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SPECIALIZING IN SHOULDER & KNEE SURGERY

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Post-operative Instructions: Proximal Hamstring Repair

Bandages : Your hip will have a waterproof bandage over the wound after surgery. It is not uncommon for the bandage to become soaked from the inside out with reddish fluid. This is because there is a great deal of fluid/blood associated with this type of injury and some of it may leak out afterwards. Do not submerge your hip in water (i.e., no bathtubs, hot tubs, swimming pools) until wounds are fully healed (usually 10-14 days). Do not remove this bandage prior to your first post-op appointment with Dr. Rudzki. He will take it off at this time. You may shower with this bandage on, however be careful per the weight bearing and bracing instructions outlined below.

Ice: If you will be using a Game Ready, Polar Care or other cooling device after surgery, you will be discharged home with the wrap on your hip. You may set this at any level of temperature and or compression that is comfortable. If you do not find it comfortable, you may remove it and use a bag of ice, or nothing at all. You should keep a layer of clothing between the device and your skin. In general, the more you use this device, or a regular bag of ice, the less pain you will have in the first few days following surgery. As more time passes following surgery, cooling becomes less helpful. After the immediate post-operative period, you will likely find it most helpful after you do your therapy exercises or after exertion.

Knee Brace: This brace should be worn 24/7 until otherwise told by Dr. Rudzki. You will wake up from surgery with it on. It should be locked at 30 degrees flexion, which should be pre-set when you are fitted for the brace prior to surgery. Do not adjust these settings. You may take the brace off to shower, however you should be very careful to NOT fully extend your leg or put full weight on the operative leg. Please see the Hamstring Protocol for more specific instructions on this knee brace.

Things to watch out for: It is normal for you to have soreness around your hip after surgery. Some patients will have some numbness or soreness in your groin and/or foot from the traction used at surgery. This will resolve on its own. It is also not uncommon to have some numbness on the side of your thigh after surgery. This is due to surgical irritation of branches of a sensory skin nerve to your thigh. This is also normal and usually resolves with time.

Contact Dr. Rudzki if you have any of these symptoms:

a large amount of bleeding through the dressing, excessive dizziness, excessive vomiting, fever over 101.5, redness and swelling, foul smelling discharge, excessive pain, chest pain, shortness of breath

If you are unable to contact Dr. Rudzki or one of his associates, please go to the nearest Emergency Room

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Take these medications after surgery:

1. **Percocet (generic called oxycodone/acetaminophen)**- Take 1-2 every 4 hours if needed for pain. It is best to stop this medication as quickly as possible--usually within 1-3 days after surgery. This medication will cause constipation. Drink plenty of liquids, take a stool softener such as **colace**, supplemental fiber such as **metamucil**, and/or a laxative such as **miralax** when taking this. It is not uncommon for this medication to cause itching and upset stomach and to generally make you feel lousy. Stop it as soon as you can. Do not drive a car or operate machinery while taking narcotic pain medications. Do not drink alcohol while taking this medication.

For various reasons, you may be prescribed a different pain medication. The same instructions apply.

2. **Zofran** - Take 1 every 8 hours if needed for nausea. It is not uncommon to have some nausea after anesthesia. Many patients do not need to take this medication at all, but if you do, you will likely only need it for the first several hours (up to 24 hours) after surgery.

Other medications which you may have been prescribed:

1. **Aspirin 650 mg daily.** This is given to reduce the chance of getting a blood clot. You should take this everyday for 14 days following surgery. It doesn't matter if you take this by taking two 325mg pills at once or one 325mg pill twice per day. If you can find the Aspirin in 1 pill of 650mg strength you may take this once a day. You should take this for 2 weeks starting the day after surgery.

Sequential Compression Devices (SCDs)

You may have been given these to prevent blood clots. These devices go on your legs after surgery. You should wear them when you go to bed or will be immobile for a prolonged period of time in the first 2 weeks after surgery. You should use them for at least 8 hours per day. You may wear them while in the CPM machine and or the cooling machine.

Getting around

Crutches You will be only partial weight bearing with crutches for the first 6 weeks after surgery with the foot flat. You will also be wearing the knee brace locked at 30 degrees flexion for the first 6 weeks. You should not ambulate without the use of both devices unless otherwise cleared by Dr. Wolff in the first 6 weeks after surgery.

Positioning, sitting, sleeping, etc. You may sit or sleep in any position that is comfortable for you as long as your knee stays in 30 degrees flexion. It is our advice to keep the brace on at all times to ensure your leg remains flexed at 30 degrees and avoid compromising positions until you are told otherwise.

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Ankle Pumps: Ankle pumps are to be done during the time which you are on crutches and relatively sedentary. They can be done with the leg elevated, lying down or sitting. Flex the ankle of the operative leg toward the knee as far as possible and hold for five seconds. Then push the ankle down like stepping on the accelerator pedal of a car and hold this for five seconds. Repeat this motion ten times, and do these in sets of ten as often as possible during the day (at least ten times a day).

Going back to work: If you work in a relatively sedentary job, you will typically be able to get back to work within 2-3 weeks on crutches. You should be certain that your employer is aware that it may be a rough road of returning to work as comfortable positions conducive to work will be difficult to find in the first couple of weeks.

Physical Therapy: Appropriate physical therapy is important to the success of your surgery. Physical therapy can be started after your first post-op visit with Dr. Rudzki. We recommend that you set up appointments the day of or the day after your first post-op visit with us. If he then recommends you wait longer, you may just cancel these. You should plan on working with a therapist 2 times per week for a minimum of 12 weeks. There is a very specific post-op protocol that you will be given before surgery so can be educated on what to expect for post-op recovery. It is a general guideline and will likely be adjusted based on your individual recovery

Contact our office if you have any questions:

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