

Orthopaedic Sports Specialists, P.C.

Michael E. Joyce, M.D.

84 Glastonbury Blvd., Suite 101, Glastonbury, Connecticut 06033

Voice: 860-652-8883, Fax: 860-652-8887

Post Operative Instructions

Surgical Treatment of Elbow Fracture

Bandages, Splint & Sling:

Your post-operative dressing has 3 layers you need to understand in order to properly care for your elbow for the two weeks following surgery. Your incision was closed with a dissolving stitch, which was covered with small white tapes called Steri-Strips. Your Steri-Strips should be left in place for 9 to 12 days after surgery.

The second layer is a large white fluffy dressing that is loosely wrapped around your elbow. This second layer can absorb the small amount of bleeding drainage that may leak from your elbow incisions for the first couple of days after surgery; this is nothing to worry about. A plaster splint and ace bandage is the final layer. This is left in place until your first follow up appointment when it is removed in my office. You can loosen the ace bandage if it is too tight. The sling is for comfort. Feel free to remove it briefly from time to time, however if you go without too much you will have increased discomfort around your elbow.

Post-operative range of motion brace:

You will be given a hinged range of motion brace at your first post-operative appointment. This will be worn between 6-12 weeks following surgery, or until your fracture has fully healed. Both our office and physical therapy will give you specific instructions on how to wear the brace and how the hinge is set.

Washing & Bathing:

You should be careful to keep the wound clean and after surgery. After your splint is removed it is OK to shower directly over your Steri-Strips (they won't come off). It is also OK to use soap on your elbow and over the Steri-Strips. This shower should be quick. I would prefer that you do not take a bath until one week after surgery.

The yellow discoloration you will find on your arm/hand and arm is a long lasting surgical prep called DuraPrep. This is used because it will kill bacteria on your skin hours longer than old fashion iodine surgical preps. This yellow discoloration will not come off with soap and water - instead you will need rubbing alcohol to remove it. This can be done the day after surgery unless it is causing your elbow to itch, then it can be removed sooner.

Ice & Motion:

One important goal following surgery is to minimize swelling around your arm and elbow. The best way to achieve this is with the frequent application of ice and after your splint is removed, gentle range of motion exercises. You will be able to do this in your post-op brace given to you after your first post-operative office appointment. This is most important in the first few weeks following surgery. The ice pack should be large (like a big zip-lock bag) and held firmly on the elbow (front and back).

At the time of your surgery I injected a long acting numbing medicine to decrease post-operative discomfort and pain. This medicine will cause the area around the incision to become numb. Often time it will also cause some numbness in your hand. This will last no more than 24-36 hours.

Physical Therapy

Your physical therapy appointment should have been made for you before your first post-operative office appointment. **It is important to start physical therapy within 12 days after surgery.** The goal of physical therapy is to first assess how your elbow responded to the surgical procedure, therefore they will remove your dressing and look at your wounds. They will re-introduce you to your elbow so that you feel comfortable with your surgery and aren't afraid to start doing things. Your therapist will start range of motion and strength exercises on your first visit. If they find anything unexpected they will let Dr. Joyce know right away.

Follow up appointment:

We try to give all of our patients a follow-up office visit at the same time we schedule your surgery. Sometimes I find things, or do things, I didn't anticipate during your surgical procedure; therefore I may want to see you in the office sooner than originally planned.

Typically I want to see my patients in the office 9 to 12 days after surgery. You should call our office to confirm your appointment.

Medications:

During surgery either I will often inject your elbow with a numbing medicine like novocaine or the anesthesiologist will give you a total elbow pain block. Either treatment will give some pain relief for several hours after surgery. It is important to begin taking your pain pills before this medicine wears off. In addition, I will usually prescribe two medications for the control of your post-operative pain:

This first medication I use is Vicodin (hydrocodone) which is a strong narcotic pain medication. It will begin to work within 15 minutes after taking it with a maximal effect in one to two hours. For some sensitive patients, when taking the first few doses of Vicodin you may experience nausea or an episode of vomiting. The best way to prevent this is to take the medicine with a little food, start with just one pill, and then be patient while the medicine begins to work. Usually, after the first few doses, the nausea will go away. If the nausea persists, it is possible that a similar response will occur with other narcotic pain pills, therefore we should try the Anaprox as the main medication to control your pain. If you take a full dose of this medication for more than 4 or 5 days it can lead to constipation. Normally, Vicodin is taken every 6 hours but if the pain is severe, it can be used every 4 hours.

The second medication I prescribe is Anaprox, which is a non-narcotic painkiller of the NSAID class. The advantages of this medication is that nausea is an infrequent side effect and it can also be taken with the Vicodin for better pain control than any pain medication alone. This medication should be taken with food. Many patients end up taking the Vicodin at night and the Anaprox during the day. Whatever combination works best with you is fine with me.

Calcium and Vitamin D supplements are give to aid fracture healing.

What to watch out for:

- ∞ Pain that is increasing every hour in spite of the pain medication
- ∞ Drainage from the wound more than 2 days after surgery
- ∞ Increasing redness around the elbow
- ∞ Pain or swelling in your arm
- ∞ Fever greater than 101°
- ∞ Unable to keep food or water down for more than one day
- ∞ Locking or catching within the elbow that is getting worse not better

Who To Call for Questions and Problems:

If you are having problems or there are questions you need answered then please call our office at 860-652-8883 and our nurse will help you. We are open between 8:30 and 4:30 pm, Monday to Friday.

We realize the after surgery some problems or questions are urgent and can not wait until normal working hours. Under these circumstances please call 860-652-8883 anytime (24 hours a day, 7 days a week) and the doctor on-call, or myself will return your call. If you do not receive an answer within 20 minutes they may be a problem with the beeper so please call again.

If an emergency were to occur you can always go straight to the emergency room for immediate attention.

*Wishing you - All the Best,
Michael Joyce, MD*