DR. KAISEN YAO, MD

ORTHOPEDIC SPORTS MEDICINE SURGEON

Informational Packet

Proximal Hamstring Repair Surgery

Northwell Health
Department of Orthopedic Surgery & Sports Medicine

Dr. Kaisen Yao, MD

Welcome

This booklet covers what to expect before, during, and after proximal hamstring repair surgery, and outlines the first steps of your recovery. If you have not already, please register for Epic MyChart to view your appointments, message your care team, and access your records online.

Keep this packet somewhere handy in the weeks before and after surgery — it answers most of the questions patients ask us during recovery.

Meet Your Surgeon



Dr. Kaisen Yao, MD

Sports Medicine & Orthopedic Surgery

Dr. Yao specializes in sports medicine and orthopedic surgery of the knee, shoulder, elbow, and hip, with a focus on ligament reconstruction, cartilage restoration and preservation, arthroplasty, and orthopedic trauma and fracture care. He completed his sports medicine fellowship at the prestigious NYU Langone Health and his orthopaedic surgery residency — serving as Chief Resident — at Lenox Hill Hospital. During his fellowship, he also worked with several professional sports teams as a team physician, including the New Jersey Devils, Washington Commanders, and Jacksonville Jaguars. A former collegiate swimmer at Washington University in St. Louis, Dr. Yao brings an athlete's perspective to helping patients return safely to the activities they love. Outside of orthopedics, he enjoys golf, swimming, classical piano, exploring new restaurants, and traveling the world.

He sees patients at the following locations:

Lenox Hill Hospital
130 E 77th Street, 7th Floor
New York, NY

Astor Place
740 Broadway, Suite 604
New York, NY

Downtown Brooklyn
68 Flatbush Avenue
Brooklyn, NY
718-208-1440

Anatomy of the Hip & Hamstring

The hamstring muscles run down the back of the thigh and originate as tendons attached to a bony prominence at the base of the pelvis called the ischial tuberosity (the bone you sit on). These tendons — from the semitendinosus, semimembranosus, and biceps femoris muscles — allow you to bend the knee and extend the hip powerfully, which is essential for running, jumping, and sprinting.

A proximal hamstring tear or avulsion happens when these tendons pull away from the ischial tuberosity, usually from a sudden, forceful stretch — often while the hip is flexed and the knee is straight, such as during a slide, split, or hard deceleration. Complete tears, or tears involving two or more tendons, generally do not heal well on their own and often benefit from surgical repair to restore strength and prevent chronic pain and weakness.

Proximal Hamstring Repair Surgery

Proximal hamstring repair is an outpatient surgery in which the torn tendons are retrieved, mobilized, and reattached to their original footprint on the ischial tuberosity using suture anchors placed directly into the bone.

Because the repair needs time to heal solidly before it can tolerate the stretch of hip flexion combined with knee extension, recovery involves a period of bracing and activity modification — timing that Dr. Yao will guide closely based on how your repair looks in surgery.

Preoperative Instructions

1. **No tobacco.** If you use any tobacco or nicotine products, please stop. Tobacco use raises the risk of infection, blood clots, and a weaker or re-torn repair. Please stop at least 4 weeks before surgery and continue avoiding it through recovery.

2. You will be notified of your arrival time the day before surgery.

3. Do not shave the surgical thigh and buttock for the 5 days leading up to surgery.

4. Wear loose-fitting clothing on the day of surgery — you will leave in a hip brace and may use crutches.

5. Skip lotion, makeup, and deodorant on the day of surgery; some skin-prep solutions contain alcohol and can react with these products.

6. Nothing to eat after midnight the night before surgery (this includes gum, mints, and hard candy). A small amount of water is fine up until 4 hours before your check-in time. No dairy, juice, soda, or protein shakes starting at midnight.

7. Your first postoperative visit is usually scheduled 8–14 days after surgery. Starting physical therapy within the first week is important to protect your recovery.

8. Please schedule your first postoperative physical therapy visit before the day of surgery. Many clinics have a 1–3 week wait for new appointments, so book as soon as your surgery date is confirmed. Let our office know if you are having trouble getting scheduled.

9. If you take a GLP-1 medication (for diabetes or weight management), plan to hold it for 2 weeks before surgery due to delayed gastric emptying under anesthesia — please still confirm the exact timing with our office and your anesthesiologist.

Brace & Crutch Instructions

You'll wake up in a hip brace that limits combined hip flexion and knee extension — the position that stresses the repair — and you'll likely use crutches for a period to protect the repair while walking. Make sure your crutches are fitted properly: standing normally, there should be about two finger-widths between the top of the crutch and your armpit, with hand grips at wrist level and elbows slightly bent.

- Wear the brace as directed, generally for the first several weeks.
- Avoid sitting with your hip bent more than 90 degrees and your knee straight at the same time (for example, reaching forward from a seated position) — this combination stresses the repair.
- Avoid prolonged sitting on hard surfaces; use a cushion and shift positions frequently.
- Bear weight through your hands, not your armpits, when using crutches — underarm pressure can cause numbness.
- Practice with your crutches before surgery if possible; it makes the first days home much easier.

Day of Surgery

What to expect: This is an outpatient procedure — you'll go home the same day. Plan to arrive about 2 hours before your scheduled surgery time and to be discharged 1–2 hours after the procedure ends.

Anesthesia & nerve block: Most patients receive general anesthesia (you'll be asleep) along with a regional nerve block for pain control. The anesthesiologist uses ultrasound guidance to inject numbing medication around the nerves that supply the hip and back of the thigh. The block typically numbs the leg for 8–24 hours, though this varies by patient. Your anesthesiologist will review the details with you the morning of surgery.

Benefits of a nerve block include:

- Better pain control in the first day after surgery
- Lower risk of nausea, vomiting, and grogginess from general anesthesia
- Earlier ability to eat and drink after surgery
- Faster, smoother discharge from the surgery center

Postoperative Instructions: Weight Bearing & Sitting

Your specific weight-bearing status is determined during surgery based on the quality of the repair — Dr. Yao and the care team will let you know before you leave the surgery center. Many patients are allowed to bear weight as tolerated in the brace, while some are kept more protected for a period of partial weight bearing with crutches.

Regardless of weight-bearing status, avoid combining hip flexion with knee extension (such as bending forward to pick something up off the floor with your knee straight) for at least 6 weeks, since this position places direct tension on the healing repair.

Resting & Sleeping

Sleep with the brace on as directed, with a pillow supporting the leg in a comfortable, slightly bent position. Avoid lying in positions that combine hip flexion with a straight knee.

Bandages, Dressing & Bathing

A dressing covers your incision under the brace — please leave it in place and dry until your follow-up visit. You may shower once cleared by Dr. Yao, keeping the dressing dry using a plastic covering, or sponge bathe in the meantime. Use a shower chair for stability if needed.

If the dressing loosens, becomes soaked, or falls off, re-wrap it with clean gauze and an elastic bandage and contact our office so we can see you sooner if needed.

Pain Management

Some pain, swelling, and stiffness after surgery is normal and expected - the goal of our pain protocol is to keep you comfortable, not pain-free. Your specific prescriptions will be reviewed with you at discharge. Your standard medication plan is:

- **Celecoxib 200 mg** - take by mouth twice daily for 30 days.
- **Oxycodone (Roxicodone) 5 mg** - take by mouth as needed for pain, up to 4 times a day, for the first 5 days after surgery.
- **Acetaminophen (Tylenol) 500 mg** - take by mouth as needed for pain, every 6 hours.
- **Aspirin (chewable) 81 mg** - take by mouth twice a day for 30 days to help prevent blood clots.
- **Senokot-S (sennosides-docusate)** - take 1 tablet by mouth daily, starting the day of surgery, for 14 days, to help prevent constipation from the pain medication.

If you received a nerve block, remember it will wear off over the following 8-24 hours. Start your pain medication on schedule rather than waiting for the block to wear off, since pain is easier to prevent than to catch up on. Taking medication with food can reduce nausea.

Using a cold therapy unit for roughly an hour on, an hour off while awake can meaningfully reduce pain and swelling. If you don't have a cold therapy unit, regular ice packs work well too - use them as needed, with a thin towel between the ice and your skin.

Do not drive, operate machinery, or drink alcohol while taking narcotic pain medication. If prescribed antibiotics, complete the full course.

What's Normal During Recovery

Constipation. Pain medication and anesthesia commonly slow the bowels. Stay ahead of it by moving regularly, drinking plenty of water, eating fiber, and using a stool softener as directed.

Swelling. Some swelling near the surgical site is expected in the first couple of weeks. Elevate the area above heart level when possible and use cold therapy regularly.

Bruising. Bruising can appear around the surgical site and track along gravity's pull over the following days, typically 3–7 days after surgery, and will fade over time.

Low-grade fever. A mild fever (under 101°F) in the first couple of days is common. A higher or persistent fever, or worsening pain at the incision, should be reported to our office.

Blood clot precautions. Moving frequently — pumping your ankle and gently moving your leg within brace limits — helps prevent blood clots. Seek urgent care or an ER evaluation for calf pain, worsening leg swelling, shortness of breath, chest pain, or a racing heartbeat.

When and How to Contact Us

Call our office if you experience:

- Pain that isn't improving with rest, medication, ice, and elevation
- No bowel movement for more than 72 hours despite laxatives/stool softeners
- A dressing that is soaked through with blood or fluid
- Shaking, chills, or a fever over 101°F

Practice number	718-208-1440
After hours / weekends	718-208-1440
Patient portal	Epic MyChart
Emergencies	Dial 911 or go to the emergency room at either Greenwich Village Hospital or Lenox Hill Hospital

Greenwich Village Hospital (Lenox Health Greenwich Village) — 30 Seventh Avenue, New York, NY 10011
Lenox Hill Hospital — 100 East 77th Street, New York, NY 10075

Exercises — Starting Day 1 After Surgery

Perform these gentle exercises only as specifically directed until your first physical therapy visit, typically within the first 1–2 weeks. Avoid any stretching sensation in the back of the thigh — this surgery is more protected than most, since the repair needs time to heal to bone.

Ankle pumps. Sitting or lying down, pump the ankle up and down. 20 reps, 3 sets, several times a day to help circulation and swelling.

Gentle knee bending (within brace limits). With your hip supported in a neutral or slightly flexed position, gently bend and straighten the knee only as far as comfortable and only within brace limits.

Quad sets. Sit with the leg supported. Gently tighten the thigh muscle without lifting the leg. Hold 3–6 seconds, rest up to 10 seconds. 8–12 reps, 2 sets.

Gluteal sets. Gently squeeze the buttocks for 3–6 seconds, then release, avoiding any pull in the back of the thigh. 8–12 reps, 2 sets.

Frequently Asked Questions

Do I sleep in the brace?

Yes, until you're told otherwise at a follow-up visit.

How much can I bend my hip?

Avoid combining hip flexion with a straight knee for at least 6 weeks. Bending your hip with the knee also bent is generally safer, but confirm your specific limits with Dr. Yao.

How much pain should I expect?

Proximal hamstring repair is not pain-free. Expect meaningful discomfort for the first 1–2 weeks, improving steadily with rest, medication, and gentle protected movement.

How long will I need crutches?

Most patients use crutches for comfort and protection for about 2–4 weeks, sometimes longer depending on your specific weight-bearing status.

When can I drive?

Generally once you are off narcotic pain medication, can bear weight comfortably, and can sit safely without pain — usually 2–4 weeks at the earliest.

When can I return to work?

Desk jobs: often within 1–2 weeks if you can manage sitting comfortably (with breaks to stand), once off narcotics. Physical or labor-intensive jobs: typically 4–6 months, depending on demands.

When can I return to sport?

Most guidelines recommend waiting a minimum of 6–9 months, since returning earlier carries a meaningfully higher risk of re-injury. You'll also need to pass strength and movement testing with physical therapy before clearance.

How long will I need physical therapy?

Typically 5–7 months, tapering in frequency as strength and confidence return.

Can I get a disability/FMLA note?

Yes — ask at any pre- or post-operative visit, or call our office: 718-208-1440.

Rehabilitation Overview

0–3 weeks	Brace and protected weight bearing as directed. Avoid combined hip flexion/knee extension. Begin gentle hip and knee motion within brace limits; start formal physical therapy within the first 1–2 weeks.
3–6 weeks	Progress weight bearing and wean out of the brace as directed. Gentle stretching and light strengthening begin, still avoiding aggressive hamstring stretch.
6 weeks–3 months	Progressive strengthening of the hamstrings, glutes, and core. Stationary biking and pool-based conditioning often begin during this window.
3–6 months	Introduce running progression, eccentric hamstring strengthening, and sport-specific movement patterns as strength allows.
6–9 months	Return to sport, contingent on passing strength and movement-based testing — not on time alone. Returning before 6 months is associated with a higher risk of re-tear.

This is a general framework — your pace may differ based on the extent of your tear, the quality of the repair, and how your hip responds. Your physical therapist and Dr. Yao will adjust this timeline together with you.