

Post-op Instructions for Cubital Tunnel Release/Epicondyle Debridement

These instructions are to complement the information given by the nursing staff and Dr. Crow. They cover many of the common questions.

WOUND CARE/SHOWERING

Dressings are to be kept clean and dry. A small amount of clear drainage or bleeding is normal. If the ace wrap feels too tight, you may loosen it and re-wrap it. You may remove the ace bandage and dressing 2 days following surgery. The dressing may be removed all the way down to the stitches or steri-strips. Please leave the stitches and steri-strips intact until seen back. You may apply 4x4 gauze pads and tape or a large Band-Aid to keep the incisions clean and dry or until no drainage present.

You may get the incision wet when showering 2 days after surgery. The shower should be brief, the wound patted dry with a clean towel. No baths or soaking the incision until your stitches have been removed and the incision is fully healed.

Some drainage is normal initially following surgery. If you have persistent drainage, increasing redness, or temperature of 101 or higher, please report these symptoms to your surgeon or the doctor on call.

PAIN/SWELLING

To lessen pain and swelling, you may ice your hand for the first 1-3 days after surgery. Put the ice in a zip lock bag or towel and place over the surgical site. We recommend 20 minutes, 2-3 times per day.

Swelling to some degree is common after surgery. To reduce swelling, elevate the hand above the heart level for the first few days after surgery. Elevation for 30 minutes every 2-3 hours is a good initial recommendation. Excessive pain and swelling should be reported to your surgeon. When you sleep, try to keep your hand elevated on a pillow.

MEDICATIONS

Listed below are the typical medications prescribed for postoperative pain management after orthopedic surgery. This does not necessarily mean that you will receive all these medications, but this information can be very helpful.

Pain after surgery is expected. The goal after surgery is not to be pain free, but to make it tolerable. Some pain is beneficial as it lets our bodies know what not to do.

It is important for pain management to also to use RICE (rest, ice, compression and elevation) routinely to assist with pain and swelling.

Acetaminophen:

This medication is more commonly known as Tylenol. This medication, when combined with the other medications listed below, can amplify overall pain management. Recommended taking this on a regular schedule for baseline pain management.

Ibuprofen/Meloxicam:

NSAIDs should be taken with food on a regular basis and should not be taken with prescription blood thinners. It is recommended to alternate with acetaminophen if appropriate. You can take both acetaminophen and ibuprofen at the same time as well.

Narcotic Pain Medications**Tramadol/Hydrocodone/Oxycodone:**

If the above pain medications do not provide adequate pain control this may be used for additional pain management and added to your scheduled regimen. Narcotic medications are stronger and used for “breakthrough pain”. Breakthrough pain is an abnormal increase in pain that is not being well covered by the above medications.

Side effects of narcotics can include constipation, nausea, confusion, cloudy thoughts, and itchiness. Make sure to stay well hydrated, be up and walk short distances frequently, and take over the counter stool softeners as long as you are taking narcotics.

As your pain improves after surgery you can wean off narcotics gradually by increasing time between doses and/or decreasing amount (i.e. cutting tablets in half).

EXERCISES

Gentle finger and wrist range of motion exercises can begin the day of surgery. You may continue to advance your activities as tolerated, but you should avoid heavy lifting.

DRIVING

To drive you must no longer be taking narcotic pain pills. You must also feel strong and alert.

FOLLOW-UP

Make sure an appointment has been scheduled for you at Chippewa Valley Orthopedics & Sports Medicine for approximately 7-10 days after surgery.

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