

## PROXIMAL HAMSTRING TENDON RUPTURE INFORMATION PACKET

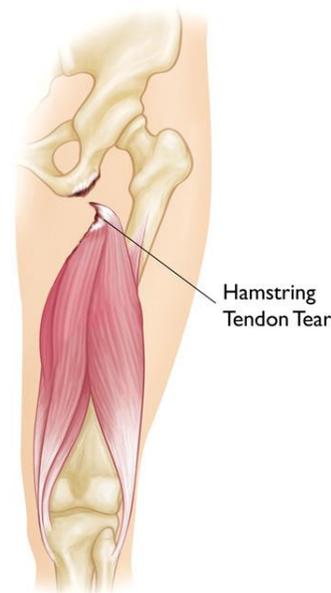
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## PROXIMAL HAMSTRING TENDON RUPTURE

Rupture of the proximal hamstring tendon is a relatively rare injury and is typically caused by a traumatic incident, such as falling or a sports injury. A complete rupture, meaning the tendon is completely pulled off the bone, can be treated conservatively with physical therapy and/or injections or surgically. Depending on the acuteness of the injury and your hobbies and goals, your doctor may recommend one treatment option over the other. Patients treated non-operatively (meaning with physical therapy or injections and no surgery) can do fairly well in the appropriate setting. However, there is usually about a 35% decrease in strength and function in that hamstring after this type of injury. Patients who want to return to high level sports or who are very active usually opt for surgery. It is best to have the surgery done within the first three weeks after the injury if possible, before scar tissue develops around the retracted tendon.

Surgery is done through an open incision along the crease of your buttock. One to three anchors are inserted into ischial tuberosity (where the hamstring to attaches) and from these anchors are sutures. These sutures are sewn into the end of the detached tendon and pulled back up to the bone and the sutures are tied. The sutures can withhold some force but the outcome of the surgery is dependent on your body's ability to heal the tendon back down to the bone. This takes about 6-12 weeks.



[www.jbjs.org](http://www.jbjs.org)

## HIP BRACE

After surgery, you will need a hip brace which will prevent you from being able to flex at the hip. You will be fitted for this brace prior to surgery and you must bring this brace with you the day of surgery. The brace must be worn at all times except for bathing and dressing. At the initial post-op appointment, further brace wear will be addressed. The brace should be worn as directed by Dr. Miller, usually for about 4 weeks. This brace is **essential** in preventing any stress on the tendon repair.



Hip Brace

## ACTIVITY

You will be toe touch-weight bearing on the leg you had surgery on with hip brace on at all time, unless otherwise instructed. Toe touch means that you can only place your toe on the floor for pivoting and transferring. You will be provided crutches after surgery and will work with nursing on proper crutch walking prior to discharge from the surgery center. Weightbearing status will be discussed with Dr. Miller at your first post-op visit.

## MEDICATIONS

- You will be given a prescription for **pain medication** prior to discharge. This medication may be taken as directed. Once the pain or discomfort is minimal, you may switch to over-the-counter medications, such as Tylenol. Please try to avoid NSAIDs (ibuprofen, Motrin, Advil, Aleve, etc.) for the first 3 weeks after surgery as this may affect tendon healing
- Apply ice packs to your limb as tolerated every 2 hours for no more than 20 min for swelling and pain relief.
- You should take a **stool softener** for the first 4 weeks or as long as you are taking the narcotic pain medication. The pain medication can cause significant constipation. Peri-Colace can be purchased over-the-counter and taken twice daily.
- Anti-coagulation or **blood thinners** are critical to minimize the risk of a DVT (or blood clot). We will give a prescription for Eliquis 2.5mg twice daily for 4 weeks to prevent blood clots, unless otherwise discussed. See more information on following page.

## **INCISION CARE**

A waterproof “Aquacel” dressing will be applied to your incision after surgery. Please leave this dressing in place until your follow up appointment within 7 days of surgery. You may shower with this dressing, but no soaking in baths, pools or hot tubs. If you notice staining (darkening) of dressing, please contact Dr. Miller’s Office. At your first follow up appointment, Dr. Miller will review dressing changes moving forward. It is helpful to have someone with you at this appointment so we can teach them how to change the dressing.

## **BLOOD CLOT PREVENTION/CONCERNS**

If you or a family member has a history of blood clots, it is important to discuss with Dr. Miller. You may require a stronger blood thinner. Please also be sure to inform Dr. Miller if you smoke or are currently take birth control or hormone replacement therapy, as these also increase your risk of blood clots. Although a blood clot is unlikely if you are taking the blood thinner as prescribed, it is not impossible. If you develop ANY calf pain/swelling, please contact our office immediately. If you experience shortness of breath, go immediately to the nearest emergency room.

## **PHYSICAL THERAPY**

This is variable and depends on the patient. In general, you should expect to be in PT for about 4-6 months. The specific PT program and goals will be per Dr. Miller’s protocol included in this packet. You will likely start PT 4 weeks out from surgery. You will be provided with a prescription for PT at your follow up appointment and you can choose a facility that is a convenient location for you or she may recommend one for you.

## **BATHROOM**

Going to the bathroom may be difficult. Please do the best you can with the brace left on. Some patients find a high commode, side cut out commode or a GOGIRL (female urinal) useful. Commodes are available to purchase from our office and our staff would be happy to assist you with this. You can also purchase commodes and GOGIRL at a medical supply store or online.





## **DRIVING**

You may not drive while wearing the brace so you should plan on not driving for *at least* the first 6- 8 weeks if it is your left leg (2 months if you drive a standard transmission) and *at least* 2 months if it is your right leg. You should also be off all narcotic pain medication prior to driving. We recommend practicing in a parking lot at first.

## **INFECTION**

Infection is not a common complication after this surgery but if you develop a fever of  $>102$  degrees or if there are signs of spreading redness or increased tenderness around the incision or any drainage through the bandages, please contact our office immediately at 617-264-1100.

## **FOLLOW UP**

You should be seen within 7 days from the surgery for a dressing change. A follow-up visit should already be scheduled for you. If not, please call our office to schedule this.