

Post-op Instructions for Lateral Epicondyle Debridement, Distal Biceps Repair, Ulnar Nerve Transposition, and UCL Repair

These instructions complement the information given by the nursing staff and Physical Therapists. They cover many common questions.

Wound Care

- Dressings are to be kept clean and dry. A small amount of clear drainage or bleeding is normal. The splint should remain on until your follow-up in the clinic with your surgeon. If the ace wrap feels too tight, you may loosen it and re-wrap it.
- You may shower with the splint covered. When showering, please place a plastic bag over the splint and secure it with tape and a rubber band. You may also cover the splint with Glad Press & Seal plastic wrap instead of a plastic bag. To keep the splint dry, you may wrap a small towel around the splint prior to applying the plastic bag or wrap. Pat the splint dry immediately with a clean towel if it does get slightly wet.
- After your splint is removed, you may get the incision wet when showering after surgery. The shower should be brief and the wound patted dry with a clean towel. No baths or soaking the incision until 3-4 weeks after surgery and scabs are absent.
- If you notice purulent drainage (thick white or greenish in color) from the wound, increasing redness, or you have a temperature of 101 or higher, please report these symptoms to your surgeon or the doctor on call.

Pain and Swelling

- To lessen pain and swelling, ice your elbow for the first 1-3 days after surgery. Put the ice in a zip lock bag or towel and place over the surgical site. You may also apply ice to your axilla to cool blood as it circulates. We recommend 20 minutes, 4-5 times per day. Do not place ice or cooling devices directly on the skin for prolonged periods of time as it may damage the skin.
- Swelling is common after surgery. To reduce swelling, elevation is very helpful. Elevate the hand above the heart level for the first 2-5 days after surgery. Elevation for 30 minutes every 2 hours is a good initial recommendation. Excessive pain and swelling should be reported to your surgeon.
- For baseline pain control, we recommend adults take Tylenol (Acetaminophen) 1000mg* three times a day. If your prescription pain medication also contains Tylenol, you should reduce this. You should not take more than 3000mg of Tylenol in a 24-hour period. You may also supplement your pain medication by taking an anti-inflammatory medication such as Ibuprofen (Advil) or Naprosyn (Aleve) between Tylenol doses (unless you have been told you cannot take these medications, are taking a blood thinner or have a history of or develop stomach ulceration).
- If that is not adequate, prescription strength pain medication may be prescribed for after you leave the hospital. Wean off this medication as your pain allows, continuing the Tylenol and anti-inflammatory as tolerated. Prescription strength medications can cause constipation and you may want to use a stool softener. If a refill is needed, please call the office during regular business hours, Monday-Thursday 8:00 a.m. to 5:00 p.m. Refills will not be made after hours or on weekends, so please plan ahead.

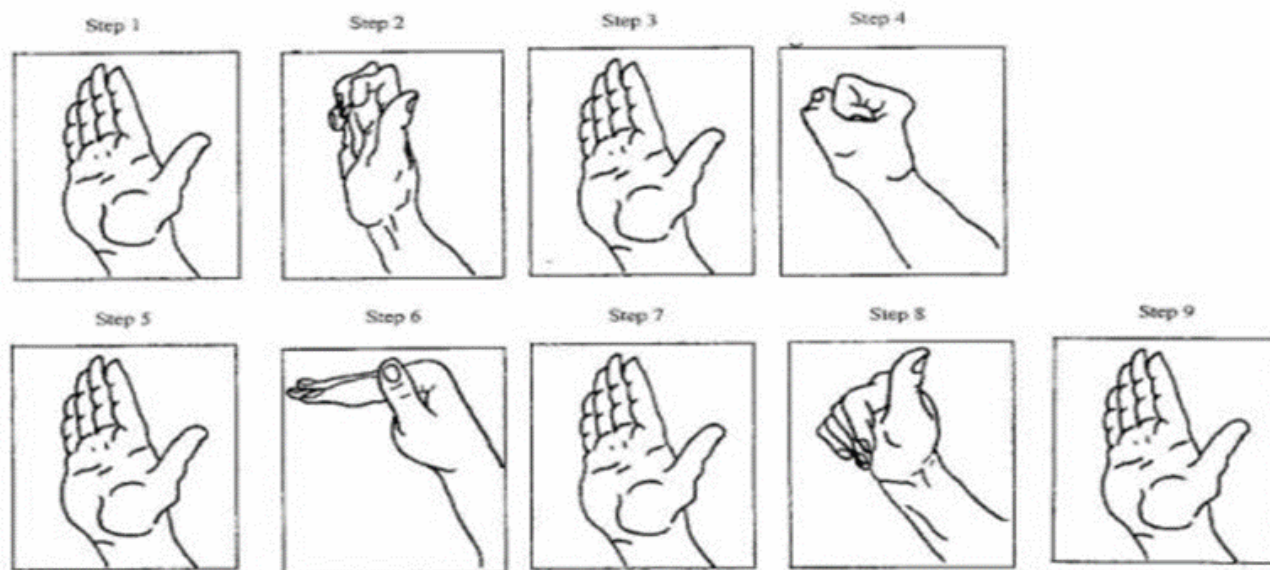
*Tylenol 325mg: 3 tabs every 8 hours OR Tylenol 500mg: 2 tabs every 8 hours

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Exercises

- Gentle hand and finger range of motion exercises can begin the day of surgery. You should stay in your splint until your first follow-up appointment with your surgeon.



Driving

- To drive you must no longer be taking narcotic pain pills (plain Tylenol is allowed). Before driving, you must feel strong and alert and able to get in and out of the car without assistance. You should NOT drive with a splint.

Follow-up

- Make sure an appointment has been scheduled for you at Chippewa Valley Orthopedics & Sports Medicine for approximately 10-14 days after surgery.
- Please call the office with any questions or concerns.

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