

ELBOW SURGERY POST-OPERATIVE INSTRUCTIONS



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FINDINGS:

- Impingement or bone spurs
- Arthritis (Generalized cartilage wear)
- UCL (Ulnar Collateral Ligament Tear)
- Cartilage Defect or Injury
- Synovitis (Joint lining irritation)
- Loose Body
- Tennis Elbow (Lateral Epicondylitis)
- Other: _____

PROCEDURES:

- Chondroplasty (smoothing of damaged cartilage)
- Removal of loose body
- Microfracture of cartilage defect
- Synovitis excision
- Tennis Elbow Release
- Ulnar Collateral Ligament Reconstruction
- Other : _____

DRESSING & INCISION CARE

- If this box is checked, you have been placed in a splint. Keep dressing and splint in place until seen at first post-op appointment. Cover with plastic for showering or use towel or sponge baths. Do not get the dressing or splint wet. DO NOT REMOVE THE DRESSINGS.**
- If this box is checked, keep dressing on and dry for 2 days, then OK to remove. Place Band Aids over each incision if there is any drainage. Otherwise, incisions can be left open to the air.**
- Apply ice for 20 minutes out of each hour while awake as needed to control pain and swelling.
- It is normal to have some bloody or clear drainage once dressing is removed. The incisions may look red for at least a few days.
- It is normal for there to be some redness around the incisions for several days after surgery.
- Do not remove sutures or thin white strips stuck to the skin. Your therapist or surgeon will do this in 7-14 days at your follow-up visit.
- During the first 2 days, if pain unrelieved by icing, elevating and pain medications, loosen the dressing. Remove Ace bandages, peel open cotton padding, leave deep dressing in place and loosely reapply Ace bandages. If pain persists, call the office.

FOLLOW UP

- Make an appointment to see Dr. Shah approximately 7-14 days after surgery.
- If an appointment is not already scheduled for you, call the office the day of or the day after surgery. Tell the office that you need to be seen for a post-op check by Dr. Shah.
- Dr. Shah will explain the details of the surgical findings at your first post-op office visit.

DIET

- Nausea is common for 24-48 hours after surgery due to anesthesia and pain medications. Start with liquids and progress your diet as tolerated to your regular diet.

MEDICATIONS/PAIN CONTROL

- Use prescribed pain meds as directed. Your prescription was likely called in to your pharmacy.
- You may take over the counter Benadryl as directed for a rash or itching due to pain medications.
- You may use over the counter stool softeners such as Colace for constipation which is a common side effect of pain medications. Use as directed.
- You may use over the counter ibuprofen (Advil, Motrin) or naproxen (Aleve) as directed to supplement pain control and to help reduce swelling. Only use these if you have not had any problems with anti-inflammatory medications in the past (gastric reflux, heartburn, stomach ulcers, GI bleeding, kidney problems).
- It is normal to have some pain after most surgical procedures. If your pain medicines, frequent icing, and the supplemental medications above are not adequately controlling your pain or your prescribed medications are not tolerated, please call the office during business hours to discuss adjusting your medications.
- If you are running low on medications, please plan ahead and call the office during business hours to authorize refills. On-call physicians can not typically refill pain medications after business hours.
- If this box is checked, I recommend you begin using an over the counter cartilage nutrient supplement containing glucosamine and chondroitin sulfate (i.e. Osteobiflex, Cosamin DS, Joint Juice). Use as directed.**

PHYSICAL THERAPY

- Physical Therapy (PT) is a very important component in attaining a good outcome from your surgery. You should start PT on post op day 1-2 or as soon as possible.
- You should see your therapist several times each week, but you **MUST** perform the prescribed exercises on your own each of the other days.
- If you are not aware of your therapy appointment or one has not been set up for you, please call the office to inquire about your appointment.
- If you choose to do your therapy at another location outside of our clinic, please provide us with a location name, phone number and fax number so that we may send them a prescription and protocol for your rehabilitation.

ACTIVITY

- Make sure to move the wrist, fingers and shoulder several times per day starting the day of surgery.
- You should gently bend and straighten your elbow at home to prevent stiffness from ensuing.
- Please refer to the attached exercise sheet and perform the exercises several times per day.

WEIGHT BEARING (for operative arm)

- As tolerated
- Non weight bearing

SLING

- You may be placed in a sling after surgery.
- Use the sling as needed for comfort and to protect the elbow when out in public.
- Feel free to come out of the sling while sitting at home if no splint is present.

SHOWERING

- You may shower after 48 hours. It is safest to sit while showering (on a tub bench or non-slip plastic chair or stool) or to have someone help you as your operative arm will be unable to be used to maintain balance.
- DO NOT SUBMERGE YOUR INCISIONS UNDER WATER. No hot tubs, pools or baths until you have been evaluated and cleared to do so by Dr. Shah.
- If you have been placed in a splint, keep the splint intact and dry by tying a plastic bag over it. Leave the splint intact until follow-up.

WHAT TO EXPECT

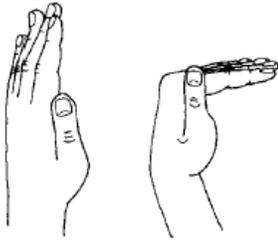
- You will have pain, swelling, and soreness around the surgical site for at least a few days.
- It is not uncommon to have soreness in your back, neck, or other leg from lying on a small operating room table for several hours.
- Having fevers for the first few days after surgery is not uncommon. If temp is >101 degrees or accompanied by chills, sweats, increased pain, redness, or drainage at the incision site, please call us.
- It is not uncommon to have nausea for the first 24-48 hours after surgery until all the anesthesia makes its way out of your system.
- Your fingers may be slightly cool and have some tingling. Any true numbness or white digits are a concern. Call the office immediately. Numbness is expected if you had a "nerve block."
- If you had a nerve block performed by anesthesia, your pain will increase as it wears off. Take your pain medicine and stay ahead of the pain. If you have an in-dwelling pain control catheter tube, follow the instructions provided by the anesthesia team and call the number they provided for nerve-block related questions.
- **Nerve Block-** If you had a nerve block performed by anesthesia, your pain will increase as it wears off. Take your pain medicine and stay ahead of the pain. If you have a catheter tube/pump, follow the instructions provided by the hospital and call the number they provided for nerve-block related questions.
- **Blood clots-** A DVT is a blood clot occurring in the veins of your lower leg. It is a rare complication of surgery. If you have calf pain, abnormal swelling, fevers, shortness of breath, or increased heart rate, please contact me or seek evaluation from a medical professional as soon as possible.

CONTACTING US

- The office # is 281-344-1715
- Dr. Shah's medical assistant is Lupe Sanchez: guadalupe.m.sanchez@uth.tmc.edu
- You can call or email her with any problems or questions that may arise
- Please feel free to also visit my website for more information and FAQs at www.SportsDocShah.com.

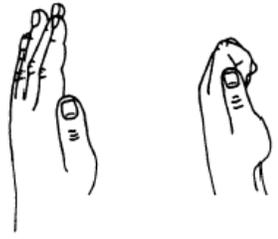
Vishal Michael Shah M.D. _____

**PERFORM EACH OF THESE EXERCISES 10
TIMES EACH, THREE TIMES PER DAY:**



Imaginary Tabletop:

Make a tabletop with your fingers by keeping your wrists and your fingers straight. Bend only at the knuckles.



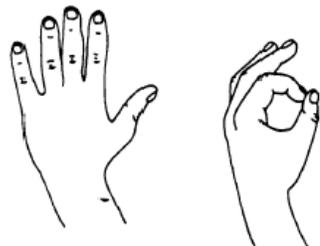
Knuckle Bend:

Keep your knuckles and wrist straight. Bend and straighten your fingers.



Make a Fist:

Make a fist, being sure each joint is bending as much as possible. Then straighten your fingers as much as possible.



Make "O's":

Make an "O" by touching your thumb to your fingertips, one at a time. Open your hand wide after touching each finger.

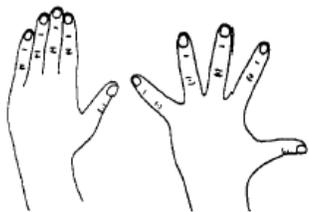


Table Spread:

Rest your hand on the table with the palm down. Spread your fingers wide apart and bring them together again.