Olympia Orthopaedic Associates

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Post-Operative Instructions after Outpatient Elbow Surgery

Instructions Until First Post-op Visit

- <u>Activity Level</u>: Your arm was placed in a sling following surgery. You should remove the sling whenever comfortable to begin performing exercises for your shoulder. The exercises should be performed at least 5 times daily, 5 repetitions each. **Do not** discontinue the sling until cleared by Dr. McLaughlin and his team. After the exercises, ensure the sling is put back on.
- <u>Pain Medication</u>: Prescriptions for pain medication will be given to you in clinic at your preoperative appointment. You should avoid taking pain medications on an empty stomach as it may make you nauseous.
 - Do not drink alcoholic beverages or take recreational drugs when taking pain medications.
- <u>Icing</u>: For the first few weeks after surgery, icing your shoulder five times daily for up to 20-30 minutes may decrease pain and inflammation in the shoulder. You may ice your shoulder more frequently if you are having continued pain and swelling. Do not sleep with ice on your shoulder.
- <u>Wound Care</u>: **Keep dressings clean and dry**. Keep your postoperative dressing on until your first followup visit unless told otherwise by Dr. McLaughlin and the team. You may keep them covered with a bandage if there is still some oozing. If it becomes soiled or wet, replace it with a new bandage. Do not put any ointments such as bacitracin on or near the incisions.
- Showering: We recommend waiting until the dressing is removed before you start showering. In the interim, you can cover the arm with a plastic bag, sealed near the shoulder. Try to avoid getting the operative arm in the shower stream, as the bag is not 100% waterproof. After the dressing has been removed, when showering, have warm soapy water run over the incision, but do not place it directly under the water. Afterwards, "pat" the area over the incision dry, do not "rub" as that can create hurt the incision. Please keep the Steri-strips (ie "buttefly bandages") on for at least 1 week, if present. Steri-strips will fall off naturally with time. DO NOT submerge the incision in a bath or jacuzzi for 6 weeks postoperatively, when cleared to do so by Dr. McLaughlin and the team.
- <u>Dressing/Undressing</u>: When dressing, put your operative arm in the sleeve first. When getting undressed, take your operative arm out last. Loose fitting, button-down shirts are recommended.

- <u>Sleeping</u>: Many patients find that lying in a semi-seated position in bed is more comfortable than lying flat. Some patients find sleeping in a recliner more comfortable during the first few weeks after surgery. Keep a pillow propped under the elbow and forearm for comfort.
- <u>Driving</u>: You should not drive until you are off pain medication and you feel comfortable with moving your shoulder around.
 - Often, the arm is kept in the sling for 6 weeks post surgery, and driving during this time may put you at increased liability
- <u>Follow-up Visit:</u> Your first followup visit should be between 7 and 14 days from surgery. This should be made for you. If you do not have to visit made, please call immediately.

What to Expect After Your First Post-op Visit

- <u>Activity Level</u>: We will have you continue range of motion exercises.
- <u>Pain Control</u>: You should be able to taper off your narcotic pain medication within 2 weeks after surgery. You can take Tylenol and Naprosyn continue icing the shoulder if you are still having symptoms.
- <u>Sleeping</u>: The ability to sleep through the night may take 4 weeks or more after surgery. Continue lying in a semi-seated position in bed or sleeping in a recliner.

Medication Information

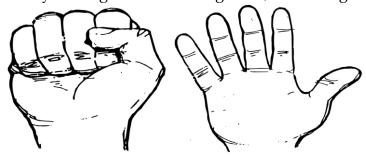
- The following medications will be prescribed to you after surgery:
 - o Oxycodone: narcotic pain medication
 - Take 1-2 pills every 3-4 hours
 - o Tylenol: pain medication
 - You can take 1 extra strength Tylenol (500 mg) every 6-8 hours
 - Please do not take more than 3,000mg of Tylenol per day
 - o <u>Naprosyn</u>: anti-inflammatory medication
 - Take 1 pill with breakfast and with dinner
 - If you have a history of an ulcer or stomach bleeding, do not take this medication
 - If you start feeling any stomach discomfort, please discontinue use of this medication
 - o <u>Zofran</u>: anti-nausea medication
 - Take 1 pill every 6-8 hours as needed for nausea
 - o <u>Colace</u>: stool softener
 - Take 1 pill twice daily to prevent constipation
 - Senna: A second stool softener
 - Take 2 pills daily one every 12 hours to prevent constipation
- Pain medication may make you constipated. Below are a few solutions to try in this order:
 - Take the Colace as directed above
 - Take the Senna as directed above

- o This can be supplemented with:
 - Miralax a stronger over-the-counter laxative
 - Magnesium Citrate an even stronger over-the-counter laxative
 - <u>Note:</u> If requiring Miralax or Magnesium Citrate, <u>please update Dr.</u> <u>McLaughlin's team</u>
- o Last option would be a Fleets Enema

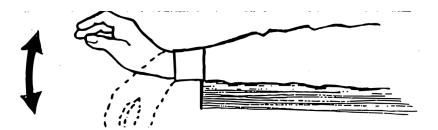
Exercises To Do

The following exercises should be performed 5 times daily, 10 repetitions:

1. <u>Hand</u>: bend your fingers to make a tight fist, then straighten your fingers.



2. <u>Wrist</u>: bend your hand downward, then upward.



- 3. Shoulder pendulums:
 - Assume the position shown below, letting the surgical arm hang relaxed.
 - Make small circles in a clockwise direction (5x)
 - Reverse the direction and do the same in a counterclockwise direction (5x)



CONTACT INFORMATION:

- If you have any non-urgent questions or concerns, or if you would just like to give me updates on your progress after surgery, please contact the team via telephone or patient portal
- If you would like to contact our office by phone or to change your appointment time, please call (360) 786-8990
- For any urgent or emergent issues, you can either:
 - o Call 911
 - o Head to the Emergency Department,

Our hope is that you make a quick recovery from your shoulder surgery. Again, please do not hesitate to contact me with any questions or concerns.

Richard J. McLaughlin, MD