



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

UCL/MCL Reconstruction 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 elbow, wrist, or hand occurs
- It is normal for the shoulder to bleed and swell following surgery – if blood soaks onto 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 large garbage bag over your sling starting the day after surgery – NO immersion of operative arm (i.e. bath)

Medications

- Pain medication is injected into the wound 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
 - Ondansteron (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
- Common side effects of the pain medication are nausea, drowsiness, and constipation – to decrease the side effects, take 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 medication 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 (lifting or any repetitive above shoulder-level activities) over the first 7-10 days following surgery
- Avoid long periods of sitting (without arm supported) 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

Immobilizer (if prescribed)

- Your immobilizer should be worn at all times except for hygiene and exercise.

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

Exercise

- No elbow exercises or motion until after your first post-operative visit
- You may remove your sling for range of motion exercises of your shoulder, wrist, and hand
- Formal physical therapy (PT) will begin about 10 days post-operatively with a prescription provided at your first post-operative visit

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 – the 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.

Elbow MCL Reconstruction Protocol

Name: _____ Date: _____

Diagnosis: _____

Date of Surgery _____

Frequency: 1 2 3 4 times/week

Duration: 1 2 3 4 5 6 Weeks

Week 1:

- Elbow is immobilized in the Bledsoe Brace or splint at 75 degrees flexion (7-10 days) with wrist free but in sling.
- Dressing changed at 7-10 days after surgery

Week 2:

- Begin active range of motion in the brace.
- Brace adjusted to 30 degrees (locked) extension to full flexion
- May begin grip strength in brace

Week 4:

- Discontinue the use of the Bledsoe Brace
- Shoulder and elbow ROM, PROM, AAROM, AROM, advance as tolerated
- Begin muscle strengthening exercises for wrist, forearm, elbow and shoulder
- Advance strengthening as tolerated (avoid aggressive weight-lifting until 12 weeks after surgery, especially chest flies or other lifts that directly stress the ligament)
- Valgus stress on the elbow is avoided until at least 2 months after surgery
- Total body conditioning/ aerobic training may begin

Month 4:

- May begin an interval-throwing program progressing from 45 ft up to 180 ft.
- Pitchers are not asked to throw past 120 ft, infielders are not asked to throw past 150ft.
- The player may progress from one distance level to the next when the following criteria are met:
 - There is no pain or stiffness while throwing
 - There is no significant pain or stiffness after throwing
 - Strength is good throughout the final set with little fatigue
 - The throwing motion is effortless and fundamentally sound
 - Accuracy is consistent and throws are online
- For Pitchers, the mound program begins at the completion of the 120 ft level.
 - The catcher is initially moved forward, but throwing with a pitching motion is reserved for the mound
 - No flat ground pitching is allowed



Months 9-12:

- Return to competition is permitted when the following conditions are met:
 - Trunk, scapula, shoulder and arm muscle strength and balance have returned to normal
 - There is no pain while throwing
 - Throwing balance, rhythm, and coordination have been reestablished