

HAND & ELBOW SURGERY POST OPERATIVE INSTRUCTIONS

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Keep dressing clean and dry.

Wrap splint with a dish towel then plastic and seal top with tape for showers.

Elevate hand at heart level whenever possible.

OK to move fingers within the limits of the splint/bandage.

OK to move elbow and shoulder if splint allows.

No lifting greater than a pencil.

Follow up in clinic in 5-7 days (call for appt)

Call our office if you have urgent questions or concerns: 425-776-4444

You may use the **Patient Portal** on our website for less urgent questions

*****Hand/finger numbness is normal after surgery. It is due to the local “numbing” medicine and might last up to 3 days*****

Upper Extremity Post-Operative Instructions and Frequently Asked Questions

Matthew C. Oseto, M.D.

425-776-4444

How do I contact Dr. Oseto?

For immediate concerns call 425-776-4444. During office hours our receptionist will direct your call to Dr. Oseto's medical assistant who will answer your question and/or inform Dr. Oseto. After hours the number will have instructions on how to contact Dr. Oseto or the physician covering his calls.

*You can use the **patient portal** on our website for **non-urgent** questions/concerns*

Read this guide before calling because most of the common reasons for calling are covered here.

When will I need to see Dr. Oseto after surgery?

- All patients are seen in clinic around one week post surgery.
- For smaller surgeries like hand surgery follow up is at one week then occasionally at four to six weeks as needed.
- For larger surgeries like rotator cuff repair surgery, follow up is at 1 week, 6 weeks, 3 months and 6 months.
- Dr. Oseto is available to see patients for additional post operative visits but the above times are benchmark visits so he can accurately monitor patient progress.
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I'm nauseated after surgery. What should I do?

- Resume your usual diet slowly. Start with clear liquids such as broth or sips of soda.
- Narcotic pain medication can cause nausea –
 - Take with food
 - Reduce narcotic use as soon as pain subsides

- Constipation can cause nausea – see constipation section.

How do I deal with post-operative pain?

It is unlikely you will be 100% pain-free after surgery. Here's how you can be as comfortable as possible.

Optimize pain control by...

- Elevating the extremity
 - This will help decrease swelling and congestion in the limb
 - For upper extremity surgery only elevate if told it's ok (rotator cuff and labral repairs require the arm to stay at the side for at least 4 wks)
 - **Only elevate the arm to just above heart level.** Excessive elevation can slow blood flow into the arm and cause more, rather than less, pain.
 - Visualize the arm as a pipe full of water and you want to elevate just enough to have the water drain to the shoulder.
- Apply ice or cold packs to the surgical area
 - Leave surgical dressing in place (it is ok to loosen/rewrap ACE)
 - Ice for up to 20 min, then let the area warm up
- Loosen and rewrap elastic bandages (ACE) wraps if present
 - Tight dressings can cause pain if swelling occurs

What can I do to treat or prevent post operative constipation?

Constipation after surgery is common and can be caused by multiple factors. If constipation is not addressed early, it can be more bothersome than the surgery itself. Missed meals, narcotic pain medication, dehydration, reduction in caffeine intake and decreased activity can all contribute to constipation after surgery.

- Narcotic pain medication can contribute to constipation by slowing down the gut.
 - Reduce the use of narcotics
 - Use acetaminophen (Tylenol) and/or ibuprofen (Advil) instead of narcotics
 - Take senna (Senokot) with each narcotic pain pill
 - Resume your regular caffeine intake
- Gradually resume your usual diet
 - Add fiber (fruits and veggies) and fluids (especially water)
 - Take a fiber supplement like psyllium husk (Metamucil) with lots of water

- If your surgery allows, try going for walks or increasing your activity level
- If you get really bound up you can try milk of magnesia, magnesium citrate, miralax, and/or ducolax. Be careful, however, as it's easy to have the pendulum swing the other way and end up with diarrhea.

I get itchy when I take the pain medicine. Am I allergic?

- Narcotic pain medication has the following NORMAL and expected side effects.
 - Nausea
 - Constipation
 - Itching
 - Drowsiness
- Minimize the amount of pain medication you take to reduce these side effects.
- If you develop hives, swollen eyes, or difficulty breathing you might have a true allergy and should seek medical treatment immediately, either by calling 911 or going to the Emergency Department.

How do I get a medication refill?

Please mention your need for a refill at your post operative clinic appointment. Dr. Oseto can discuss if a refill is appropriate. You can also call the clinic during office hours and we can have a prescription ready for pick up. Please give our office a few days to prepare the prescription. Call before you run out. Call before Friday afternoon; we have limited resources on Friday. Please plan ahead.

Will I get "hooked" on pain medication?

The majority of patients will need narcotic pain medication after surgery. Most are able to wean off the medication without difficulty. If you take the narcotic pain medication long enough, your body will develop tolerance to it (pain medication becomes less effective as the liver is able to process and dispose of the pain medicine faster). Some patients will develop a psychological dependence to the medication as well. After surgery it's unlikely you will be 100% pain free even with pain medication. It's a balance between pain control and getting hooked. We can wean you off the pain medication as

you heal from your surgery. In rare cases we will need to involve a pain control specialist to help you discontinue the pain medication.

How do I shower after surgery?

In the immediate post operative period you will need to keep the dressing/bandage clean and dry. Cover the dressing with a light towel then wrap with plastic wrap or use a plastic bag and tape to keep shower water off the dressing.

Using a bench or chair in the shower will make showering after lower extremity surgery easier, especially if you are “non-weight bearing” after surgery.

How do I take care of my surgical wound?

Dr. Oseto will give you specific instructions, if needed, otherwise these apply

- Cover dressings for showers for the first week after surgery.
- Keep dressings clean and dry.
- After the dressings have been removed...
- Let skin tapes (SteriStrips) fall off on their own.
- Soap and water washes in the shower are ok.
- Don't use a pool, tub or hot tub until the wound is completely healed (generally 10-14 days) and you check with Dr. Oseto.

Tips for Shoulder and Upper Extremity Surgery (from actual patient comments)

Before Surgery:

- Make sure you have plenty of big button front shirts. Slings can pull on shirts so extra room is good. It will be difficult to pull shirts on over your head.
- Have elastic waist pants/sweats/shorts/track pants – zippers can be difficult.
- Have a shirt that is one to two sizes big for you on the day of surgery. Then you can just put it over the sling the day of surgery to go home. You might not feel up to taking off sling immediately to get dressed right away.
- Alternate slings are available on-line and at medical supply stores. An extra to wash or have as a backup can be handy.

- Purchase or have a plan for ice pack ahead of time.
- Have some crackers/pretzels/bread available for when you take pain medication as some might cause nausea on an empty stomach.
- Slip-on shoes/clogs are better than laces.
- Buy individual floss sticks for your teeth – it will be too hard to reach up and use traditional dental floss.
- Consider baby wipes or other large, pre-moistened wipes for bathing since you can't bathe easily for first few days.
- Buy a cheap simple sling for showering that can get wet. They make lightweight cotton/mesh types that are great in the shower.
- Think ahead about where you will sleep. The easiest position is for the first few weeks is in a recliner or on a bed with pillows or a wedge under the operative side. If you have difficulty sleeping on your back and don't have a recliner, think about getting a wedge to prop yourself up.
- Have front closed bras. They are much easier to put on unassisted.
- Think about your hair. The most you can do is dry your hair with one arm. You won't be able to use a brush to style. Getting hair into a ponytail yourself is also impossible.
- Showers will be difficult for a few weeks. Consider going to a salon to get hair washed or try a "dry" shampoo. When you are able to shower, hair washing will be one-handed so short hair is easier.

When can I drive?

In general you can drive when...

- You are off narcotic pain medication – don't drive while taking narcotics.
- If you've had right foot/ankle/knee surgery – don't drive until cleared for full weight bearing and you are off "assistive devices" (crutches, boot, walker, etc.).
- You feel you could safely stop if a child ran in front of your car.

When should I start physical therapy or hand therapy after surgery?

We will start physical/hand therapy, if appropriate, after your first post operative clinic appointment, usually a week or so after surgery.

When should I stop physical/hand therapy?

- It really comes down to value – if you think therapy is worth your time and money, continue to go.
- If you feel you are no longer receiving benefit or improvement with therapy, then stop.
- If you think you can transition to doing the exercises at home.
- If your therapist thinks you are no longer improving.
- If your insurance benefits run out – cash pay physical therapy is expensive.

Can I drop off forms for work to be filled out and picked up later?

Yes. Please fill out your portion of the forms.

Indicate how we should answer specific questions regarding job duties and return to work status, time off, etc. It is helpful to use a sticky note for the specific dates and restrictions.