



Postoperative Instructions: Elbow Surgery

Please read these instructions thoroughly. Most of your questions will be addressed here. The first page is a summary. You can find additional details on the following pages. Following these precautions will help minimize complications and address concerns about your surgery. Additional information can be found at bradleysmithmd.com.

SUMMARY PAGE

Activity:

Maintain splint until follow up.
No lifting with the arm you had surgery on.
Ice and elevate your elbow as much as possible

Medications:

Oxycodone 5 mg: 1-2 tabs by mouth every 4-6 hours as needed for severe pain.
Methocarbamol 750 mg (optional): 1 tab by mouth every 8-12 hours as needed for muscle spasms.
Tylenol 325 mg: we recommend 2 tabs (650 mg) every 6 hours until your pain is low enough for you to switch to taking this as needed.
Aleve 220 mg (Naproxen): we recommend 2 tabs every 12 hours for the first 5 days after surgery. Do not take this if you have been prescribed Celecoxib (see below).
Aspirin 81 mg: 1 tab two times per day to reduce the risk of blood clots.

For specific procedures only

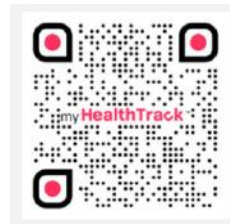
Celecoxib 200 mg: 1 tab every 12 hours to reduce abnormal postoperative bone formation. Do NOT take Aleve if you are taking this medication.

Pain control:

You likely received a nerve block for postoperative pain control. We recommend that you start your pain medication when you get home from the hospital. Continue the medication for the first 1-2 days until the block wears off and you have a better idea of how you will handle the pain. Keep your elbow **elevated** and use **ice or the cryo-cuff** as much as possible to help with pain and swelling.

myHealthTrack: _____

Follow up: 7-10 days



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Pain Control and Medications

You may have received a nerve block or a local anesthetic injection to help with pain control. This will likely wear off 8-12 hours after surgery. You should start taking pain medication when you get home and before you go to sleep so that you have something working before the block wears off. Otherwise the pain can be difficult to control. Typically, pain is the worst during the first 2-3 days after surgery before starting to subside.

Medications:

Prescription:

- Oxycodone 5 mg: this is a strong narcotic medication. You may take up to 1-2 tablets every 4-6 hours AS NEEDED for the first few days after surgery. After 2-4 days, you should be able to space out or discontinue this medication. Do not drive or drink alcohol while taking this medication.
- Methocarbamol 750 mg: this is a muscle-relaxer that can help with muscle spasms and pain. Be careful taking this medication with narcotic pain medications, as they both can cause drowsiness. Do not drive or operate heavy machinery while taking.

Over-the-counter:

- Tylenol (Acetaminophen) 325 mg: this is a strong non-narcotic medication for pain. You should take 2 tablets (650 mg) every 6 hours. This can be taken with the oxycodone, and can reduce the amount of oxycodone that you need to reduce your pain.
- Aleve (Naproxen) 220 mg: this is a strong anti-inflammatory medication. We recommend that you take 2 tablets (440 mg) every 12 hours with meals for the first 5 days after surgery. Do **NOT** take this medication if you have a history of gastric ulcers or sensitivity to other anti-inflammatory medications.
- Aspirin 81 mg: this medication is to help prevent blood clots after surgery. Please take 81 mg two times daily for a total of 2 weeks after surgery.

If you have any side effects (i.e. nausea, rash, trouble breathing) from a medication, discontinue its use and call our office. Constipation is common after surgery and while you are taking narcotics for pain control. Drink plenty of clear liquids, and consider using an over-the-counter stool softener such as Docusate or Miralax.



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Heterotopic Bone Formation

- Some procedures that involve drilling or shaving bone have a risk of heterotopic bone formation. This is where the bone forms in the muscle tissues where it does not usually form. This can cause stiffness and occasionally pain. In rare circumstances, it can require an additional surgery to remove excess bone.
- For certain procedures, such as a biceps repair, the risk of this occurring is higher. For these surgeries, you may be prescribed medication to help reduce the risk of abnormal bone formation.
- Celecoxib 200 mg: 1 tab by mouth every 12 hours for the first 2 weeks following surgery. Do NOT take Aleve if you are taking this medication.

Splint Care and Showering

- Do NOT remove the splint until your follow-up appointment.
- Keep the splint clean and dry.
- You may shower, but cover the splint with a bag.
- It is normal for the operative site to bleed and swell following surgery – if blood soaks onto the ACE bandage, simply reinforce with additional gauze dressing for the remainder of day and check again.
- The ACE bandage can be laundered in normal fashion and reused.
- You may loosen the bandage if swelling or progressive numbness occurs in the extremity.
- Do NOT use Bacitracin, lotions, or other ointments on the incisions.
- Do NOT soak incisions in any pool/bathwater until 3 weeks postoperatively or until your incisions are completely closed.
- Do not allow pets to sit on your lap or sleep in your bed for at least 4 weeks following surgery. Pets may harbor flies, mites, or other organisms that may cause an infection.

Activity

- Do not pick up anything with your operative extremity after surgery
- You may use your hand to use a computer mouse, keyboard, or write if needed.
- Do not attempt to bend your elbow in the splint.



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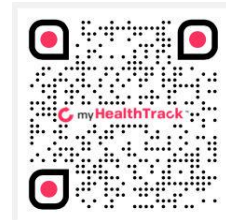
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Physical Therapy

- Physical therapy is often needed after complex elbow surgeries. The need for physical therapy will be discussed at your first follow-up appointment.
- An optional but beneficial supplement to physical therapy is the myHealthTrack app. This app can be downloaded using the QR code or by going to mht.link/utahortho. Then choose Dr. Smith → Operative → Elbow → _____ (See Summary Page for recommended track)



Ice and Elevation

- Try and rest the first few days following surgery.
- When sitting or lying down be sure to keep your elbow elevated up above the level of your heart to help decrease swelling.
- Ice should be used as much as possible for the first 3-5 days to help decrease swelling.
- After the first 3-5 days, ice your elbow 4-5 times per day as needed.
- Never place ice directly on skin. Use a thin towel or clothing between the ice and your skin.

Follow-Up

- You have likely already been scheduled for your first postoperative visit.
- If you have not received an appointment please contact the office to schedule an appointment 7-10 days after your surgery.
- You will be seen by Dr. Smith for your first postoperative visit to review your intraoperative findings and to go over any questions you may have. The splint will be removed. Sutures will also be removed at that time, if needed.

Driving

- Do not drive a car or operate machinery while taking narcotic pain medication.
- In general, it is not recommended to drive while your arm is in the splint.
- It is recommended that you test drive in a parking lot or somewhere else safe to make sure you can tolerate driving and braking safely.



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When to call for help

Call 911 anytime you think you may need emergency care. For example, call if:

- You pass out (lose consciousness).
- You have severe trouble breathing.
- You have sudden chest pain and shortness of breath, or you cough up blood.
- You have severe nausea or vomiting.

Call the office if:

- You have pain that does not go away after you take pain pills.
- You have a fever over 101.3°F.
- You have loose stitches, or your incision comes open.
- Your incision keeps bleeding 3 days after your surgery.
- You have signs of infection, such as redness around the incision or pus draining from your incision.



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