



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

ARTHROSCOPIC ELBOW DEBRIDEMENT POSTOPERATIVE INSTRUCTIONS

Post-Operative Instructions

I. Diet

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

II. Wound Care

- Maintain your operative dressing, loosen bandage if swelling of the wrist or hand occurs
- It is normal for the elbow to bleed and swell following surgery – if blood soaks onto the bandage, do not become alarmed – reinforce with additional dressing
- Remove surgical dressing on the **2nd** post-operative day – if minimal drainage is present, apply Band-Aids over incisions and change daily
- To avoid infection, keep surgical incisions clean and dry – you may shower starting the day after surgery if you seal the surgical site with plastic around the ACE
- Once surgical dressing has been removed (2nd day) you may place waterproof Band-Aids over incisions to shower, change bandages daily. Do not scrub the area and pat to dry. NO immersion of operative arm (i.e. bath)

III. Medications

- Pain medication is injected into the wound and elbow joint during surgery – this will wear off within 8-12 hours.
- 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 medication with food. If you are having problems with nausea and vomiting, contact the office to possibly have your medication changed.
- Do not drive a car or operate machinery while taking the narcotic medication.

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IV. Activity

- Elevate the operative arm to chest level whenever possible to decrease swelling.
- 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 (lifting or any repetitive wrist/elbow/shoulder movements) over the first 7-10 days following surgery.
- Avoid long periods of sitting (without arm elevated) 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 7-10 days postoperatively. Please call your physical therapy location of choice (within 2-3 days after surgery) to schedule appointments.

V. Immobilizer

- Your sling should be worn for comfort and removed for exercise and hygiene.
- You may remove for gentle range of motion of your shoulder, elbow, wrist, and hand.

VI. Ice Therapy

- Begin immediately after surgery.
- Use icing machine continuously or ice packs (if machine not prescribed) every 2 hours for 20 minutes daily until your first post-operative visit – remember to keep arm elevated to level of chest while icing.

VII. Exercise

- Gentle shoulder, elbow, wrist, and hand range of motion exercises can be performed beginning on the first post-operative day
- Formal physical therapy (PT) will begin about 7-10 days post-operatively. Please contact your physical therapy location of choice 2-3 days after surgery to schedule appointments.

VIII. 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.

IX. 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.

Elbow Arthroscopy PT Protocol

Name: _____ Date: _____

Diagnosis: _____

Date of Surgery _____

Frequency: 1 2 3 4 times/week

Duration: 1 2 3 4 5 6 Weeks

Phase I –Immediate Motion Phase

Goals

- Improve/regain of range of motion
- Retard muscular atrophy
- Decrease pain/inflammation

Day 1-4

- Range of motion to tolerance (elbow flexion/extension and supination/pronation)
- Often full elbow extension is not capable due to pain
- Gentle overpressure into extension
- Wrist flex/ext. exercises
- Gripping exercises with putty
- Isometrics for wrist/elbow
- Compression/ice 4-5 times daily

Day 5-10

- Range of motion ext./flex (at least 20-90)
- Overpressure into extension (4-5 times daily)
- Joint mobilization to re-establish ROM
- Continue isometrics and gripping exercises
- Continue use of ice

Day 11-14

- ROM exercises to tolerance (at least 10-100)
- Overpressure into extension (3-4 times daily)
- Continue joint mobilization techniques
- Initiate light dumbbell program (PREs)
- Biceps, triceps, wrist flex/ext, sup/pronators
- Continue use of ice post-exercise

Phase II –Intermediate Phase

Goals

- Increase range of motion
- Improve strength/power/endurance
- Initiate functional activities

Week 3 to 4

- Full ROM exercises (4-5 times daily)
- Overpressure into elbow extension
- Continue PRE program for elbow and wrist musculature
- Shoulder program (Thrower's Ten Shoulder Program)
- Continue joint mobilization
- Continue use of ice post-exercise

Week 4 to 7

- Continue all exercises listed above
- Initiate light upper body program
- Continue use of ice post-exercise

Phase III –Advanced Strengthening Program

Goals

- Improve strength/power/endurance
- Gradual return to functional activities
- Criteria to Enter Phase III
 - Full non-painful ROM
 - No pain or tenderness

Week 8 to 12

- Continue PRE program for elbow and wrist
- Continue shoulder program
- Continue stretching for elbow/shoulder
- Initiate Interval program and gradually return to sporting activities