Post Operative Instructions

Elbow Arthroscopy,
UCL Reconstruction & Ulnar Nerve Transposition

Michael E. Joyce, MD

Bandages, Sling, Splint & ROM Brace:

Your post-operative dressing has two layers you need to understand in order to properly care for your elbow for the two weeks following surgery. Your several arthroscopic incisions were closed with single stitches, while larger operative incision was closed with dissolving suture material. All incisions are then covered with small white tapes called Steri-Strips. Steri-Strips are left in place at least until your sutures are removed 9 to 12 days after surgery. The second layer is a large white fluffy dressing that is loosely wrapped around your elbow. Since arthroscopy is performed with water, this second layer can absorb some water that will leak from your elbow incisions for the first couple hours after surgery. Occasionally, there will also be a small amount of blood mixed with this water, which is nothing to worry about. The dressing that covers your ligament donor incision (either your other arm or your knee) can be changed two days after surgery.

It your ligament donor site was from your knee, you may feel more comfortable using crutches for a few days after surgery. Crutches are not routinely required, but are provided if your are apprehensive walking. Ask your hospital physical therapist if you want them.

Over your elbow dressing in a plaster splint. This splint is to protect your elbow, provide comfort, and prevent irritation to the ulnar nerve. It is held in place with an ace bandage that can be removed and loosened if it seems too tight, or you see swelling in your hand. This is left in place for 4 to 6 days and will be removed by either your physical therapist or myself. The sling is for comfort only. Feel free to remove it whenever you like, however it you go without too much you will have increased discomfort around your elbow, shoulder, and neck.

Once the splint is removed I will put your elbow in a hinged elbow brace.

Initially the brace is set 30^{o} - 100^{o}.
Beginning post-op week #3, brace at 15^{o} - 110^{o}
Beginning post-op week #4, brace at 0^{o} - 125^{o}
Beginning post-op week #5, brace at 0^{o} - 135^{o}
Beginning post-op week #6, brace at 0^{o} - 145^{o}
Beginning post-op week #7 discontinue use of brace
(Except in a risky environment such as icy weather)

Washing & Bathing:

You should be careful to keep the wound clean and while in your splint. Once you are in the hinged brace it is OK to remove the brace and shower directly over your Steri-Strips (they won't come off). It is also OK to use soap on your elbow and over the Steri-Strips. This shower should be quick. I would prefer that you do not take a bath until two weeks after surgery. It is OK to go into a swimming pool two weeks after surgery, but no lakes or ocean until six weeks after surgery. After your bulky gauze dressing has been removed, large Band-Aids can be placed over the Steri-Strips.

The yellow discoloration you will find on your elbow and arm is a long lasting surgical prep called DuraPrep. This is used because it will kill bacteria on your skin hours longer than old fashion iodine surgical preps. This yellow discoloration will not come off with soap and water - instead you will need rubbing alcohol to remove it. This can be done the day after surgery unless it is causing your elbow to itch, then it can be removed sooner.

Ice:

One important goal following surgery is to minimize swelling around your arm and elbow. The best way to achieve this is with the frequent application of ice. It can be used even while you are in your splint. This is most important the first 48 hours following surgery. The ice pack should be large (like a big zip-lock bag) and held firmly on the elbow (front and back).

Immediate Post-Operative Physical Therapy

Your physical therapy appointment should have been made for you before your surgery day. **It is important to start physical therapy within four or five days after surgery**. The goal of physical therapy is to first assess how your elbow responded to the surgical procedure, therefore they will remove your dressing and look at your wounds. They will re-introduce you to your elbow so that you feel comfortable with your surgery and aren't afraid to start doing things. Your therapist will start range of motion and strength exercises on your first visit. If they find anything unexpected they will let Dr. Joyce know right away.

The rehabilitation after an elbow reconstruction is complex and only done under the supervision of a highly specialized and experienced physical therapist. Before your surgery, we will discuss in detail how your post-operative physical therapy will be arranged. If you have and questions about who and where your therapy will be done you must bring it to my attention. Your therapist must follow my protocol (I will give you your own copy).

Follow up appointment:

We try to give all of our patients a follow-up office visit at the same time we schedule your surgery. Sometimes I find things, or do things, I didn't anticipate during your surgical procedure, therefore I may want to see you in the office sooner than originally planned.

Typically I want to see you in the office 4 yo 5 days after this complex surgery. Your should call our office to confirm your appointment.

FOLLOW UP APPOINTMENT: _____

Medications:

During surgery either I will often inject your elbow with a numbing medicine like novocaine or the anesthesiologist will give you a total elbow pain block. Either treatment will give some pain relief for several hours after surgery. It is important to begin taking your pain pills before this medicine wears off. In addition, I will usually prescribe two medications for the control of your post-operative pain:

This first medication I use is Vicodin (hydrocodone) which is a strong narcotic pain medication. It will begin to work within 15 minutes after taking it with a maximal effect in one to two hours. For some sensitive patients, when taking the first few doses of Vicodin you may experience nausea or an episode of vomiting. The best way to prevent this is to take the medicine with a little food, start with just one pill, and then be patient while the medicine begins to work. Usually, after the first few doses, the nausea will go away. If the nausea persists, it is possible that a similar response will occur with other narcotic pain pills, therefore we should try the Anaprox as the main medication to control your pain. It you take a full dose of this medication for more than 4 or 5 days it can lead to constipation. Normally, Vicodin is taken every 6 hours but if the pain is severe, it can be used every 4 hours.

The second medication I prescribe is Anaprox, which is a non-narcotic painkiller of the NSAID class. The advantages of this medication is that nausea is an infrequent side effect and it can also be taken with the Vicodin for better pain control than any pain medication alone. This medication should be taken with food. Many patients end up taking the Vicodin at night and the Anaprox during the day. Whatever combination works best with you is fine with me.

What to watch out for:

- Pain that is increasing every hour in spite of the pain medication
- Drainage from the wound more than 2 days after surgery
- Increasing redness around the elbow
- Pain or swelling in your arm
- Fever greater than 101^{o}
- Unable to keep food or water down for more than one day
- Numbness or tingling in your hand or fingers

Who To Call for Questions and Problems:

If you are having problems or there are questions you need answered then please call our office at 860-652-8883 and our nurse will help you. We are open between 8:30 and 4:30 pm, Monday to Friday.

We realize the after surgery some problems or questions are urgent and can not wait until normal working hours. Under these circumstances please call 860-652-8883 anytime (24 hours a day, 7 days a week) and the doctor on-call, or myself will return your call. If you do not receive an answer within 20 minutes they may be a problem with the beeper so please call again.

If an emergency were to occur you can always go straight to the emergency room for immediate attention.

Wishing you - All the Best,
Michael Joyce, MD