BBJI
Boston Bone & Joint Institute

Proximal Hamstring Repair

A guide from preparation to recovery

Dr. Suzanne Miller, MD

Julie Winn, PA-C

Your Scheduled Surgery

Date of Surgery: *Location:*

Date of Your First Post-Operative Visit: *Location:*

Dear Patient,

Thank you for choosing us to take part in your medical care. Our primary goal, along with the entire team at BBJI, is to improve your quality of life through our skill, expertise, and compassionate care. Hamstring repair is a highly effective procedure, but we understand that surgery can be stressful. We want to ensure that you feel supported and guided throughout this process. Your team of specialists includes Dr. Miller, Julie Winn PA-C, and Christina Sansevero. Our mission is to help you reach your post-operative goals and help you get back to activities you love.

This packet is intended to be a resource to help you navigate the entire surgical experience, including the risks and benefits of surgery, what to expect on the day of surgery, and the post-operative recovery period. Please keep this booklet with you all the way up until the day of surgery. Additionally, our team is always here to answer your questions—please do not hesitate to contact us about anything. See the backside of this packet for information on how to reach out.

Our team is committed to improving patient outcomes and surgical satisfaction. To this end, we kindly ask you to complete our hamstring questionnaire at given post-operative timepoints. These questions will ask about your pain, lower extremity and hamstring function, general health, and surgical satisfaction. We rely on your responses to get a better understanding of how patients are doing and to identify ways to improve outcomes for future patients.

Sincerely,

Suzanne Miller, MD

Meet Your Team

Dr. Suzanne Miller, MD

Dr. Miller is the proximal hamstring repair specialist at the Boston Bone & Joint Institute with over twenty years of experience as a board-certified orthopedic sports medicine surgeon. She completed her medical education and residency at Mount Sinai Hospital and completed a dedicated sports medicine fellowship at the University of Pittsburgh. Dr. Miller is a regional leader in hamstring repair and has published extensively in orthopedic literature regarding hamstring repair.

Julie Winn, PA-C

Julie Winn is Dr. Miller's physician assistant. She completed her Bachelor of Science in Athletic Training at Ithaca College, where she was a Scholar All-American as a member of the women's soccer team. She earned her master's degree in Physician Assistant Studies from Massachusetts College of Pharmacy.

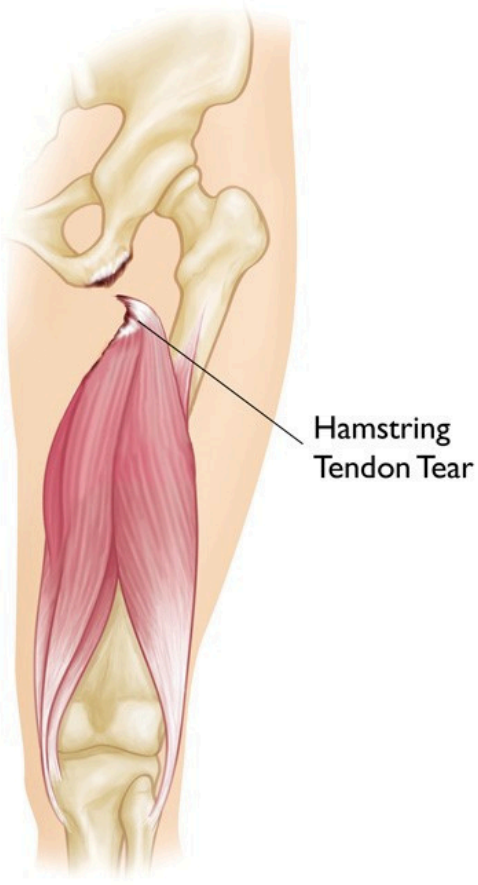
Chrissy Sansevero

Chrissy handles all surgery, imaging, and procedure scheduling for Dr. Miller and Julie. She is the bridge between patient and provider and is available to answer logistical questions before and after surgery. Chrissy can also connect patients to the team to answer clinical questions.

Overview

Hamstring Injury

Rupture of the proximal hamstring tendon is a rare injury and is typically caused by a traumatic incident, such as falling or a sports injury. A complete rupture, where the tendon is completely pulled off the bone, can be treated conservatively with physical therapy or surgically. Depending on the acuteness of the injury, your hobbies, and your 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 the injured hamstring. Patients who want to return to a high activity level usually opt for surgery. It is best to have the surgery done within the first three weeks after the injury before scar tissue develops around the retracted tendon.



Surgery Explained

Surgery is done through an open incision along the crease of your buttock. One to three suture anchors are inserted into the ischial tuberosity (where the hamstring attaches). These sutures are sewn into the end of the detached tendon and pulled back up to the bone and the sutures are tied. Surgery takes approximately 1.5 hours, depending on the hamstring tear.

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. Tendon healing takes about 6-12 weeks.

Before surgery

Surgery Checklist

After initial consult with Dr. Miller

- [ ] Surgical date: _____
- [ ] Brace fitting/ toilet seat pick up
- [ ] **Does Dr. Miller require pre-operative clearance by your primary care physician?**
  - [ ] The pre-operative evaluation is not always necessary and depends on your individual health needs—if required, it must be completed **within 30 days** of surgery
  - [ ] If you are over 65, you will need an EKG prior to surgery
  - [ ] Date and time of pre-operative clearance appointment: _____
- [ ] Stop NSAIDs/anti-inflammatories (Ibuprofen/Advil, Aleve, Motrin) and switch to Tylenol, if needed
- [ ] Set up your BBJI patient portal at 749.portal.athenahealth.com
- [ ] Register with the surgery center at bostonoutpatient.com
- [ ] Begin setting up home support (ensure a family member or friend will be home with you after surgery)

1 week prior to surgery:

- [ ] Ensure your brace (and crutches, if you already have them) are in the car to bring to surgery
- [ ] No dental work within 1 week of surgery
- [ ] Set up toilet seat, if using
- [ ] Pick up post-operative medications at your pharmacy

1 day before surgery:

- [ ] Pre-surgical phone call with surgery center
  - [ ] You will be contacted **the business day prior to surgery** by the surgery center to review medical history for anesthesia
  - [ ] During this phone call, you receive the time of your surgery and arrival time at the surgery center
- [ ] **Do not eat anything after midnight, including gum and lozenges**
  - [ ] Small sips of water are OK through the night. Stop fluids 2 hours before your scheduled arrival time
- [ ] Shower and wash the surgical area with Hibiclens soap provided by our office. Please follow the instructions on the packaging.

Day of surgery:

- [ ] If you were instructed to take medications the day of surgery, it is OK to do so with a small sip of water

What to expect on the day of surgery

The Surgery Experience

Pre-operative Holding Area

After you check in, you will be brought back to the pre-operative area by one of the nurses, who will begin preparing you for surgery. If current health guidelines allow, the nursing staff will allow a family member to join you in the pre-operative area. At this time, you will meet a number of staff members to help guide you through the surgical process. Nursing staff will review relevant health information including medications, allergies, any health conditions we should be aware of, and the surgical procedure. You may be asked multiple times by different staff to repeat your name, date of birth, your surgeon's name, and your surgical procedure–this is a routine safety procedure. In addition, you will meet with an athletic trainer who will fit you for crutches and explain how to use the brace and crutches after surgery. If you already have crutches in good working condition, please bring them with you. Dr. Miller and Julie will come by to answer any last-minute questions, sign the operative site, and review the procedure with you. All remaining questions will be addressed at this time.

Meeting the surgical team

You will also meet with the anesthesiologist in the pre-operative area. Anesthesiologists are physicians who administer the medication to make you fall asleep and provide pain management during surgery. The anesthesiologist will choose from a variety of medications to relieve pain, make the patient unconscious, or relax the body's muscles. They may administer inhalation (gas) anesthetics or sedatives. The anesthesiologist balances all of these medications in accordance with the medical and surgical needs of each patient.

The most common method of providing anesthesia during proximal hamstring repair is general anesthesia. With this type of anesthesia, you are completely unconscious and have no awareness of the surgical procedure or sensations. A tube will be placed into the airway and lungs once you are unconscious. Your anesthesiologist will discuss this with you in further detail.

It is important to inform your anesthesiologist of any allergies or medications that have caused you problems in the past. If you have had any adverse reactions to anesthesia in the past, please inform the team in the pre-operative area.

Inside the Operating Room

To maintain a safe and sterile environment in the operating room, your medical team will wear masks and hair caps while in the operating room at all times. Before taking you in, a cap will be placed on your head as well. You will be brought into the operating room on a stretcher.

Once inside the operating room, you will be introduced to the rest of the surgical staff and helped onto the operating table. Staff will place monitors to keep watch over your vital signs, and your anesthesiology team will administer medications to put you to sleep for surgery.

After surgery

Post-Operative Instructions

Hip Brace

After surgery, you will need a hip brace (called the VersaROM) 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. You may take off the brace to use the bathroom, if needed. The brace should be worn as directed by Dr. Miller for **4 full weeks** after surgery. After 4 weeks, you will begin weaning out of the brace with physical therapy. This brace is essential to prevent any stress on the tendon repair.

The BBJI website has patient information videos on how to fit and use the VersaROM correctly. We encourage you and your support team to review this video prior to surgery.

Activity

You will be touch-down weight bearing on the surgical leg with the hip brace on at all time, unless otherwise instructed. Touch down weight bearing means that you can place your foot flat on the floor for balancing or pivoting. You will be provided crutches after surgery and will work with nursing on proper crutch walking prior to discharge from the surgery center. You will be kept at a touch down weight bearing status for **4 full weeks** after surgery.

Please be aware of your positioning after surgery. You should avoid hip flexion, hip extension, and knee flexion for **4 full weeks** after surgery as much as possible. You may lie in bed on your back or stomach, stand up with crutches, or recline while being mindful not to exceed 30 degrees of hip flexion. We understand that these restrictions are a difficult adjustment for many patients, but it is important to be cautious and protect your repair for the first four weeks to ensure the tendon has the opportunity to heal.

Medications

You will be given a prescription for narcotic **pain medication** prior to discharge. This medication may be taken as directed. Do not consume alcohol while taking narcotic pain medications. Once the pain is minimal, you may switch to over-the-counter medications, such as Tylenol. Tylenol should be taken in conjunction with oxycodone to manage pain in the immediate post-operative period. We recommend 1000 mg Tylenol every 8 hours. Do not exceed 3000 mg Tylenol in a day. **Avoid NSAIDs** (ibuprofen, Motrin, Advil, Aleve, etc.) for the first 4 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 minutes for swelling and pain relief.

You should take a **stool softener** while you are taking the narcotic pain medication. Narcotic pain medication can cause significant constipation. Peri-Colace can be purchased over-the-counter and taken twice daily as needed.

Anti-coagulation or **blood thinners** are critical to minimize the risk of a DVT (blood clot). We will give a prescription for Eliquis 2.5mg twice daily for 4 weeks to prevent blood clots, unless otherwise discussed.

Sample medication list:

- Oxycodone 5 mg, 1 tab every 4-6 hours as needed for pain
- Tylenol (Acetaminophen) 500 mg, 2 tabs every 8 hours as needed for pain
- Eliquis (Apixaban) 2.5 mg, 1 tab every 12 hours for 28 days
- Colace (Docusate Sodium) 100 mg, 1 tab twice daily as needed for constipation

Wound 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 as early as 48 hours post-surgery, but do not soak in baths, pools, or hot tubs. **If you notice staining (darkening) of dressing, please contact Dr. Miller's Office.**

At your first post-operative appointment, Dr. Miller will remove the Aquacel and show how to change your dressing. BBJI will provide you with alcohol pads and dressing changes; you do not need to purchase any. You may change the dressing every 2 days or whenever soiled. The incision should be kept covered for about 2 additional weeks after the first post-operative visit, or **for a total of 3 weeks post-operative.** Please let Dr. Miller know if you have a history of allergies to adhesives prior to surgery.

Blood Clot Prevention

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

taking 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 or swelling, please contact our office immediately at (781) 890-2133.

If you experience shortness of breath or chest pain, go immediately to the nearest emergency room.

Toileting

Going to the bathroom may be difficult after surgery. Some patients find a high commode or raised toilet seat useful. Commodes are available for purchase from our office for $100, and BBJI staff are happy to assist you with this. This is also available for purchase on Amazon. Unfortunately, no insurance will cover the cost of a toilet seat, but you may use an HSA or FSA to purchase a commode.

While going to the bathroom, try to keep your operative leg straight and single-leg squat onto the toilet with your good leg. When you are ready to stand, load up your good quad and single-leg squat to a standing position.

Driving

You should plan on **not driving for the first 8 to 10 weeks** post-operatively. You will need a ride to your first few weeks of physical therapy and your first two post-operative visits with Dr. Miller.

Physical Therapy

Duration of physical therapy depends on the individual and their goals. In general, you can expect to be in PT for about 4-6 months. The specific PT protocol and goals will be provided at your first post-

operative visit. You can plan to start PT around 4 full weeks after surgery.

Infection

Infection is not a common complication after this surgery. However, if you develop a fever of >102 degrees, if there are signs of spreading redness and tenderness around the incision, or if there is any drainage through the bandage, please contact Dr. Miller's office immediately at (781) 890-2133.

Follow Up

You should be seen within 7 days from surgery for a dressing change. A follow up visit should be scheduled at the time you book surgery. If not, please call our office at (781) 890-2133 or contact Chrissy Sansevero.

Frequently Asked Questions

I'm going stir crazy sitting at home all day. Can I go for a crutch around the block?

While we understand going from an active lifestyle to a more sedentary one is a difficult adjustment, it is important to rest during the immediate post-operative period to allow the tendon to heal. Even if you can adhere to the weightbearing restrictions while crutching, a long crutch around your neighborhood poses a significant fall risk.

If you need to to participate in some form of exercise, you can lie flat on your back and use **light** (i.e. 3-5 lbs) weights and do bicep curls, chest presses, or skull crushers. The goal here would be to introduce some movement into your day rather to build muscle or reach a personal best. It is crucial to use light weights, as heavy weights will cause you to engage your core, quads, and hamstrings, which we want you to avoid.

When can I stop wearing the brace all the time?

You can stop wearing the brace to sleep once 4 full weeks have passed since surgery, but you should still wear it during the day at this point. You should continue to be mindful of the sitting, weightbearing, and range of motion precautions. Dr. Miller typically clears patients from brace usage at the second post-operative visit.

Do I have to wear my brace to my first PT appointment?

You can wear the brace to your first PT appointment. Your physical therapist will instruct you when to take the brace off or put it on during your visit.

What do I do with the brace once I no longer need it?

Up to you! You can keep the brace at home, or you can donate it by dropping it off at any of the BBJI offices. BBJI works with Partners for World Health, an organization that donates medical supplies and gently used durable medical equipment to locations in need. You can visit
🌐 Partners For World Health to learn more.

When can I sit normally again?

You can begin transitioning to sitting after your **second post-operative visit** with Dr. Miller. We do not want you to go from not sitting at all to immediately sitting upright, as this will put a lot of stress on the

newly repaired hamstring. We recommend leaning back, keeping your operative leg straight, and using an extra pillow underneath you as you transition to sitting.

When can I take NSAIDs (Advil, Aleve, Ibuprofen, Motrin) again?

We ask that you delay usage of NSAIDs for about 6 weeks after surgery to give your tendon time to heal.

How do I sit in the car on the way home from surgery or to my post-operative visits?

Sit in the passenger seat with the seat moved back to allow you to extend your legs as much as possible. You can also lean the seat back as far as you feel safe, and sit on a pillow for extra cushion.

BBJI

Boston Bone & Joint Institute

Contact Information

Phone Numbers:

Chrissy Sansevero:

Direct (617) 751-5205

BBJI Office:

(781) 890-2133

BBJI Offices

Waltham Office:

71 Border Road, Suite 300, Waltham, MA 02451

Dedham Office:

40 Allied Drive, Suite 110, Dedham, MA 02026

Woburn Office:

800 West Cummings Park, Suite 2250, Woburn, MA 01801

Surgery Centers

Boston Outpatient Surgical Suites (BOSS):

71 Border Road, Suite 100, Waltham, MA 02451

(781) 209-5645

New England Baptist Surgery Center (NEBSC):

40 Allied Drive, Suite 200, Dedham, MA 02026

(617) 754-6630

Northridge Surgical Suites:

41 Innovative Way, Nashua, NH 03062

(603) 484-7710