

SLING:

You may need to use a sling following surgery. This should be worn at all times until you follow up in clinic. You can loosen the strap around your neck when you are seated and awake.

MOVING YOUR ELBOW: This is dependent on your procedure.

You may squeeze a ball with your arm in the sling to help decrease swelling in your hand. Elevating your hand above the level of your heart also helps decrease swelling. If you are not immobilized by a splint, it is OK for you to move your hand, wrist and elbow gently three times a day.

Olecranon Open Reduction Internal Fixation: You will be placed in a splint or brace during surgery. Your surgeon will remove the splint in clinic and explain how to progress your range of motion.

Radial Head Replacement: You will be placed in a dressing during surgery. If this is not a hard splint, you may begin gentle passive range of motion (under power of your non-operative arm). Your surgeon will remove the dressing and/or splint at your first clinic visit and explain how to progress your range of motion.

Medial Epicondyle Repair: You will be placed in a splint or brace during surgery. Your surgeon will remove the splint in clinic and explain how to progress your range of motion.

ICE:

Use a commercially available ice bag or fill a large plastic bag with ice and water. (Do not place a plastic bag directly on your skin, but place a towel on your arm in between your skin and the ice bag.) You can ice your elbow 20 minutes on and 20 minutes off throughout the day. Do not ice your elbow longer than 30 minutes at a time, as this can cause frost bite. Ice is most helpful in the first 3 days after surgery, but can help up to 2 weeks after surgery. We do not recommend that you use heat, as this can increase swelling.

BANDAGES:

Leave your dressing clean and dry and do not remove it until your postoperative clinic visit. Your surgeon will remove the dressing and discuss wound care at that time.

MEDICATIONS:

You will be given a narcotic pain medicine (such as Percocet – oxycodone, Norco – hydrocodone, or Tylenol#3 - Codeine). We will prescribe a different medication if you cannot take these. Take this AS NEEDED only. Do not take additional Tylenol (sometimes called acetaminophen) with these medicines,

as they already have Tylenol in them. You may SUBSTITUTE Tylenol for a narcotic pill if you choose to. Be certain that you do not exceed the maximum Tylenol dose as noted on the Tylenol bottle. Pain medicines often cause constipation, so you may want to purchase an over-the-counter stool softener (for example – Dulcolax, or you may also ask the Pharmacist) to take along with these medicines. It is best to take most of these medicines with some food, as they can all cause a little stomach upset.

You may have received Phenergan (promethazine) or Zofran (ondansetron). You may take these medications if you are having nausea or vomiting.

FOLLOW-UP APPOINTMENTS:

You should have a **follow-up appointment** with your surgeon in about 2 weeks if you stay overnight in the hospital. If you do not stay in the hospital, you will have an additional visit with the Physician's Assistant within a few days of your surgery. Call (480) 964-2908 right away if you do not have an appointment already scheduled. We will check your incisions and remove any sutures at the 2-week visit. We will also answer any specific questions you may have about your surgery. You will be referred for Physical Therapy if this has not been arranged, as many patients benefit from PT after elbow surgery.

CALL OUR OFFICE at (480) 964-2908 with any urgent or emergent questions or concerns that you may have, or if you develop swelling in your leg with calf pain, swelling that will not go away when you elevate your leg, a temperature above 101.4, or drainage from your incisions.

If you experience any of these symptoms: go to an **Emergency Department** close to your house: High fever (above 102.5), chest pain, difficulty breathing, fainting, or bleeding.