

Postoperative Instructions for Hand/Wrist/Elbow Surgery

Your Surgery Included:

Arthroscopic:

- ☐ Diagnostic
- ☐ Synovectomy / Plica Removal
- ☐ Debridement / Chondroplasty
- ☐ Articular Cartilage Repair
 - ☐ Microfracture
- ☐ Epicondylar Release
 - ☐ Medial ☐ Lateral
- ☐ TFCC
 - ☐ Debridement ☐ Repair
- ☐ PRP Arthrocentesis

Open:

- ☐ Ligament Repair
 - ☐ UCL Elbow ☐ UCL Thumb
- ☐ Distal Biceps Repair
- ☐ Distal Triceps Repair
- ☐ Articular Cartilage Repair
 - ☐ Microfracture ☐ Auto OATS
 - ☐ Osteochondral Allograft
- ☐ Fracture Fixation
- ☐ Epicondylar Tendon
 - ☐ Release ☐ Repair
 - ☐ Ulnar Nerve Transposition
 - ☐ Carpal Tunnel Release

Call our office (315-363-4651) immediately if you experience any of the following. If you are calling after business hours, you will be connected to the Answering Service who will connect you to the on call provider for Oneida Orthopedics.

- Excessive bleeding or pus-like drainage at the incision site
- Uncontrollable pain not relieved by pain medication
- Excessive swelling or redness at the incision site.
- Fever above 101.5 degrees not controlled with Tylenol or Motrin
- Shortness of breath or severe calf pain
- Any foul odor or blistering from the surgery site

FOR EMERGENCIES: Our office is the best way to contact us. If on the weekend, call 315-363-4651 and the Answering service will direct your call appropriately

1. **Pain Management:** A cold therapy cuff, pain medications, local injections, TENs unit, and in some cases, regional anesthesia injections are used to manage your post-operative pain. The decision to use each of these options is based on their risks and benefits.

Medications: You were given one or more of the following medication prescriptions during your preoperative appointment. Follow the instructions on the bottles.

Narcotic Medication (usually Percocet, Roxicodone, or Norco): Begin taking the medication before your incision starts to hurt. Some patients do not like to take any medication, but if you wait until your pain is severe before taking, you will be very uncomfortable for several hours waiting for the narcotic to work. Always take with food.



Name: _____

Mrun#: _____ DOB: _____

Date of Service: _____ Acct# _____

If no label write patient information in this box.

Nausea / Vomiting: For this issue, we prescribe Zofran or Phenergan, use this medication as directed as needed for nausea.

Cold Therapy: You may have been sent home with a Polar Care® cold therapy unit and wrap. Fill with ice and water to the indicated fill line. You can use 20-30 minutes on then off, several times a day. This will help relieve pain and control swelling. Do not sleep with on.

Regional Anesthesia Injections (Blocks): You may have been given a regional nerve block either before or after surgery. This may make the entire area numb for 24-36 hours.

Do not use any of these medications with alcohol, while driving, nor take any additional acetaminophen (Tylenol). Long-term use of any narcotic pain medication can cause dependence, however if you hurt, don't hesitate to take it as prescribed and then gradually wean off the medication. You will know when you do not need it any longer.

All of these medicines will cause drowsiness. Tramadol does not contain Acetaminophen (Tylenol).

Avoid taking anti-inflammatories for 12 weeks following surgery including a repair, reconstruction, or replacement.

After 24-36 hours, you will feel more clear-headed and pain management will be easier. At this time, these medications may be tailored to your specific needs.

Pain medication should be weaned as soon as possible. You should first discontinue taking the Percocet or Norco and wean to Tramadol and Tylenol/Acetaminophen and then wean to Tylenol/Acetaminophen only. Do not take Tylenol/Acetaminophen while still taking Percocet or Norco as these medications have Tylenol/Acetaminophen in them as well. It is recommended that you not take more than 3,000mg of Tylenol/Acetaminophen in a 24 hour period.

2. **Diet:** Eat a bland diet for the first day after surgery. Progress your diet as tolerated. Constipation may occur with Narcotic usage. We recommend Colace 100mg twice a day while taking narcotics.
3. **Activity:** Limit your activity during the first 48 hours. Keep your arm elevated with pillows. After the first 48 hours at home, increase your activity level based on your symptoms.
4. **Dressing Change:** Proper dressing changes are key to your success after surgery. Remove the dressing on the 3rd day. Keep the wound as dry as possible for the first 2 weeks. It is normal for some blood to be seen on the dressings. It is also normal for you to see apparent bruising on the skin around your wound when you remove the dressing. If you are concerned by the drainage or the appearance, call the office at 315-363-4651 for further direction. After hours, you will be connected to the Doctor on call.

To minimize skin irritation, rotate bandage orientation by 90 degrees daily.

Do NOT use ointments on your incisions. Keep wounds as dry as possible for first 2 weeks.

5. **Showering:** You may shower on the ____ day after surgery if the wound is dry and clean. Do not submerge in any water until after your postoperative appointment.



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6. **Brace / Splint:** You may have been sent home in a post-operative brace or splint. Your brace is set at _____ to _____ degrees of motion. Wear the brace for _____ days / weeks, UNLOCKED / LOCKED in _____ degrees flexion / extension, you will need to wear this brace / splint at all times unless instructed otherwise. For brace: you may unlock at rest or for physical therapy. You may have been sent home with a sling to support your arm. You may remove the sling when changing clothes or bathing. Make sure to wear the sling while sleeping unless instructed otherwise. You may remove it at rest or for exercises.

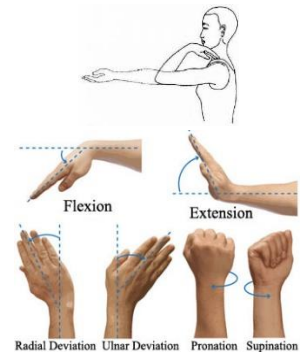
7. **Weight Bearing** Please follow the following weight-bearing precautions:

- ☐ Non-weight bearing for _____ weeks
- ☐ Partial weight bearing for _____ weeks
- ☐ Full weight bearing after _____ weeks

8. **Exercises:** Begin these exercises the first day after surgery in order to help you regain motion and strength. You may do the following marked exercises for 2-5 minutes five times a day:

☐ Elbow motion – Straighten and bend your elbow

☐ Wrist motion- ☐ Flexion ☐ Extension ☐ Pronation ☐ Supination
☐ Radial Deviation ☐ Ulnar Deviation



☐ Ball squeezes - use ball attached to sling/pillow or soft (nerf) ball for grip strengthening



9. **Physical Therapy:** Physical therapy is an essential component to your recovery from surgery. Your physical therapy will start in _____ days / weeks.

10. **TENS UNIT:** You may be supplied with a TENS unit before or after surgery. Be sure to inquire if you are purchasing or renting the unit and how much it will cost out of pocket after your insurance company provides or does not provide coverage. This unit hooks up to the 4 wire patches that were placed strategically on your skin, close to your surgical site. This helps with pain management along with your ice unit and your prescriptions.

11. **Other:**

- **DRIVING:** Following surgery, you are not able to drive during the time you are instructed to be in a sling.
- **URINARY RETENTION:** Should you experience a decrease in your urine output or are unable to urinate following surgery, this can be due to the medications given for anesthesia during surgery. We recommend contacting the emergency line for a urology department appointment for a same day or next day appointment. Ask to schedule an appointment for the next day. If unable to, please contact us to facilitate.



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- **EMERGENCIES:** If you experience any of the following:
 - Fever over 101°, chills or sweats
 - Non-clear drainage around the incision or increased redness/swelling
 - Calf pain and swelling, redness and warmth on either leg
 - Chest pain or difficulty breathing
 - For any emergencies or concerns after office hours, contact the on call line at 315-363-4651 or go to the nearest emergency room and have the admitting physician contact Dr. Khalid.
- **FIRST POSTOPERATIVE VISIT:** As scheduled.

