

# 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

### Elbow Ulnar Nerve Transposition

#### **Bandages & Sling:**

Your post-operative dressing has two 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. The sling is for comfort and to prevent irritation of the ulnar nerve. 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.

#### **Washing & Bathing:**

You should be careful to keep the wound clean and dry for the first 48 hours after surgery. Beginning on the third day after surgery 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. It is OK to go into a swimming pool 2 weeks after surgery, but no lakes or ocean until 3 weeks after surgery. After your bulky gauze dressing has been removed, large Band-Aids can be placed over the steri.

The yellow discoloration you will find on your elbow 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 gentle range of motion exercises. This is most important in the first few days 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 the distribution of your ulnar nerve and you will feel numbness in you 4<sup>th</sup> and 5<sup>th</sup> fingers. This will last no more than 24-36 hours.

### **Immediate Post-Operative Exercises:**

I allow you to gently move you operative arm as soon after surgery as it feels comfortable. Your physical therapist will help guide you through this process. The sooner your elbow function returns to normal the sooner your recovery will begin. It is fine to use your sling for a few days if needed, but keep testing how you can do without it. Almost all patients are out of their sling within a week or two of surgery.

### **Physical Therapy**

Your physical therapy appointment should have been made for you before your surgery day. **It is important to start physical therapy within several 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.

**FOLLOW UP APPOINTMENT: \_\_\_\_\_**

**(or see discharge papers)**

## **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.

## **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*