic pain medications do have addiction potential with prolonged use.

DVT Prophylaxis – Prevention of Blood clot following surgery:

The risk of a leg blood clot following this surgery is rare. The majority of patients that suffer this complication usually have a prior history of a blood clot, a positive family history of DVT, or other unusual risk factors. The medical literature is unclear what method of prevention is best and you will find that each surgeon does this a little different.

- Take one 81mg aspirin every day for 30 days
- Take one 325mg aspirin every day for 30 days
- Take one 325mg aspirin twice a day for 30 days

What to watch out for:

- Pain that is increasing every hour in spite of the pain medication
- Pain or swelling in your calf
- Fever greater than 101°

- Increasing pain with walking
- Unable to keep food or water down for more than one day

Who to Call for Questions and Problems:

If you are having problems or have questions, please call our office at 813-684-3707 (Brandon/Riverview office) or 813-633-0286 (Sun City office) and our nurse will help you. We realize the after surgery some problems or questions are urgent and can not wait until normal working hours. Under these circumstances please call 813-684-3707 anytime (24 hours a day, 7 days a week) and the doctor on-call or I will return your call. If you do not receive an answer within 20 minutes there may be a problem with the beeper so please call again. If an emergency were to occur you can always go straight to the emergency room for immediate attention.

Driving:

You can resume driving after surgery as long as you meet the following precautions. First, you must be weight bearing as tolerated with or without crutches. This ensures that, in the case of an emergency, you can remove yourself from the car safely. Second, you have stopped taking the narcotic pain medication. Third, you should not drive until the pain in the hip and thigh has decreased to a tolerable level and you have more than 90 degrees of motion. The first time you drive, test your skill in an empty parking lot with another passenger.