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NHS
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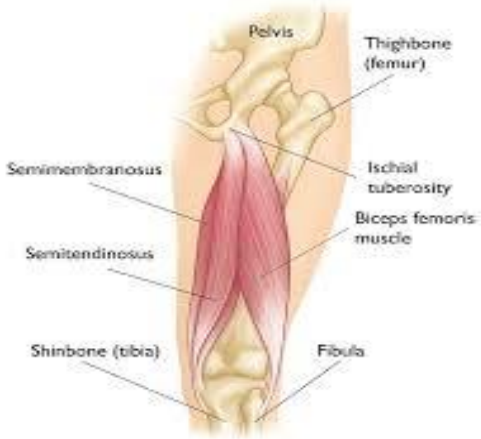
INFORMATION FOR PATIENTS

Hamstring repair surgery

This leaflet is for patients having an operation to repair damage to the hamstring muscle. If you have any questions, please discuss them with your consultant and or physiotherapist.

The hamstring muscles runs down the back of your thigh from the bottom of the pelvis, crossing the knee to the lower leg. The muscles are attached to the bone on each end with tendons. The function of these muscles is to help stabilise your pelvis and straighten your hip and bend your knee.

The first picture below is a diagram of the back of your thigh showing where the muscle attaches on your pelvis and knee.



The second picture below shows you where the hamstring tendon can become detached from where the tendon inserts into the bone.

Why do I need surgery?

The hamstring injury involves the area where the tendon attaches into the bone If the tear happens where the tendon inserts into the bone, this is called an avulsion. This tear is often due to an acute injury and be associated with muscle imbalance, tightness and fatigue. Acute injury usually happens when the muscle suddenly becomes stretched beyond its limit or a force is applied that it cannot cope with.

If the tendon come away from the bone (avulsion) this may require surgical treatment. A complete tear can cause lots of swelling and bruising down the back of the whole leg and significant weakness of the hamstring muscle.

Surgical repair

If the function of the leg is severely affected, surgical repair may be necessary. The surgery involves an incision below the buttock crease. The surgeon will identify the end of the tendon and fix it in place, where is it supposed to attach naturally, with stitches and bone anchors. The surgery aims to treat the pain, restore the strength of the hamstring muscles and to improve overall quality of life and mobility.

To protect the repair your surgeon will decide on how much weight you can put through your operated leg. You will be expected to use walking aids for a period of time. This will be decided by your surgeon and discussed with the physiotherapists. You will have a follow up with your consultant at the hospital to check on your progress in the first two to six weeks. Further follow ups will be decided by your consultant.

Advice following surgery

Pain relief. It is normal to feel pain after the surgery. You may need to take pain killers regularly to help with this. This will be discussed with your surgeon and can be discussed with your GP. It is important to keep the pain under control.

Mobilisation. A physiotherapist will see you on the ward. Your weight bearing status (how much weight you can put through your operated leg) and for how long this will be, will have been decided on by your surgeon. You will be shown how to use walking aids before you leave the hospital. You may also be shown how to safely get up and down stairs using your walking aids if required.

It is strongly advised that in the first six weeks you do not put any stretch through the surgical repair site (avoidance of knee straightening and hip bending movements).

Wound care. Keep your wound clean and dry. It is normal for the wound site to leak a little bit of blood or fluid for the first few days after surgery. The hospital staff will provide you with wound care information on leaving the hospital. Avoid sitting for prolonged periods on the wound site. Some people, not all, find it uncomfortable to sit for prolonged periods of time for up to six to 12 months after the surgery.

You may find that lying on your side to sleep will be more comfortable for you. Some people find that putting a pillow between the knees can help.

Work. Return to work will depend on the job you do and your speed of recovery. It may take less time to return to an office job and longer if the job you do is more physical. Your surgeon and physiotherapist will be able to guide you on this. An initial sick note will be provided from the hospital before you leave, however, you may need to contact your GP for further sick notes if required.

Driving. You will not be able to drive usually for up to six weeks. After this time, you must be able to safely and comfortably perform an emergency stop. This can be discussed with your surgeon and physiotherapist. You may need to inform your insurance company prior to returning to driving that you have had an operation and have now recovered.

Leisure and sport. Returning to sport and recreational activities will be guided by what you have had done during surgery and by the progress you make with your rehabilitation. This will be discussed with your surgeon and your physiotherapist. It can take six to nine months before you are able to return to full activities.

Physiotherapy/rehabilitation. You will be guided through your rehabilitation by your physiotherapist. It is important to re-establish the muscle strength and hip and knee joint movements, however, this will be done slowly and over a prolonged period of time. You will be referred for outpatient physiotherapy to ensure ongoing progress with walking and exercises. Every patient progresses at a different rate and this progress depends on many factors. Your individual goals and aims will be discussed with your consultant and physiotherapist.

For any further advice or if you have any concerns please see the contact details below.

Contact details

King's Mill Hospital
Physiotherapy Outpatients Department
Clinic 10
Mansfield Road
Sutton in Ashfield
Notts
NG17 4JL

Clinic telephone number: 01623 672384.
Opening times: 8am - 4.15pm, Monday to Friday.

Newark Hospital
Newark Physiotherapy Outpatients
Byron House
Bowbridge Road
Newark
NG24 4DE

Clinic telephone number: 01636 681681.
Opening times: 8am - 4.15pm, Monday to Friday.

Further sources of information

NHS Choices: www.nhs.uk/conditions
Our website: www.sfh-tr.nhs.uk

Patient Experience Team (PET)
PET is available to help with any of your compliments, concerns or complaints, and will ensure a prompt and efficient service.

King's Mill Hospital: 01623 672222
Newark Hospital: 01636 685692
Email: sfh-tr.PET@nhs.net

If you would like this information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know. You can call the Patient Experience Team on 01623 672222 or email sfh-tr.PET@nhs.net.

If you require a full list of references for this leaflet (if relevant) please email sfh-tr.patientinformation@nhs.net or telephone 01623 622515, extension 6927.

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