



Elbow Surgery Discharge Instructions

The following packet is a complete guide to your post-operative discharge instructions. It also serves as a Frequently Asked Question (FAQ) packet for your early rehabilitation period. I have broken down the instructions into the most important post-operative topics. I do my best to answer all questions the day of surgery, but I also understand that questions may arise after you leave the surgery center. Be assured that I call every patient the day after surgery to check-in, review the surgery once again, and answer any lingering questions. If you still have questions after reading this packet, please call my office at 404-544-1282. If you feel like you may be having a medical emergency, please call 9-1-1 and go to the nearest Emergency Room.

Dressings:

What kind of dressings do I have?

You have a long arm splint. This is similar to a cast but does a better job of accommodating swelling post-operatively. **DO NOT allow your splint to get wet or dirty.** If this happens, please call our clinic.

What should I do if my splint gets wet or falls off?

If the splint gets mildly wet, you can dry it off with a hair dryer. If it gets submerged or very wet, then please call our clinic. If it somehow becomes very loose or falls off, please call our clinic.

Showering/Bathing:

When can I shower?

It is OK and encouraged to shower starting the day after your surgery. However, please be mindful of your splint. Whenever you shower, please protect your splint by placing a protective wrap around it, such as a garbage bag with duct tape. Alternatively (and preferably), you can purchase an arm cast bag from a local pharmacy or online (Amazon), and use this to protect your splint from water when you take a shower. Keep your arm away from the direct stream of water as much as possible to minimize the chances of it getting wet.

When can I bathe or get in a pool?

DO NOT take a bath, get in a pool, get in a hot tub, get in the ocean, get in a lake, or get in any body of water until you are cleared to do so. The risk of infection increases substantially if you do these things before the incision completely heals.



Incision Management (Sutures, Lotions, Icing, Arm Elevation, Drainage):

What kind of sutures do I have? When do they come out?

You have absorbable sutures. Only small tails will need to be trimmed, but no sutures (stitches) will have to be removed.

Do I need to put any creams or lotions on my incisions? What if I want to do so?

DO NOT apply any creams or lotions to your incisions for the first 3-4 weeks after surgery (including Neosporin!). Lotions and creams do not help with scarring during the first month, but they increase the risk of infection. I encourage you to keep steri-strips on the incision for 6 weeks after surgery to minimize scar formation. These will be provided to you at your follow-up visit.

How often should I ice my elbow?

I recommend icing for 20-30 minutes at a time. You can ice 3-5 times/day as desired. The ice may be placed over the bend in the splint and does not penetrate the splint. Do not allow the ice bag to leak, as this may get the splint wet.

Do I need to elevate my arm after surgery?

You may elevate the arm above the level of the heart as often as possible. Laying on the couch or in bed accomplishes this. This decreases swelling.

What if I have drainage from an incision?

A small amount of drainage is usually normal within the first few days after surgery. You should not see any drainage through your splint. If you do see drainage coming from your incision, please call our clinic.

Weight Bearing Status/Walking/School/Work/Driving

Is it safe to move my shoulder? What can I lift with my arm after surgery?

You may move your shoulder so it does not become stiff. Do not lift anything with your arm.

When can I walk?

It is safe to walk as long as you are not feeling dizzy from the anesthesia or any pain medications. You should avoid long walks or being in public places where you are at risk of falling or being run into by others. Wear your sling at all times when walking.



When can I go back to school and/or work?

This largely depends on the kind of school you go to or the type of work that you do. For school, most kids are able to return in 2-3 days after surgery, though this varies based on what surgery was done. If you need a letter for extra time between classes or a gym note, please let me know or contact my office.

Returning to work also depends on your type of work and accommodations at work. Typically, patients who perform a desk job or have light duty at work can return within 3-5 days. You must be off any narcotic pain medications (i.e. Oxycodone/Percocet) before returning to work or operating any machinery. If you perform heavier work or manual labor, then you will be out of work for a longer time.

When can I drive?

You should not drive when you are still in a sling, as this is illegal. When I release you to be free from your sling, then you may drive. It is not safe to drive before this time because you will not be able to perform sudden, quick maneuvers. This places you and others at a much higher risk of an accident.

Return to Sports/Physical Therapy

Do I need to go to physical therapy after surgery?

Yes, I give every patient a physical therapy prescription after surgery. You will receive your therapy prescription after you see me for the first follow-up visit.

When should I start physical therapy?

The timing for physical therapy varies based on the exact procedures that were performed. Please see your specific physical therapy protocol for the exact timeline and when formal physical therapy may begin.

When can I go back to playing sports?

This varies based on your level of sports and findings at the time of your surgery. Again, the physical therapy protocol will provide a general timeline on when you may return to sports.



Medications:

In general, I send most patients home with the following medications if they are able to tolerate them and do not have a medical reason not to take them: 1) Non-narcotic pain medication (Tylenol), 2) Anti-nausea medication (i.e. Zofran), 3) Narcotic pain medication (Oxycodone) and 4) Aspirin 81mg (see blood clots section)

Do I have to take pain medication?

Take Tylenol around the clock as prescribed for baseline pain control for one week. If you are not in pain, then you do not need to take any additional pain medicine. I provide every patient with a small amount of narcotic pain medication in case the pain acutely worsens. Take each medicine on a full stomach.

Nerve Block:

Most patients have a peripheral nerve block. This allows us to perform the surgery with less sedation while you breathe on your own. Patients recover more quickly with fewer complications after nerve block anesthesia. With that said, there can rarely be adverse effects as outlined below.

How long should my arm be numb?

Nerve blocks typically wear off 12-36 hours after surgery. There can be a lot of variation as to how long the block lasts, and this often depends on the medication used by the anesthesiologist (long-acting versus standard duration).

How do I know the block is wearing off?

Usually the first sign of the block wearing off is a “pins and needles” feeling, followed by the ability to move your fingers and eventually your entire arm. If you begin feeling an increased level of pain as the block wears off, you may take pain medication (i.e. oxycodone) as needed.

Is it normal to have weakness and/or numbness and tingling after a block?

This can be normal as the block is wearing off. However, sustained weakness and/or sustained numbness and tingling (>48 hours after surgery) is NOT normal. If you experience any of these symptoms more than 48 hours after surgery, please call our office.



Adverse Events (Bleeding, Constipation, Fever, Nausea/Vomiting, Blood Clots, Cardiovascular Issues)

For information regarding bleeding, please see section on wound management.

What should I do if I am constipated?

Constipation is very common after surgery. Sometimes the anesthesia medications and narcotic pain medications can cause constipation. I recommend that every patient takes a stool softener for the first 7-10 days after surgery to help prevent constipation, especially if you are taking narcotic pain medication (oxycodone). If you develop constipation after surgery that is not relieved with the prescribed medication (Senakot-S), you may take the following medications additionally as needed:

- Miralax liquid, Milk of Magnesia
- Dulcolax suppository (if oral medications do not work)

All of these are over the counter medications. Follow dosage instructions on the box. If you are still having constipation after trying all of these medications, then please call our office.

What should I do if I have a fever?

Fever is also very common in the days following surgery. It is rare that this signifies an infection. The most common reason for a fever after surgery is a normal reaction to the anesthesia and an inflammatory response by the body. Performing deep breathing exercises (3 sets of 10 deep breaths with a 1 second hold for 5 times/day) will usually resolve the fever. If your fever persists OR if your fever is sustained above 102F, then please call our office.

What should I do if I have nausea and/or vomiting?

Nausea and vomiting are often due to the anesthesia medicine or the narcotic pain medications. Your first line of treatment is the anti-nausea medicine (Zofran) prescribed after surgery. If this is not effective in relieving your symptoms OR if you have persistent nausea for more than two days after surgery, please call our office.



How do I prevent a blood clot after surgery?

I have every patient take a blood thinning medication after surgery to help prevent a blood clot. If you are at low-risk for a blood clot, then you will be prescribed Aspirin 81mg daily. If you have a higher risk of getting a blood clot, then I will prescribe you a stronger blood thinner. It is important to walk frequently after surgery to help with blood circulation. You should move your ankle up and down regularly as well.

If you are traveling a long distance after surgery, please take a break every 45-60 minutes to stand up, walk, and move your legs.

What signs or symptoms can signal that I may have a blood clot or a cardiovascular event?

The following chart provides common signs and symptoms of blood clots, cardiovascular events (i.e. heart attack), or cerebrovascular events (i.e. stroke).

If you have ANY of the following symptoms and are not having a medical emergency, please call the office immediately. Depending on your symptoms, we may recommend either coming to the office or going to the emergency room. If you cannot reach our office, then you should call 9-1-1 or go to your local emergency room. If you are having a medical emergency, then call 9-1-1 and go straight to the emergency room.

Blood Clot	Cardiovascular Event	Cerebrovascular Event
Calf swelling or pain	Chest pain or tightness	Blurry vision
Entire leg or arm swelling	Shortness of breath	Forgetfulness
Shortness of breath	Fast heart rate at rest	Difficulty speaking
Cough	Unexplained sweating	Facial asymmetry
Fast heart rate at rest	Lightheadedness/dizziness	Trouble walking/loss of balance
Chest pain or tightness		Sudden loss of vision