MIDWEST ORTHOPAEDICS at RUSH

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Hamstring Repair- General Information

- What are the indications for hamstring surgery?

The hamstring may tear from chronic wear or high impact injury, causing the tendon to detach from the bone or causing the bone to avulse. There are varying degrees of tears, involving 1-3 of the hamstring tendons and different levels of retraction. Partial tears involving less than 2 tendons and with less than 2cm of retraction may be repaired endoscopically, using a camera and small incisions in the crease of the buttock. Full-thickness tears involving 2 tendons or more, with greater than 2cm of retraction are more amenable to open repair. Patients who have sustained an injury the proximal hamstring and have developed pain around the ischium (sit bone) with walking, standing, sitting, or exercise, and limitations in daily activity, and who have failed conservative treatment with time, rest, NSAIDS, physical therapy, and/or injections, are indicated for surgical intervention.

What does hamstring repair entail?

The patient undergoes general anesthesia and is placed in a prone (face down) position on the operating room table. If taking an endoscopic approach, then two small incisions are made in the gluteal fold. If an open approach, then one larger incision is made in the gluteal fold. In certain instances, with extensive retraction of the tendon, a T-shaped incision is required. The ischial tuberosity is identified and debrided, then the torn muscle/tendon junction is found and reattached to the ischium using suture anchors. In certain instances (extensive retraction) a donor graft is required to reattach the tendon to the ischium.

What are the risks of surgery?

Risks include bleeding, blood clot, nerve injury to the sciatic nerve, vascular injury, infection, persistent pain/dysfunction, leg weakness, or other complication from anesthesia, including death. These risks are extremely rare and our pre, intra, and postoperative procotol are highly aimed at reducing these risks.

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