

POST-OPERATIVE INSTRUCTIONS*Dr. Christopher D Joyce***ELBOW SURGERY: ARTHROSCOPIC PROCEDURES**

You just had elbow surgery. The following list includes important information and instructions about your surgery and postoperative care. Please follow the instructions. If you have any questions (including what exactly your surgery entailed) please do not hesitate to call.

CONTACT INFORMATION:

- **ANESTHESIA:** (801) 587-5343 (Pre-operative nurses who can take a message for anesthesiologist).
- **AFTER HOURS:** (801) 581-2121 (Tell the hospital operators your surgeon's name; they will contact the resident/fellow on call for you.)
- **DURING CLINIC HOURS:**
 - **Athletic Trainor (Jon Burke):** (801) 587-1280
 - **Surgery Scheduling (Adriana):** (801) 585-7158
 - **Nurse (Kristey):** (801) 213-7060
 - **Medical Assistant (Dylan, Michael):** (801) 213-0715
- **APPOINTMENT SCHEDULING:**
 - **University Orthopaedic Center, Salt Lake City:** (801) 587-7109
 - **Farmington Health Center, Farmington:** (801) 213-3200
- **JOYCE TEAM EMAIL:** JoyceTeam@hsc.utah.edu
- **JOYCE TEAM FAX NUMBER:** (801) 587-7111 (make sure to put who the fax is 'attention to')
- **PHYSICAL THERAPY:**
 - **U of U Orthopaedic Center:** (801) 587-7005
 - **Farmington Health Center:** (801) 213-3200
- **TOLL FREE:** Can transfer to any of the numbers above. 1-800-824-2073

Anesthesia:

- General Anesthesia can cause some mild confusion, disorientation, or nausea. Try and relax at home. This may persist for several days
- Do not drive or operate heavy machinery, drink alcohol beverages or sign any legal documents for at least 24 hours.

Nerve Block or Catheter:

- If you had a nerve block you may be unable to move your arm or hand because of weakness and you may experience some numbness. This can last 24-48 hours.
- **Wear your sling at all times** to protect your shoulder, elbow, arm and hand.
- As the nerve block or catheter wears off, you may need to take your prescribed pain medication.

Pain Management:

- Some discomfort is **normal and expected** following any operation. The first 3 to 5 days after surgery are the worst. The pain will start to decrease after this.
- You will be given a prescription for pain medications along with instructions for use. **Take them as directed** on the label and **with food**.
- If you were given a **nerve block**, expect a LARGE increase in pain after the block wears off. Nerve blocks typically last **12-24 hours**. It is recommended that you **begin taking**

pain medication prior to the block wearing off, at the first indication of pain. You may have a nerve catheter which releases numbing medicine over a longer period of time (Please see the Anesthesiologist's instruction sheet on how and when to remove the catheter)

- Certain pain medications contain Tylenol. **DO NOT** take additional Tylenol/Acetaminophen while on those meds. Limit your acetaminophen intake to 4000 mg daily
- **DO NOT** operate heavy machinery, drive, or drink alcohol while on narcotic medications.
- **Ice:** We recommend using ice bags or an ice machine to help with post-operative pain, soreness, and swelling. Ice for 20-30 minutes at a time, 5-6 times daily for the first 7-14 days after surgery. Continue to ice as needed for soreness.
- Pain medications can cause **constipation and nausea and vomiting**. Drink plenty of **fluids** and eat a diet higher in **fiber** after surgery. For **constipation** consider over the counter additions i.e. Metamucil, Senokot or another over the counter stool softener. To decrease **nausea/vomiting** take your pain medications with small amounts of food to decrease. Medication can be prescribed for nausea as needed, on a case-by-case basis. Please call if your pain medications are causing nausea.
- If your pain is not adequately controlled by the prescription medication, contact your surgeon's office or the fellow/resident on call at the numbers listed at the top of this sheet.
- **Note:** Post-op pain may be more difficult to manage if you were taking narcotic pain medication prior to surgery.
- We recommend that you **stop taking all narcotic pain medication as soon as comfortable** and switch to Tylenol or other over the counter anti-inflammatory medications as pain levels decrease.
- Depending on pain tolerance, **you may not need the narcotic pain medication** at all.

Sling and Activity:

- You will wake up in a sling after surgery.
- When the nerve block has worn off, you may remove your sling. However, if you are in a splint, plan to keep this in place until your first post-operative visit.
- You may begin gentle elbow motion exercises on your own at home or with your physical therapist. Dr. Joyce will direct when you can start PT.

Sleeping:

- You can expect that sleeping may be difficult following an elbow surgery, even with oral pain medications. Please take your pain medications as prescribed
- Sleeping in an upright position with the use of a reclining chair may help reduce some of the pain associated with sleeping.

Diet:

- Start drinking clear liquids, if you tolerate them well progress to light food and then to a regular diet.

Wound Care/Showering:

- **You may remove your dressings 3 days after surgery and leave the incisions open to air.** Sutures will be removed at your first post-operative visit. If the sutures are bothering you, then you may place a wrap around the elbow.
- **DO NOT** scrub or rub the incision. You may get the incisions wet after the dressing is removed, but gently pat them dry and do not rub them

- Please **DO NOT** place any ointments or creams on the incisions.

Bleeding:

- Some bleeding post operatively is normal.
- If your bandage has some dried blood underneath it, this is normal. If your bandage is completely saturated, **please call Jon Burke.**

Signs of Infection:

- Fever (101° or greater), shaking, chills or sweats/night sweats.
- Spreading redness around the incision
- Persistent drainage from the incision
- **Please call Jon or the on call phone number if you have any of these symptoms.**

Restrictions:

- **DO NOT** use the surgical arm for **any activity** other than gentle motion. No resistance with surgical side. No climbing, lifting, resistance, overhead activity, pushing, pulling, jerking, sudden or forceful movements. Avoid lifting anything with the operative side until after you are instructed by Dr. Joyce to do so.

Post-Operative Appointment:

- When you scheduled your surgery a post-operative appointment was scheduled for 10-14 days after your operation. If you have not received an appointment or if you have forgotten the date and time please call my **medical assistant (801) 583-0715** or **Jon Burke (801) 587-1280** to schedule.

Reasons to Call: It is important to call our office, hospital on-call physician, your primary care doctor's office or an emergency room if any of the following occur:

- If you experience any adverse reactions to your pain medications.
- Fever (101° or greater), shaking, chills or sweats/night sweats.
- Increased redness, swelling, warmth or pain in/around the incisions, non-clear drainage from the incision.
- Calf swelling, redness, pain or warmth, cramps in your lower legs, loss of sensation to foot/toes, blue limb.
- Chest pain, chest tightness, shortness of breath, difficulty breathing, heart palpitations.
- Inability to have a bowel movement after 3 days and/or inability to urinate after 1 day.
- Uncontrolled nausea/vomiting.
- A fall or new injury to the surgical site.
- If any of these concerns occur **after-hours**, please call **(801) 581-2121** and ask to speak to the **on-call physician** or **go to the Emergency Room.**
- When in doubt, dial 9-1-1 immediately for medical emergencies

Questions or Concerns:

- Call **Jon Burke at (801) 587-1280** for any questions about guidelines or restrictions.

If you are unable to reach Jon, please call the University of Utah Hospital operator **801-581-2121** and please ask to speak with the orthopaedic surgery resident on call.