

Dr. Andrew Wolff

5215 Loughboro Road St. 200
Washington DC, 20815
Phone: 202-787-5601 ext 616
Fax: 202-787-5606
E-Mail: drwolff.ma@wosm.com
Web: andrewwolffmd.com



PROXIMAL HAMSTRING

REPAIR DISCHARGE

INSTRUCTIONS

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. Wolff. 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.

- **Sequential Compression Devices**

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.

Knee Brace

This brace should be worn 24/7 until otherwise told by Dr. Wolff. 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 it's 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. Wolff at 202-833-1147 if you have any of these symptoms:

- A large amount of
- Bleeding through the dressing
- Fever over 101.5 degrees Redness and swelling Foul smelling or pus like discharge
- Your medications do not stop the discomfort
- Chest pain or shortness of breath
- If you are excessively dizzy
- Excessive vomiting

If you are unable to contact Dr. Wolff or one of his associates and the symptoms persist, go to the nearest emergency room.

Medications

Take this medication everyday for the first month following surgery:

Ibuprofen 800mg - take 1 pill 3 times a day with food. **YOU SHOULD START THIS THE DAY OF SURGERY AFTER YOU RETURN HOME FROM THE HOSPITAL.** Please note: depending on the time of your surgery, you may only take 1 or 2 pills the day of surgery. This will help with your pain and inflammation and will help prevent heterotopic ossification (an uncommon formation of bone within the soft tissues around your hip). Stop taking this if you having stomach pain. If you have a history of sensitivity to anti-inflammatories (also known as NSAIDs), ulcers or bleeding from your stomach or a history of kidney problems, then do not take and consult with Dr. Wolff.

a. For various reasons, you may be prescribed a different anti-inflammatory (**Mobic, Celebrex, Arthrotec, Naproxen, Indomethacin, etc**). The same reason for taking them and cautions apply.

Take these medications only if needed:

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. **Phenergan** (generic called promethazine) - Take 1 every 6 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 pills at once or one twice per day. You should take this for 2 weeks starting the day after surgery.
2. **Xarelto** (also known as rivaroxaban) **10 mg daily**: ***DO NOT START THIS UNTIL THE DAY AFTER SURGERY.*** This will help prevent blood clots. This is given instead of aspirin if you have an increased risk of getting a blood clot (taking hormones, family or personal history of blood clots, if you are a smoker, etc.) If you have a personal or

family history of a clotting disorder or a history of ulcers or bleeding from your stomach or a history of kidney problems, please consult with Dr. Wolff.

3. Omeprazole (also known as Prilosec) 20 mg daily: ***YOU SHOULD START THIS THE DAY OF SURGERY.*** This will help prevent stomach problems due to the anti-inflammatory medication.

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.

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).

Driving

Assuming you have a driver's license, you may drive as soon as you have stopped taking narcotic pain medications and can safely control your leg. This may take up to 6 weeks, do not rush back to driving as it not only puts you at risk for re-injury, but those around you as well. You should practice driving in an empty parking lot prior to driving on a street to be sure that you are safe to be on the road.

If you drive a stick shift, it may be a few additional weeks before you can drive. Just try it out first and see how you feel, if you have pain, wait and then try again a day or so later.

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. Wolff. 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. If you have not already received it, please contact Dr. Wolff's assistant so that she may provide it to you. The post-op hamstring repair protocol can also be found online at Dr. Wolff website: www.andrewwolffmd.com à "Hip Therapy" tab à "Post-op Hamstring Repair Rehab Protocol" PDF.

Follow up Appointments

You should schedule your first post-operative appointment for the immediate Monday following surgery (3-5 days). Your second post-op appointment will be the following week, 10-14 days from surgery, for suture removal. You should schedule both of these appointments prior to surgery with Dr. Wolff's assistant at Alexandra@wosm.com.

You should call the front desk to schedule your 6 week post-op appointment at 202-787-5601 option "0" prior to surgery as well in order to ensure the most convenient appointment for you. If you encounter a scheduling conflict - scheduling at weeks 5 or 7 is OK.

There will be additional post-op appointments within the first post-op year at undetermined time points based on your individual recovery, your travel, etc. Because our schedule books out very far, we ask that you schedule all future post-op appointments as soon as you are made aware. Unless told otherwise, you may adjust the timing of your appointment by a week or so to best accommodate between your and Dr. Wolff's schedule. It is our goal to make the entire surgical process as seamless and pleasant as possible for all patients and appreciate your understanding throughout!