



Dr Simon Hutabarat

Hamstring Reattachment

Patient Information

Proximal hamstring tendon avulsion is a rare and often difficult injury to treat. Depending on the type of avulsion you may experience immediate disabling pain and weakness, excessive bruising, swelling, an inability to run or walk and/or discomfort or pain with prolonged sitting.

Surgery will involve inserting two or three “anchors” in the ischial tuberosity with sutures fixed to them. The sutures are passed through the tendon ends and the tendon is snugly re-approximated to the ischial tuberosity.

The sciatic nerve sits very closely to the hamstring tendon and scarring of the nerve may occur if the injury is left indefinitely. For this reason, Dr Hutabarat will perform a “neurolysis” as part of the surgery. This involves identifying the sciatic nerve and carefully releasing any adhesions or scar tissue.

You will be hospitalised and discharged on crutches (usually required for at least two weeks). Bracing (approx. 6 weeks) is occasionally necessary in chronic ruptures. Crutches need to be taken to the hospital.

For the surgery, Dr Hutabarat will make a 5-7 cm incision extending from the top of the thigh to the start of the buttock. After surgery, the wound will be covered with a waterproof bandage. You may shower but keep the bandage dry. You will be unable to sit on the wound for at least four to six weeks. A small foam block cushion is helpful to prop up your uninjured side to lessen pressure on the wound. Bar stools are also good because you can sit your good side on the edge of the stool and let your wounded side hang off. You will have to ‘hover’ using your arms for support to go to the toilet.

You should be partial weight bearing for the first seven days. Use your crutches to allow your leg to rest. After several days you will be able to put light pressure on your leg but do not be tempted to overdo it. Using crutches for the first two weeks will also help the surgical site to heal more effectively. When you see Dr Hutabarat two weeks post op he will advise when it is safe to cease using crutches. If you are braced you will require crutches until the brace is removed.

The hospital physiotherapist will show you a simple non weight bearing range of motion exercise for your leg. Do not attempt anything more than that for the first two weeks.

You will have post-operative check-ups with Dr Hutabarat at approximately 2 weeks, 6 weeks, 3 months and at one year. The recovery process is gradual and Dr Hutabarat may recommend physiotherapy between six and eight weeks after surgery. Do not have physiotherapy or attempt exercise without Dr Hutabarat’s clearance.

Initially your leg will feel swollen and bruised and can also feel a bit tingly and numb around the wound site. Whilst the bruising will resolve fairly quickly, it is normal for swelling to come and go (dependent on your activity level) and the tingling/numb feeling to persist for several months. This is due to the many nerves affected by the surgery and should resolve over time. Ice is an excellent anti-inflammatory and anti-inflammatory medications can be taken for swelling and discomfort.

Once you start moving around it is important not to overdo the use of your leg. Swelling and discomfort will indicate that you have done too much. Avoid situations that might cause you to fall, change direction quickly or take long strides, spend a lot of time on your feet, etc. You cannot expect to regain full function for up to six months, although you will be moving more freely before then. Remember that it may look fine on the outside but you have undergone a major surgical procedure and patience is required to ensure optimal internal healing.

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Potential complications include: infection, blood clots, damage to the sciatic nerve and an inability to re-attach the hamstring. You should be able to drive at six weeks post-operatively.

Animated Video link: <https://youtu.be/HV9AXPGyDiM>

UPDATED Dr Simon Hutabarat (3/3/2021)