

Postoperative Instructions: Proximal Hamstring Repair

Please read these instructions thoroughly. Most of your questions will be addressed here. The first page is a summary. You can find additional details on the following pages. Following these precautions will help minimize complications and address concerns about your surgery. Additional information can be found at www.bradleysmithmd.com.

SUMMARY PAGE

Weight-bearing status: Touchdown weight-bearing with crutches.

Range of Motion: Avoid hip flexion with knee extension. Do not exceed 45 degrees of hip flexion.

Medications:

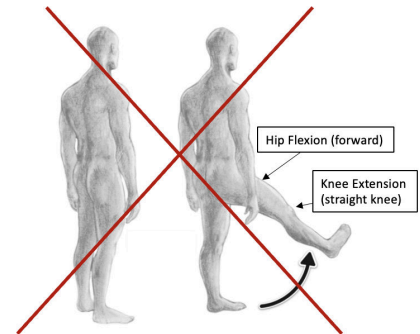
Oxycodone 5 mg: 1-2 tabs by mouth every 4-6 hours as needed for severe pain.

Methocarbamol 750 mg (optional): 1 tab by mouth every 8-12 hours as needed for muscle spasms.

Tylenol 325 mg: we recommend 2 tabs (650 mg) every 6 hours until your pain is low enough for you to switch to taking this as needed.

Aleve 220 mg (Naproxen): we recommend 2 tabs every 12 hours for the first 5 days after surgery.

Aspirin 81 mg: 1 tab two times per day for 2 weeks to reduce the risk of blood clots.



Pain control:

You likely received a nerve block for postoperative pain control. We recommend that you start your pain medication when you get home from the hospital. Continue the medication for the first 1-2 days until the block wears off and you have a better idea of how you will handle the pain. Use **ice** as much as possible to help with pain and swelling.

Dressing:

You may remove the tape/gauze dressing 2-3 days after surgery. If you have steri-strips or mesh tape underneath, leave them in place over the incisions until your first appointment.

Follow up: 10-14 days



Pain Control and Medications

You may have received a nerve block or a local anesthetic injection to help with pain control. This will likely wear off 12-24 hours after surgery. You should start taking pain medication when you get home and before you go to sleep so that you have something working before the block wears off. Otherwise the pain can be difficult to control. Typically, pain is the worst during the first 2-3 days after surgery before starting to subside.

Medications:

Prescription:

- Oxycodone 5 mg: this is a strong narcotic medication. You may take up to 1-2 tablets every 4-6 hours AS NEEDED for the first few days after surgery. After 2-4 days, you should be able to space out or discontinue this medication. Do not drive or drink alcohol while taking this medication.
- Methocarbamol 750 mg: this is a muscle-relaxer that can help with muscle spasms and pain. Be careful taking this medication with narcotic pain medications, as they both can cause drowsiness. Do not drive or operate heavy machinery while taking.

Over-the-counter:

- Tylenol (Acetaminophen) 325 mg: this is a strong non-narcotic medication for pain. You should take 2 tablets (650 mg) every 6 hours. This can be taken with the oxycodone, and can reduce the amount of oxycodone that you need to reduce your pain.
- Aleve (Naproxen) 220 mg: this is a strong anti-inflammatory medication. We recommend that you take 2 tablets (440 mg) every 12 hours with meals for the first 5 days after surgery. Do **NOT** take this medication if you have a history of gastric ulcers or sensitivity to other anti-inflammatory medications.
- Aspirin 81 mg: this medication is to help prevent blood clots after surgery. Please take 81 mg two times daily for a total of 2 weeks after surgery.

If you have any side effects (i.e. nausea, rash, trouble breathing) from a medication, discontinue its use and call our office. Constipation is common after surgery and while you are taking narcotics for pain control. Drink plenty of clear liquids, and consider using an over-the-counter stool softener such as Docusate or Miralax.



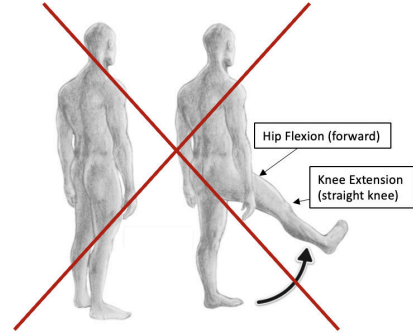
Office: (801) 747-1020

Fax: (801) 747-1023

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Activity

- Try and rest for the first few days following surgery.
- **Ice** should be used as much as possible for the first 3-4 weeks to help decrease swelling.
- **Touchdown weight-bearing with crutches for the first 2 weeks.**
 - You may put your operative foot down for balance, but do not put any weight on it.
- Avoid active hamstring contraction (knee flexion or hip extension).
- Avoid hip flexion with knee extension. Do not exceed 45 degrees of hip flexion.
- Return to (sedentary) work or school the day after surgery if pain is tolerable. Return to heavy labor or excessive ambulatory activities will be determined by Dr. Smith.



Physical Therapy

- Physical therapy is necessary after your surgery. You should plan to start physical therapy within 1 week of your surgery, and you may begin within a few days if you would like.
- It is recommended that you have your first physical therapy scheduled by the time you have your surgery.

Wound Care and Showering

- It is normal for there to be bleeding and swelling following surgery – if blood saturates the dressing, simply reinforce with additional gauze dressing for the remainder of day and check again.
- Your dressing is waterproof. You may shower with the waterproof dressing.
- Do not soak the incision in water. Do not go swimming in the pool or lake/ocean until Dr. Smith tells you that you can do so.
- Maintain the dressing until your first follow up appointment.

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 10-14 days after your surgery.



- You will be seen by Dr. Smith for your first postoperative visit to review your intraoperative findings and to go over any questions you may have. Sutures will also be removed at that time.

Driving

- Do not drive a car or operate machinery while taking narcotic pain medication.
- In general, you can return to driving when you are able to walk comfortably without assistive devices.
- It is recommended that you test drive in a parking lot or somewhere else safe to make sure you can tolerate driving and braking safely.
- It can take 6 weeks or longer for your braking speed to return to normal after surgery.

When to call for help

Call 911 anytime you think you may need emergency care. For example, call if:

- You pass out (lose consciousness).
- You have severe trouble breathing.
- You have sudden chest pain and shortness of breath, or you cough up blood.
- You have severe nausea or vomiting.

Call the office if:

- You have pain that does not go away after you take pain pills.
- You have a fever over 101.3°F.
- You have loose stitches, or your incision comes open.
- Your incision keeps bleeding 3 days after your surgery.
- You have signs of infection, such as redness around the incision or pus draining from your incision.