



P: (843) 353-3460 | F: (843) 353-3461

Medial Epicondylitis Postoperative Instructions

Diet

- Begin with clear liquids and light foods (Jell-O, soups, etc.)
- Progress to your normal diet if you are not nauseated.

Wound Care

- Maintain your operative dressing, loosen bandage if swelling of the hand occurs
- It is normal for the elbow to bleed and swell following surgery. If blood soaks through the bandage, do not become alarmed, reinforce with additional dressing
- To avoid infection, keep surgical incisions clean and dry – you may shower by placing a plastic covering over the surgical site beginning the day after surgery. NO immersion of the arm.
- Elbow will be immobilized in a splint/sling following surgery do not remove until post op appointment 7-14 days following surgery.
- You may begin showering and getting the wound wet after your first post-operative visit

Medications

- Local anesthetics are injected into the wound at the time of surgery. This will wear off within 8-12 hours and it is not uncommon for patients to encounter more pain on the first or second day after surgery when swelling peaks.
- Most patients will require some narcotic pain medication for a short period of time – this can be taken as per directions on the bottle.
 - Primary Medication = (Oxycodone)
 - Take 1 – 2 tablets every 4 – 6 hours as needed
 - Max of 12 pills per day
 - Plan on using it for 2 to 5 days, depending on level of pain
 - Ondansetron (Zofran) take as needed for nausea
 - Docusate sodium (Colace) as needed for constipation
 - Meloxicam two times a day for 2 weeks
 - Tylenol 1000mg three times a day for two weeks
 - Common side effects of the pain medication are nausea, drowsiness, and constipation. To decrease the side effects take the medication with food. If constipation occurs, consider taking an over the counter laxative.
 - If you are having problems with nausea and vomiting, contact the office to possibly have your medications changed.
 - Do not drive a car or operate machinery while taking the narcotic medication

Activity

- When sleeping or resting, inclined positions (i.e.: reclining chair) and a pillow under the forearm for support may provide better comfort.
- Do not engage in activities which increase pain/swelling. Unless otherwise instructed the arm should remain in the sling at all times.
- Avoid long periods of sitting or long distance traveling for 2 weeks.
- NO driving until instructed otherwise by physician
- May return to sedentary work ONLY or school 3-4 days after surgery, if pain is tolerable
- Formal physical therapy typically begins once your splint is removed. Please contact your therapy location of choice within 2-3 days after surgery to schedule appointments.

Immobilizer (If Prescribed)

- You will be placed in a posterior mold splint where you cannot straighten your elbow for 1-2 weeks following surgery
- You are to wear sling at all times while the splint is in place

Ice Therapy

- Icing is very important in the initial post-operative period and should begin immediately after surgery.
- Ice packs 20 minutes every 2 hours daily until your first post-operative visit. Care should be taken with icing to avoid frostbite to the skin.

Exercise

- Begin finger flexion and extension on the first post-operative day to help decrease swelling.
- Formal physical therapy (PT) and occupational therapy (OT) typically begins 7-14 days after surgery. Please schedule appointments to start once you splint is removed.

Emergencies

- Contact Dr. Gehrman or his clinical assistant at (843) 353-3460 if any of the following are present:
 - Painful swelling or numbness
 - Unrelenting pain
 - Fever (over 101°F - it is normal to have a low grade fever for the first day or two following surgery) or chills
 - Redness around incisions
 - Color change in wrist or hand
 - Continuous drainage or bleeding from incision (a small amount of drainage is expected)
 - Difficulty breathing
 - Excessive nausea/vomiting

- **If you have an emergency after office hours or on the weekend, contact the same office number 843-353-3460 and you will be connected to our page service – they will contact Dr. Gehrman or one of his colleagues if he is unavailable. Do NOT call the hospital or surgical center.
- **If you have an emergency that requires immediate attention, proceed to the nearest emergency room.

Follow Up Care + Questions

- A member of Dr. Gehrman's team will call you 24 to 48 hours after surgery to address any questions or concerns. If you have not been contacted within 48 hours of surgery, please call the office at 843-353-3460.
- Typically the first post-operative appointment following surgery is 10-14 days following surgery.
- If you do not already have a postoperative appointment scheduled, please contact the office during normal office hours (843-353-3460) and ask for appointment scheduling.
- The first post-operative appointment will be with myself or one of the Physician Assistants. They will assess the wound, go over post-operative protocol, and answer any questions you may have regarding the procedure.

MEDIAL EPICONDYLE DEBRIDEMENT REHABILITATION PROTOCOL

Name: _____ Date: _____

Diagnosis: _____

Date of Surgery _____

Frequency: 1 2 3 4 times/week

Duration: 1 2 3 4 5 6 Weeks

Week 1:

- Wear splint for 7-14 days after surgery.
- Active shoulder ROM
- Ice 2-5 times daily to reduce swelling

Weeks 2-4:

- Remove splint
- Begin passive and active hand, wrist and elbow ROM.
- Gentle strengthening exercises with active motion
- Continue shoulder Strengthening and ROM

Weeks 4-8:

- Gentle isometrics may begin
- At week 6, may advance to more rigorous, resistive exercises including wrist flexion and forearm pronation
- Gentle massage along and against fiber orientation
- Counterforce bracing as needed
- A progressive strengthening program may follow


Weeks 8-12:

- Continue counterforce bracing if needed
- Begin task-specific functional training
- Return to sport or activities by 3-6 months postoperatively

Post-Operative Rehabilitation Guidelines for Medial/Lateral Epicondyle Debridement

0-6 Weeks:

- Posterior mold splint and sling until first post-op visit
- Splint removed and use of cock up wrist splint for weeks 2-6
- Advance PROM into AAROM and AROM as tolerated
- No resisted supination or pronation

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- No lifting
 - Desensitization and scar massage as soon as sutures are removed

6-12 Weeks:

- Once motion achieved, progress into bands
- Lifting initiated in forearm supination or neutral
- Light lifting with pronation initiated as tolerated by week 9

12-16 Weeks:

- Progress lifting in all forearm positions as tolerated
- Full return to activity as tolerated