

POSTOPERATIVE INSTRUCTIONS: ELBOW SURGERY

TO-do list

[] Fill you prescriptions. These are to be used AFTER surgery

[] Call physical therapy and schedule your first post-operative appointment

DIET

- Begin with clear liquids and light foods (jellos, soups, etc.)
- Progress to your normal diet if you are not nauseated

WOUND CARE

- You will have a splint/cast on for the first two weeks. please do not get it wet. We will remove it on the first post operative visit and place you into another splint/cast or an elbow brace.

Post-operative Protocol:

- 1) Keep splint / dressing on, clean and dry until follow up appointment
- 2) Do not use operative arm for anything other than typing or writing for six weeks postoperative
- 3) We will plan to start PT after 2-3 weeks.
- 4) Follow up at two weeks postoperative with Dr. Ussef

Initial Post-Op Immobilization: Elbow posterior splint until follow up at two weeks postop.

Elbow placed in hinged ROM brace at follow up. Gradual increase elbow ROM in brace (see below)

Hinged Brace ROM Motion Progression (unless instructed otherwise)

Week 1-2: cast/splint at 90 degrees of elbow flexion.

Week 2/3: 45 degrees to full elbow flexion

Week 4: 30 degrees to full elbow flexion

Week 5: 20 degrees to full elbow flexion

Week 6: 10 degrees to full elbow flexion

Week 8: Full ROM of elbow, discontinue brace if adequate motor control

ROM Exercises (Please have the physical therapist teach you these principles)

Week 2-3

Passive ROM (range of motion) for elbow flexion & supination (with elbow at 90 degrees)

Assisted ROM for elbow extension and pronation (with elbow at 90 degrees)

Shoulder ROM as needed based on evaluation, avoiding excessive extension

Week 3-4

Initiate active-assisted ROM elbow flexion

Continue assisted extension and progress to passive extension ROM

Week 4

Active ROM elbow flexion and extension

Week 6-8

Continue program as above

May begin combined/composite motions (extension with pronation)

If at 8 weeks post-op the patient has significant ROM deficits therapist may consider more aggressive management, after consultation with referring surgeon, to regain ROM

No resistance exercises until at least 8 weeks postoperative.

ACTIVITY

- Do not engage in activities which increase pain/swelling (lifting or any repetitive above shoulder-level activities) over the first 7-10 days following surgery
- NO driving until instructed otherwise by physician. May return to sedentary work ONLY or school 3-4 days after surgery, if pain is tolerable

IMMOBILIZER

- Your sling is to be worn for comfort only.

ICE THERAPY

- Begin immediately after surgery. Use ice packs every 2 hours for 20 minutes daily until your first post-operative visit. Remember to keep arm covered and supported while icing.

EMERGENCIES

- Contact our office (Stockdale 664-2200 ; Q street 326-2000) immediately if any of the following are present:
 - Painful swelling or numbness (note that some swelling and numbness is normal)
 - Unrelenting pain
 - Fever (over 101° - it is normal to have a low grade fever for the first day or two following surgery) or chills
 - Redness around incisions
 - Color change in distal arm and/or hand
 - Continuous drainage or bleeding from incision (a small amount of drainage is expected) ·
 - Difficulty breathing
 - Excessive nausea/vomiting
 - Calf pain
 - If you have an emergency **after office hours** that requires immediate attention proceed to the nearest emergency room.

FOLLOW-UP CARE/QUESTIONS

- Typically the first post-operative appointment following surgery is 10-14 days following surgery

MEDICATIONS

1. Narcotic pain medication (Norco)
2. Mobic (Anti-inflammatory)
3. Tylenol (pain)
4. Aspirin (To reduce risk of blood clots)
5. Zofran (Anti-nausea)
6. Miralax (Laxative, over the counter)

Multimodal Medication Guide For After Surgery		
Day	Medications	Notes for Tracking your Medications
The Day You Come Home		
	Take your Norco 5 mg as needed for pain not controlled by the other medications Take 1 tablet. Wait 30 minutes. If you still have pain, take a 2nd tablet. Maximum 2 tablets per 6 hour period.	
1 Day After Discharge	Take your Meloxicam 15 mg 45 minutes before your normal bedtime	
	Take your Tylenol 1000 mg (2 tablets of 500 mg) for pain every 8 hours	
	Take your Norco 5 mg as needed for pain as described above	
	Take your Aspirin 81 mg every 12 hours for blood thinning	
	Take your Miralax for constipation at breakfast	

2 Days After Discharge	Take your Meloxicam 15 mg 45 minutes before your normal bedtime	
	Take your Tylenol 1000 mg (2 tablets of 500 mg) for pain every 8 hours	
	Take your Norco 5 mg as needed for pain as described above	
	Take your Aspirin 81 mg every 12 hours for blood thinning	
	Take your Miralax for constipation at breakfast	
	If you have not had a bowel movement, drink 1 bottle of Magnesium Citrate	
3 Days After Discharge	Take your Meloxicam 15 mg 45 minutes before your normal bedtime	
	Take your Tylenol 1000 mg (2 tablets of 500 mg) for pain every 8 hours	
	Take your Norco 5 mg as needed for pain as described above	
	Take your Aspirin 81 mg every 12 hours for blood thinning	
	Take your Miralax for constipation at breakfast	
4 Days Through 6 Weeks After Discharge	Take your Aspirin 81 mg every 12 hours for blood thinning (stop after 4 weeks)	
	Take your Meloxicam 15 mg 45 minutes before your normal bedtime (call if need beyond 4 weeks)	
	Take your Tylenol 1000 mg (2 tablets of 500 mg) for pain every 8 hours	
	Take your Norco 5 mg as needed for pain as described above	
	Take your Miralax for constipation at breakfast (may stop once your normal bowel routine returns)	

- Narcotic pain medication, one to two pills every 6 hours around the clock. You do not have to be woken up to take a pain pill. The special care nurse will prescribe this for you after your first appointment.
- Your prescribed narcotics contain acetaminophen (also known as Tylenol), which is toxic to your liver. Please do not supplement your prescribed medications with Tylenol. Do not take more than 4000 mg of Acetaminophen (Tylenol) in a 24 hour period. Keep in mind the Norco has 325 mg of tylenol in it that you need to account into the max daily amount.
- Take opioid / narcotic medications AS NEEDED. If you have severe pain, narcotic medication can be taken on a schedule; one or two pills every four hours while awake. As the pain decreases, you can gradually lengthen the time between doses.
- Common side effects of the pain medication are nausea, drowsiness, and constipation – to decrease the side effects, take medication with food – if constipation occurs, consider taking an over-the-counter laxative, such as MiraLax.

Take this over-the-counter medication if you have constipation after taking narcotics.

- If you are having problems with nausea and vomiting, stop taking your opioid / narcotic pain medication. If these symptoms persist, contact the office or go to urgent care.
- Do not drive a car or operate machinery while taking the narcotic medication

Zofran (also known as Ondansetron) is a medication used to prevent nausea and vomiting. Take one tab AS NEEDED for nausea or vomiting every 6 hours.