

## Elbow Surgery Post-Operative Instructions

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### Medications

- Numbing medicine is often used during the surgery or provided by the anesthesia team in the form of a block. When this medication wears off, it is not uncommon for pain to increase. To avoid “getting behind” we advise patients to take pain medications before numbing wears off.
- Take Tylenol (acetaminophen) 500-650 mg 1 tablet every 4 hours (maximum of 3 grams per day) **as needed** for pain. The oxycodone prescribed does not contain Tylenol. Initially after surgery, stagger Tylenol and Oxycodone to receive one medication every 2 hours.
- Take Aleve (naproxen) 250 mg 1 tablet every 12 hours **as needed** for pain.
- With the combination of Tylenol, Aleve, and ice, many patients **do not require** oxycodone.
- Take Oxycodone 5 mg 1-2 tablets every 4-6 hours **as needed** for pain.
  - o The most frequent side effects of oxycodone include drowsiness, constipation, nausea, and itching. Do not drive or operate machinery while taking Oxycodone. Oxycodone can be habit forming and should be avoided if possible. While some patients need Oxycodone after shoulder surgery, many are able to avoid it. The minimum dose should be taken as infrequently as possible. Please keep all medications in a secured location. Dispose of Oxycodone when it is no longer needed. Oral Benadryl (Diphenhydramine) can be helpful for itching, but can compound drowsiness.
  - o Please note that refills for this medication will **not** be dispensed after 3 PM on Fridays.
- Take Colace (Docusate) 100 mg 1 tablet twice a day **as needed** for constipation. If you experience loose stools or diarrhea, stop taking colace. If constipation persists, over-the-counter Milk of Magnesia, Dulcolax, and Miralax can all be helpful.
- Take Zofran (Ondansetron) 4 mg 1 tablet every six hours **as needed** for nausea.

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### Diet

- Resume a regular diet as soon as possible. Start with clear liquids and light foods (jello, soup, etc.). Once nausea has resolved, Dr. Chalmers recommends a diet rich in fruits, vegetables, and fiber to provide your body with the nutrients it needs to heal.

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### Sling

- Use the sling **as needed** to support the arm while in the post-operative dressing. You do not need to wear the sling at home or when resting. It is best to wear the sling when out of the home and especially in unpredictable situations and in crowds.
- To remove the sling: Unfasten the neck strap and slide the arm out. Reverse the process to replace. If the sling is correctly positioned, the arm is parallel to the floor and the hand is at the belly button.

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### Activity

- Elevation is critical to reduce swelling and pain. For the first two days after surgery, your elbow should be elevated most of the time. Ensure that the hand is elevated slightly above the elbow, which is elevated above the shoulder, which is level with the heart. This usually requires that you place pillows under the elbow and hand.
- Exercise your hand as follows: Make a tight fist and then maximally straighten your fingers. Repeat each of these exercises for 10 repetitions, three times a day. These exercises are very important to retain mobility in your hand, to reduce swelling, and to improve circulation.

- Long periods of sitting and long-distance travel within the first two weeks after surgery may increase discomfort but is not dangerous. If this is necessary, take frequent breaks by standing.
  - Most patients return to desk work or school 3-4 days after surgery, if pain is tolerable. You cannot remove the dressing to drive. We do not recommend driving while the dressing is in place. Insurance companies will NOT cover accidents incurred after recent elbow surgery.
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### **Dressing care**

- Maintain the dressing that was placed at the time of surgery until follow-up with Dr. Chalmers. Do not get the dressing wet and do not remove the dressing. Prior to dressing removal you may shower, but the dressing must stay dry. Some patients use a plastic covering for the dressing and others will use a sponge bath.
  - You may shower once the dressing is removed. Let water run over the incisions, do not scrub the incision. Pat the wound dry. Do not place any alcohol, lotion, or ointment on incisions. Leave the incisions open to air.
  - Do not immerse the elbow in a water (bath, pool, etc.) until four weeks post-operatively.
  - It is normal for the elbow to bleed and swell following surgery. Bruising and swelling of the elbow, arm, and hand are common and normal with surgery. A small amount of drainage through the dressing is also common. Do not be alarmed if you see a small amount of drainage.
  - Ice is very important after elbow surgery and should be used continuously over the dressing for the first three days. Following dressing removal, use the ice three to five times per day for 20-40 minutes, especially before sleep. You may use ice within a plastic bag, gel ice packs, or an ice machine. Always place a towel or cloth between ice and skin to avoid frostbite.
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### **Follow-up**

- A follow-up appointment has already been made for you:  
Time: \_\_\_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_
  - Please do not hesitate to contact our office with any questions or concerns, we are happy to help. After hours you will be directed to the doctor on-call.
  - Please call the office if you experience: excessive wound drainage or drainage for longer than five days after surgery, redness surrounding the incisions, difficulty breathing, calf pain, or numbness or tingling in the arm or hand that was not present before surgery and has lasted more than 24 hours.
  - Fevers are not uncommon after surgery and usually are not a sign of an infection. If you experience a fever in the first five days, take Tylenol and continue to monitor your temperature. Please contact the office with any fever that occurs beyond five days post-operatively or continues despite Tylenol.
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### **Contact Info**

- Primary Clinical Assistant: Bri Arsenault (801) 587-0063
- After Hours Emergency Contact: (801) 581-2121 (Ask for the orthopaedic resident on call)
- Practice e-mail: [chalmerspractice@hsc.utah.edu](mailto:chalmerspractice@hsc.utah.edu)