

**Andrew Zogby, MD**

Orthopaedic Surgeon, Sports Medicine Specialist

332 Santa Fe Drive, Suite 110

Encinitas, CA 92024

azogby@coreorthopaedic.com

(760) 943-6700

**Post-Operative Instructions**

**Proximal Hamstring tendon repair**

1. Leave **dressing** in place until your first post op visit.
2. Please do not use any ointments on the wound. If dressing gets soiled or wet: gently remove, pat area dry, then redress site(s).
3. Use **ice** as much as possible for the first 7 days and then as needed for pain. Ice should not be applied directly to the skin as it can cause burns. Ice can be used in a 20 minutes on, 20 minutes off fashion. If you have a large bulky dressing in place, you may leave an ice pack on longer than 20 minutes. An ace wrap may be used to help control swelling. Do not wrap the ace too thickly or the ice will not penetrate.
4. You may **shower** on postoperative day 3. Keep the wound dry at all times, until your first appt. If water seeps underneath your dressing, then please change. Do not soak the hip in water or go swimming in the pool or ocean until advised by the doctor (minimum 4-6 weeks).
5. Keep your **hip neutral alignment or slight extension with your knee bent when seated**

**and laying down.**

1. **Crutches** are to be for the first 4 weeks. You may be toe touch weight bearing for the first 2 weeks. At weeks 2-4 advance to partial weight bearing. Weeks 4-6 you may weight bear as tolerated.
2. You should already have a **post-operative visit** scheduled. If not, call the office after surgery to make an appointment 10-14 days after surgery.
3. You should plan to start **Physical Therapy** 2-3 weeks after surgery. If not, call the office today! You will be given instructions for the therapist on the day of surgery.
4. If you develop a **fever** (101.5), redness or drainage from the surgical incision site, please call the office
5. You will receive **prescriptions** for medication to be used after surgery: these may include narcotic pain medication, an anti-inflammatory, and/or an anti-nausea medication.
* Tylenol (acetaminophen)
	+ Take up to 975mg every 8 hours as baseline pain control. Can take on scheduled basis then as needed as pain control improves. Do NOT exceed 3000mg total in a 24 hour period, as this can cause damage to your liver. This is your baseline pain control.
* Narcotic Pain Medication: Oxycodone or Percocet
	+ Initially after surgery, you can take 1-2 tablets of the narcotic pain medication every 4-6 hours depending on your pain level. Once your pain is well controlled, you can taper off the medication.
	+ Generally used for 1-2 weeks after surgery
	+ May cause constipation and/or nausea
* Aspirin 81mg tablet
	+ Take every 12 hours (twice daily) starting the morning after surgery for 1 month. This is to prevent blood clots
	+ **If you are already on other blood thinner medications please check with Dr. Zogby and your primary care doctor prior to starting Aspirin**
* Anti-inflammatory Medication: Meloxicam or Motrin/Ibuprofen
	+ If you have any difficulty using anti-inflammatory medications or aspirin, or have a history of ulcer disease, do not use.
	+ You may use over the counter ibuprofen (Advil) or Naprosyn (Aleve) instead of the prescription we give you.
* Anti-nausea Medication: Zofran
	+ If you have nausea after surgery, call the office so that we can provide appropriate medication.

**Every patient is different: If Dr. Zogby gives you individual instructions (even if they are different from this handout), please follow them.**

**Phone: (760) 943-6700**

**\*\*If you have any questions, please feel free to call our office.\*\***