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Instruction Sheet following Proximal (Upper) Hamstring Repair Surgery

Showering:

You may shower at any point following surgery, however, you **MUST** make sure that your waterproof post-operative dressing is sticking and that you are using a seat in the shower. Remember, you should not be putting any weight on the operative leg at any time. You have the option to take off the brace off or to cover it with a waterproof bag while in shower; either way, you should be seated. Please use **CAUTION!!** Be careful not to slip and fall. The effects of anesthesia and/or medication may make you drowsy or light-headed. Do not submerge your sutures (stitches) in a bathtub, hot tub, or pool until the doctor tells you it is okay to do so. Once you are done showering pat the wound dry and replace the brace if you have removed it.

Brace:

The knee brace given to you immediately after surgery must be worn at all times locked at 30 degrees (a slight bend in the knee). This is to make non-weight bearing easier. You may take the brace off when doing physical therapy exercises. Brace hinges should be at the level of the kneecap. You may loosen or tighten the brace straps as necessary, but it should be snug. You will need to wear the brace for about 6 weeks. Avoid hip flexion (bringing your knee towards your chest) and knee extension (straightening your knee) until advised otherwise.

Crutches:

Post-operatively, you must be non-weight bearing with crutches, locked in your knee brace. Use the crutches in order to ensure you are not putting weight on your operative leg. Please ensure that your brace is fitting well and is kept locked at 30 degrees until instructed otherwise.

Dressing:

Leave the dressing in place until you are seen in the office at your first post-operative visit.

Ice and Elevation:

You can ice as often as possible to reduce swelling and discomfort. Do not ice more than 20 minutes at a time. Let the back of your leg warm up for about 20 minutes before reapplication. When you are not ambulating, you should elevate your leg as much as possible with a pillow under your knee. Do not have your knee in full extension (fully straightened). Try to elevate the leg as much as possible to reduce swelling.

Medication:



You will be given pain medication that should be taken as prescribed. Please note that narcotic pain medication may cause constipation. Please remember to take stool softeners (Colace) when using narcotics to help reduce the chance of constipation. You should not use alcohol together with narcotic medication. Do not drive or operate complex machinery while taking narcotic medication. Please note that most narcotic pain medications have side effects that may include nausea, vomiting, sedation, and/or dizzy spells. If you experience any of these side effects to a severe extent, you should contact our office. When your pain is well controlled (2 days to 2 weeks post-op), you may transition yourself to an anti-inflammatory and Tylenol.

You will also be discharged with a blood thinner, Aspirin 81mg, to prevent blood clots. You should take this medication twice a day for 14 days. It is important not to miss any doses of this medication. Please note that this medication may cause an upset stomach or acid reflux. If this occurs, you may take an over the counter proton pump inhibitor such as Prilosec, Prevacid, or Nexium to help alleviate these side effects.

You should restart all of your prescription medications once discharged unless specifically instructed otherwise.

Follow-up visit:

You need to see the doctor about 10-14 days following surgery for your first post-op visit. At that time your sutures (stitches) will be removed.

Common Concerns:

1. Numbness around the incision site is a result of a disruption of a superficial nerve during the operative procedure. Most of this will resolve over time but a small area the size of a quarter usually remains numb. This is unavoidable because of the proximity of the nerve to the incision.
2. A sudden rush or feeling of fullness with pain in the leg, knee, or foot when going from a sitting to a standing position in the knee is common after surgery.
3. Bruising and/or swelling of the back of the leg, knee, and shin are common after surgery. To relieve this discomfort it is best to ice and elevate the leg.

Please call if:

1. If at any time you have discomfort, hardness, swelling, or redness in the calf (behind the leg between the knee and the ankle) please call the doctor immediately.
2. Any oozing or redness of the wound, fevers (>100.3 degrees F), or chills.
3. Any difficulty breathing or heaviness in the chest.

REMEMBER - these are only guidelines for what to expect following proximal hamstring repair surgery. If you have any questions or concerns please do not hesitate to call the office.