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POSTOPERATIVE INSTRUCTIONS OPEN ELBOW SURGERY

**Please note that the instructions provided below are general guidelines to be followed; however, any written or verbal instructions provided by Dr. Kaplan or his team supersede the instructions below and should be followed.

DIET

- Begin with clear liquids and light foods (jello, soups, etc.)
- Progress to your normal diet if you are not nauseated

WOUND CARE

- Maintain your operative dressing, loosen bandage if swelling of the hand occurs
- It is normal for the elbow to bleed and swell following surgery. If blood soaks through the bandage, do not become alarmed, reinforce with additional dressing
- To avoid infection, keep surgical incisions clean and dry – you may shower by placing a plastic covering over the surgical site beginning the day after surgery. NO immersion of the arm.
- **Elbow will be immobilized in a splint/sling following surgery do not remove until post op appointment 10-14 days following surgery.**
- You may begin showering and getting your wound site wet after your first post-op appointment.

MEDICATIONS

- Local anesthetics are injected into the wound and shoulder joint at the time of surgery. This will wear off within 8-12 hours and it is not uncommon for patients to encounter more pain on the first or second day after surgery when swelling peaks.
- You will be prescribed several medications postoperatively:
 - **Tylenol:** 1000 mg (2 of the 500 mg pills) 3x per day (every 8 hours)
 - **Meloxicam:** 15 mg pill, once per day, with food
 - **Tramadol:** 50 mg as needed for pain. Can be taken at most every 8 hours
 - **Oxycodone:** 5 mg. This is for breakthrough (i.e. you are still having pain, despite the other medications). This can also be taken at most every 8 hours.
 - **Colace (docusate):** 100 mg daily. This is to avoid constipation, which can occur with the pain medication
 - **Aspirin:** 81 mg taken twice per day, for 1 month. This is to prevent blood clots after surgery.

- Common side effects of the pain medication are nausea, drowsiness, and constipation. To decrease the side effects, take the medication with food.
- If you are having problems with nausea and vomiting, contact the office to possibly have your medications changed.
- Do not drive a car or operate machinery while taking the narcotic medication or while in sling
- Please contact the office should severe distal arm pain occur or significant swelling of the distal arm/hand occur. This would be concerning for a blood clot.

ACTIVITY

- When sleeping or resting, inclined positions (ie: reclining chair) and a pillow under the forearm for support may provide better comfort.
- Do not engage in activities which increase pain/swelling. Unless otherwise instructed the arm should remain in the sling at all times.
- Avoid long periods of sitting or long distance traveling for 2 weeks.
- NO driving until instructed otherwise by physician
- May return to sedentary work ONLY or school 3-4 days after surgery, if pain is tolerable

IMMOBILIZER (if prescribed)

- You will be placed in a post mold splint where you cannot straighten your elbow for 1-2 weeks following surgery
- You are to wear sling at all times while the splint is in place

ICE THERAPY

- Icing is very important in the initial post-operative period and should begin immediately after surgery.
- Ice packs 20 minutes every 2 hours daily until your first post-operative visit. Care should be taken with icing to avoid frostbite to the skin.

EXERCISE

- Begin finger flexion and extension on the first post-operative day to help decrease swelling.
- Formal physical therapy (PT) or occupational therapy (OT) depending on where your therapy is done begins after your first post op appointment. A prescription and protocol will be provided at your first post-op visit.

EMERGENCIES**

- Contact Dr. Kaplan's team if any of the following are present:
 - Painful swelling or numbness (note that some swelling and numbness is normal)
 - Unrelenting pain
 - Fever (over 101° - it is normal to have a low grade fever for the first day or two following surgery) or chills

- Redness around incisions
 - Color change in foot or ankle
 - Continuous drainage or bleeding from incision (a small amount of drainage is expected)
 - Difficulty breathing
 - Excessive nausea/vomiting
 - Calf pain
- If you have an emergency that requires immediate attention proceed to the nearest emergency room.

FOLLOW-UP CARE/QUESTIONS

- If you do not already have a post-operative appointment scheduled, please contact our scheduler
- Your first postoperative appointment will be for a wound check. Additional questions can be asked at that time.
- Typically, the first post-operative appointment following ACL reconstruction is made 10-14 days following surgery for suture removal.
- If you have any further questions please contact Dr. Kaplan through my chart, or call the call center at 929-455-2500