

POST-OPERATIVE INSTRUCTIONS

ELBOW ULNAR COLLATERAL LIGAMENT RECONSTRUCTION

Dr. Adam O'Brien

MEDICATION

- You will be prescribed a narcotic pain medication with or without additional Tylenol, take as instructed and only as needed. Do not take additional Tylenol unless prescribed.
 - **Pain medication may cause constipation.** You may take an over the counter stool softener (docusate, senna, Miralax, etc) to help prevent this problem.
 - You should take these medicines with food or they may nauseate you.
 - You may not drive or operate heavy equipment while on narcotics.
 - Pain medication is refilled on an individual basis and only during office hours.
- If you have a nerve block, begin taking the pills as you feel your sensation returning to prevent a sudden onset of extreme pain (typically 6-12 hours after your surgery). **Do not wait until the block completely wears off.**
- Do not take medications such as Advil, ibuprofen, Aleve, naproxen until 6 weeks after surgery
- Resume all other home medications unless otherwise instructed.

WOUND CARE and DRESSINGS

- You will be in a splint for 1 week after surgery. Do not get your splint wet. This will be removed at the first clinic visit
- When showering, keep the splint out of the water.
- To access your armpit, lean forward slightly to let you arm dangle away from your side.
- Incisions may not get wet until after your first postoperative visit. **No submersion of wounds (bath, hot tub, pool) until a minimum of 3 weeks after surgery.**
- You may notice small spotting through your dressings, this is normal. You may place an additional bandage of this area. If it becomes saturated, it is ok to change the dressings entirely and replace them

BRUISING

- The arm/hand may become swollen and bruised, which is normal and is from the fluid and blood in the elbow moving down the arm. It should resolve in 10-14 days.
- The elbow and forearm may also become swollen and bruised, which is normal
- **If you experience severe pain or swelling, call immediately (see contact info).**

COLD THERAPY

- Once the splint is removed, ice should be used for comfort and swelling. Use it at least 20 minutes at a time, every hour while awake if needed. (A simple bag of peas works well as an inexpensive alternative)



- **Never apply directly to exposed skin. Place a dish-towel or t-shirt between your skin and the ice.**

BRACE

- You will be given an elbow brace once the splint is removed. This is to be worn at all times other than hygiene
- Your physician will set the brace at certain limits, do not adjust these on your own unless directed by the physician

EXERCISES

- Your first physical therapy session should occur 2 weeks after surgery, once the splint is removed
 - It is a good idea to schedule this before surgery to avoid wait lists
 - Physical therapy is crucial to recovery, and much of the work is **homework!**

EMERGENCIES

- Please call if you notice any of the following (see contact info below):
 - Uncontrolled nausea or vomiting, suspected reaction to medication, inability to urinate, fever greater than 101.5 (low grade fevers 1-2 days after surgery are normal), severe pain not relieved by pain medication, redness or continued drainage around incisions (a small amount is normal), calf pain or severe swelling.
- **If you are having chest pain or difficulty breathing, call 911 or go to the closest emergency room.**

FOLLOW UP APPOINTMENT

- Please make your first post-op visit 7-10 days after surgery if not already scheduled.

CONTACT INFORMATION

- For surgery or prescription related questions or concerns, please contact:
 - **Monday-Friday** (8AM-5PM) – Ortho Triage Nurse at 512-509-2525 (option 1).
 - **After Hours** (M-F 5PM-8AM/weekends/holidays) – Patient Advisory Nurse at 1-800-724-7037.
- For any scheduling or appointment questions or concerns please call 512-654-6588 (M-F, 8AM-5PM).

The intent of this rehabilitation protocol is to provide the patient and therapist with general guidelines post-operatively. It is meant to be adaptable based on individual patient progress and clinical decision making. The goal of rehabilitation is to allow the repair time to heal, while maintaining functional elbow range of motion. Progression through each phase is based on patient's performance, pain, timing related to tendon healing, and clinical discretion.

	Weight Bearing	Brace	Range of Motion	Therapeutic Exercises
Phase I 0-1 Weeks	Non-weight bearing	Remain in postop splint	Neck ROM, wrist and hand ROM	No active or passive ROM, no lifting or supporting body.
Phase I 1-4 Weeks	Non-weight bearing	Splint will be taken off at first postop visit, and will be placed in a hinged elbow brace. To be worn at all times other than hygiene	Continue Neck, wrist, hand ROM Begin ROM in brace: - 1-2 weeks 30-90° - 2-4 weeks 20-120° Criteria to progress: - \geq - 15 extension - \geq 110 flexion	Focus on lower extremity strength (single leg balance). OK for light resisted hand/wrist, and scapular retractions
Phase II 4-8 Weeks	Non-weight bearing	Brace on at all times other than hygiene Brace settings: - 4-6 weeks	Continue Phase I Continue to progress ROM (10-130 by 6 weeks, then ok to progress to full active and passive ROM)	No sudden jerking movements. Start rotator cuff strengthening (light IR),

		10- full - 6-8 weeks open - 8+ weeks brace off when full ROM		progress scapular stability, light band rows
Phase III 8-12 Weeks	Begin to progress WB slowly	Off once cleared by MD	Full ROMAT	Continue Phase II, ok for seated rows/pull downs, band exercises, prone ball drops, light biceps/triceps with bands, core planking OK for dribbling, chest passing jogging at 10-12 weeks
Phase IV 12-16 Weeks	FWB	None	ROMAT Criteria: - $\geq 66\%$ strength ratio of ER:IR strength at 90/90 - 90% symmetry for shoulder rotators - 90% symmetry for grip strength	Start single arm tosses and double arm overhead tosses (light), push ups 14-16 weeks ok for light tennis ball throwing (15-20 ft) and light plyometrics
Phase V	FWB	None	ROMAT	Begin interval

<p>16+ Weeks</p>			<p>Criteria for RTP:</p> <ul style="list-style-type: none"> - 24+ weeks out from surgery - 90% strength to ER, IR, scaption - 90% ER rep symmetry for 1-min endurance at 0° and 90° - 90% symmetry for grip strength - 90% single arm shot put test - MD approval 	<p>throwing program</p> <p>Progress to mound at 20-24 weeks</p> <p>Goal to RTP at 9-12 months</p>
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