# Dr. Friedman's Post-Operative Instructions: Hip Surgery – Hamstring Repair

- 1. Weight bearing status: Non weight bearing on the operative leg using crutches and brace.
- 2. Brace: DO NOT straighten leg past the brace limit. It is OK to unlock the brace when sitting to allow increased PASSIVE flexion (not active) by using your hands to flex the knee, which is helpful when you are sitting and want to lean forward.
- 3. You can sleep on your back with pillows behind knee or on stomach with pillows under shin to support the flexion angle brace is locked at. Brace should remain on when sleeping. Ok to sleep on side also. DO NOT remove brace when sleeping. DON'T use your hamstring muscles to bend knee to avoid stressing the hamstring repair.
- 4. Brace may be removed for showering after 2 weeks. When approved to remove brace, it is best to have the knee at correct degree of flexion (40-60 degrees, depending on postop instructions) and put brace on while sitting. Should also be sitting with knee at appropriate flexion angle when removing brace.
- 5. Exercises: start the first day after surgery. Calf Pumps. Move your ankles, both legs, up and down, at least 10 times an hour until you are up and around regularly to encourage blood flow in the calves and reduce the risk of DVT (blood clot).
- 6. Ice may be used as needed to help with pain. Ice by sitting on bag of ice with thin towel in between incision and ice OR by lying prone with ice placed over incision with thin towel in between

incision and ice. Can ice for 20 minutes every 2 hours. DO NOT REMOVE THE CLEAR TEGADERM DRESSING.

## WOUND CARE/DRESSINGS:

- 1. Expect minimal bloody drainage on surgical dressings. Call the office if the bandage becomes saturated. Do not remove your bandages or dressings unless instructed to do so. Your dressings will be removed at your first post-operative visit.
- 2. Showering/bathing: Up until 2 weeks postop (as long as incision healing well) would recommend sponge baths. If possible, I recommend being seated in plastic chair while showering. No soaking in a tub/jacuzzi/pool until after 6 weeks. No swimming with a kick for 4 months.
- 3. Do not put ointment on your incisions or touch your incisions (wounds) until the doctor says it is ok to do so.

## DIET:

1. Begin with liquids and light foods (jellos, soups, etc). Progress to your normal diet if you are not nauseated.

#### DRIVING/TRAVEL:

1. Driving- I do not recommend driving for 6 weeks due to the brace contraption impacting your mobility.

2. NO FLYING for 8 weeks after surgery due to the impact on your mobility of the brace and crutches and risk of blood clots.

## **MEDICATIONS:**

After surgery start taking pain medication before the pain becomes excruciating.

- 1. Narcotic (i.e. Percocet, Norco). A narcotic is a strong pain medication that blocks the sensation of pain. Once your pain decreases, discontinue the use of this medication as it can be addictive. This medication typically helps with pain, but also causes drowsiness, constipation, nausea, and itching. Avoid combining this medication with Tylenol. Drink plenty of water to help decrease the risk of constipation while taking this medication.
- 2. NSAID (naproxen, meloxicam). This is effective in decreasing the inflammation and swelling after surgery. This can cause mild stomach upset and often is better tolerated with food. Speak with your doctor if you have a history of heartburn, ulcers, or heart issues.
- 3. Stool Softener (Colace). A stool softener is often necessary while taking narcotic medication to help with constipation. Use this medication while taking the prescribed narcotic medication.
- 4. Anti-nausea medication (Zofran, compazine). Anesthesia and narcotics can cause significant nausea in the first 24-48 hours after surgery. Take the anti-nausea medication as needed.

5. Aspirin. Take aspirin as directed daily for 6 weeks to help prevent blood clots.

## FOLLOW-UP CARE:

- 1. At your first post-operative visit your dressings and sutures will be removed. You will get X-rays at this visit.
- 2. Physical therapy will start after your first visit.

#### WHEN TO CALL THE OFFICE:

Call if any of the following are present:

- \* Increasing swelling or numbness in the toes
- \* Unrelenting pain
- \* Fever or chills, fever of >101.5
- \* Excessive nausea/vomiting due to pain medication
- \* Color change in the toes. Your toes should be pink and warm.

\* Continuous drainage or bleeding from the dressings \* Extreme pain on the back of the calf, shortness of breath, or chest pain which may be warning signs of a blood clot or pulmonary embolus. If symptoms are severe, dial 9-1-1

\* ANY other worrisome condition