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Dr. Jildeh - Post Op Instructions: Elbow

Dr. Toufic R. Jildeh, MD

First Post Op Appointment: _____ at Michigan State University for splint removal, incision check, PT prescription, and other information. You may have a follow up appointment at two weeks from day of surgery as well for suture removal.

We recommend PT at least 2-3x/week for 6-8 weeks after surgery. If you have not already made PT appointments, please call the PT of your choice and do so ASAP. **You will start PT 1 week after your surgery.** If you need to find a PT, use physicaltherapists.com for a city or state directory.

MEDICATIONS PRESCRIBED FOR AFTER SURGERY:

FOR PAIN RELIEF:

- Start by taking Tylenol for pain relief, however, use caution when taking TYLENOL or other acetaminophen products while taking Lorcet as it already contain acetaminophen. Do NOT exceed more than 3000mg of Tylenol per day.
- You have been provided the following pain medication after your surgery. Wean off of narcotics as soon as symptoms allow. You may take these medications with the Zofran and the blood thinning medication. You may resume all of your normal, at home, prescribed medications unless told otherwise by the surgical team.
 - **OXYCODONE 5 mg**: this is a short-acting medication for pain. You should take 1 or 2 tablets every 4 to 6 hours AS NEEDED. If you are not in pain, you should not take this medication. Try to wean down your use of this drug as soon as symptoms allow. *If 2 tablets every 4 hours are not relieving all your pain please call our office or the MD on Call.*
 - **Norco 5 mg (hydrocodone 5mg and acetaminophen 325mg)**: this is a short-acting medication for pain. You should take 1 or 2 tablets every 4 to 6 hours AS NEEDED. *If 2 tablets every 4 hours are not relieving all your pain please call our office.* THIS MEDICATION CONTAINS TYLENOL (each tablet= 325mg of Tylenol). Use caution when taking additional Tylenol. MAX TYLENOL DOSE PER DAY IS 3000mg.
 - **TRAMADOL 50mg**: This is a short acting medicine for pain that is still considered a narcotic, but is less potent. Take 1-2 tablets every 6 hours as needed for pain.
 - **OTHER:** _____

FOR NAUSEA:

- **ZOFRAN (Ondansetron) 4mg Tablet** - this medication is for nausea or vomiting. Place 1 tablet under the tongue every 8 hours as needed for nausea. If you are not nauseous, you do not need to take this medication. Please call our office if you still experience vomiting despite taking this medication.

FOR ANTI-COAGULATION (Blood Thinners):

You have been prescribed an anticoagulation medication. This medication is taken to prevent a blood clot from developing, which is a possible complication after any surgery. This medication is required after all surgeries. You must finish the entire prescription of anticoagulation medication.

- **ASPIRIN 81 mg**: This is a mild blood thinner. Please take 1 tablet twice daily for 4 – 6 weeks: starting the day after surgery, no matter what kind of procedure you had. Finish the entire prescription bottle, even if you are feeling better.
- **ELIQUIS 2.5mg (apixaban)**: Usually this blood thinning medicine is taken 2x per day for 4 – 6 weeks. Do not take aspirin while taking this medication. This is an oral medication for patients with a higher risk, such as those flying after surgery, those with a personal history of blood clots, cancer, or on certain types of medications.
 - Take Eliquis on the day before, the day of, and the day after your flight. Do not take aspirin on the days you take Eliquis, but resume the aspirin as prescribed after you finish the course of this medication.
- **LOVENOX 40mg(enoxaparin) injection**: This is a daily injection. Inject 40mg subcutaneously daily or the day before travelling. Do not take aspirin while taking this medication.

OTHER MEDICATIONS (Rx)

- **ROBAXIN 500mg (methocarbamol)**: This temporary medication may be used for any muscle spasm pain you have associated with your surgery. Take 1 tablet 3x/day or as needed for any pain associated with muscle spasms.
- **OTHER:** _____

OTHER MEDICATIONS TO CONSIDER: *(you may buy these over the counter, without a prescription)*

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- ✓ **TYLENOL:** Some pain medications contain **Tylenol**, including Norco, Lorcet, and Percocet. Oxycodone and Dilaudid **DO NOT** contain **Tylenol**, and it is recommended to *add in Tylenol for pain control if needed*. This can be taken as 325-600mg every 4 hours. You may take this with oxycodone, or alternate. The maximum dose for Tylenol per day is 3000mg.
- ✓ **MIRALAX, COLACE, SENNA OR DOCUSATE:** These are over-the-counter mild laxatives and stool softeners for prevention of constipation. We suggest beginning one of these the day after surgery if you are taking narcotics. Please call the office if you have not had a bowel movement for three days after your surgery.
- ✓ **BENADRYL:** Itching can be common when taking narcotics. Take this as needed for any itching symptoms. It may also be used with Melatonin for a sleep aid if you have any issues or discomforts with sleeping post op, as it may cause drowsiness.

DRESSING/BANDAGE CHANGES:

For most elbow surgeries, you will be placed in a splint during your surgery, which is covered with soft cloth padding and an ACE wrap. The splint should usually be removed within 10-14 days of your surgery by our team, usually at your first post op appointment. You should avoid getting the bandages wet by using the cast protectors/bags given to you in your dressing bag whenever you shower. If your bandages get wet, do your best to dry them or obtain an extra ACE wrap and gauze, leaving the splint in place. After the splint is removed by our team, you may be placed in an elbow brace after surgery. You may then begin PT at this time.

- To shower after surgery, we recommend sitting down, or getting a metal/plastic fold out chair to place in your shower (available at WalMart for <\$15. We also recommend getting a non-slip mat for your bath tub). Before you turn the water on, sit down on the chair in the shower, remove any sling or brace that you are required to wear (as they are not water proof), cover the splint with a waterproof cast protector bag or duct tape a trash bag over your splint, and then take a shower, using caution not to let water into the splint area. After you are finished, remove the waterproof bag, pat the area dry, and put your sling or brace back on. You should do this every time you shower until you are no longer using a brace after surgery.
- You may notice white tape over your incision, call steri-strips. You may also notice clear fishing line sutures from your incision. LEAVE THE STERISTRIPS AND SUTURES IN PLACE until they are removed by our team. Some signs to look for around your incision that may be of concern are a surgical area that is very red and very painful, leaking thick yellow or cloudy fluid, is still bleeding, or smells foul. Any of these symptoms with a high fever is reason to call our office.
 - Small amounts of clear fluid or dried blood is normal, as is bruising and discoloration.
- **If you were given a NERVE BLOCK or catheter** pre operatively and you have any issues with it, including leakage, pump malfunctioning, catheter tip falling out, etc, then please call the phone number provided on the last page of this packet (Acute Pain Services)

OTHER GENERAL SURGERY INFORMATION

ICE: Swelling and bruising is normal after surgery because fluids are used during surgery. Continuous icing will help to decrease swelling and pain. It is best to **ice at least 5-6 times a day for 20-30 minutes**. It is very important to always have a protective cloth layer between the ice and your skin. You may use ice bags, frozen wraps, frozen peas or a Game Ready unit (an ice/compression machine). If you have received an ice machine and have any questions regarding its use, please call the number provided with the machine. We do not recommend using compression until 3-4 days post op.

DRIVING: Please do not drive until you are evaluated in the office after surgery, or until you have discontinued narcotics. You are considered an impaired driver following surgery, and if you choose to drive, your insurance may not cover any accidents that occur.

PHYSICAL THERAPY: This is dependent on your injury and specific procedure. You will be given specific protocol for PT at your first post op visit. Please plan to make PT appointments 2-3x/week at a facility of your choice starting one week after surgery and bring this folder with you to the visits. You should make these appointments ASAP.

ACTIVITY RESTRICTIONS/BRACE/SLING: This is dependent on your injury and specific procedure. You may be required to use a brace or sling. The type of surgery you had will dictate how long to wear your brace/sling. Your PT protocol will outline any restrictions you may have with lifting and range of motion. **If you are placed in a sling/brace, it is extremely important to use as directed and make sure you always have the sling on when ambulating (walking)**. It is important that you follow all instructions regarding activity restrictions as they are intended to promote healing and prevent complications. You may take the brace/sling off if you need to change the bandages, change clothes, or shower (be extra cautious!), or if you are sitting. We recommend wearing the sling/brace even while you are sleeping unless told otherwise by our team.

SIGNS AND SYMPTOMS OF COMPLICATIONS: Although rare, the following are a list of concerns you should be aware of:

- **Infection** – increased pain not relieved with medication, *fever >100'*, chills, redness, swelling or drainage from incision.
- **Blood Clot** – calf pain, swelling, or tenderness (described as throbbing pressure that worsens), shortness of breath or chest pain.

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REASONS TO CALL:

- >100° Fever, persistent night chills or sweats
- Redness, swelling, or warmth around the incisions, non-clear drainage from the incision or severe increased incisional pain
- Severe pain not relieved by medications
- Calf swelling, redness, painful to touch, pressure sensations
- Chest pain, difficulty breathing, or coughing up blood
- Inability to have a bowel movement after 3 days
- Inability to urinate after 1 day

If any of these concerns occur after-hours, please call the on-call physician, or go to your local ER!

NARCOTIC INFORMATION

Narcotics are a class of medication used for pain relief. These include the following medications:

(More Potent)---- **Hydromorphone/Dilaudid** ----**Oxycodone**----**Hydrocodone/Lorcet**----**Tramadol**----(Less Potent)

Narcotics may be necessary after surgery due to the pain associated with surgical procedures. Narcotics are prescribed to help provide *temporary pain relief*, starting the day of surgery. They are not intended for long term use. If you have been prescribed a narcotic, please read all information provided by the pharmacist and be aware of the side effects, drug interactions, and adverse effects associated with narcotics. Some of the most common effects are dizziness, nausea, vomiting, hypotension (low blood pressure), constipation, sleepiness, itching, headache, insomnia, nervousness, decreased appetite, rash, anxiety, euphoria, withdrawal symptoms if abruptly discontinued, dependency, abuse, addiction, respiratory depression, and shallow breathing. Never mix narcotics with any of the following: other opiates or narcotics, Benzodiazepines – Valium, Xanax, etc., or Alcohol.

Things you can do to prevent adverse effects:

- Ask your pharmacists if you are taking any other medications, if it is safe to do so with narcotics.
- Do not drink or take drugs while using narcotics. **Do not drive** or operate heavy machinery. Do not make any serious life decisions while taking narcotics, as your judgement is impaired.
- Narcotics are addictive and have a high abuse and overdose potential. Wean off of narcotics as soon as symptoms allow; try Tylenol extra strength instead.
- It is very common to have constipation with any narcotic use. Please try stool softeners and laxatives, such as Miralax, Senna, or Docusate as a first step in treatment.
- Take **Benadryl** for any severe itching associated with narcotics
- Use caution when walking around; take your time getting up from a seated position to avoid dizziness and falls.
- Take with food. Consider using **Zofran** if you have any nausea associated with narcotic use.

Appropriate Use of Narcotics:

Take 1-2 tablets every 4-6 hours. Start by taking 1 or 2 tablets with a small amount of food when you get home from surgery. **Set an alarm or write down when your last dose was.** After 4 hours, assess your pain level. If you have a lot of pain, take another 1-2 tablets 4 hours from last dose. If you have manageable pain or low pain, take only 1 tablet after 4 hours, or wait until 6 hours from last dose to take another tablet. If your pain seems manageable, then decrease to 1 tablet every 6 hours. You may also try switching to Tylenol instead of a narcotic. You may use Tylenol with the narcotics, but be aware of the dose of Tylenol, and **do not exceed 3000mg of Tylenol per day.**

Some people may not need any narcotics after surgery. Some may only need 1 tablet just prior to Physical Therapy or to help them sleep pain free. Others may need 2 tablets every 4-6 hours for the first 3-5 days after surgery. *Judge your pain level throughout the day* and assess how much you will need on a personal basis. If you think you may need more medication, and are running low, please contact us 1-2 days before you run out of medication.

Consider weaning off of narcotics on a day by day basis, but do not get to the point where you have too much pain that they become ineffective. This is called a pain crisis, and usually occurs when a patient thinks they can suffer through extreme pain for an extended period and does not take any narcotics. If this occurs, it may be difficult for narcotics to cover the pain at that point, and you may need to go to the ER for IV pain control. Avoid this if at all possible by assessing your pain level throughout the day and staying on top of your pain medicine schedule.

Other Narcotic Information:

Once you have weaned off of narcotics completely for several weeks, consider *returning any unused medications to your local police department for disposal*. Do not flush them down the toilet or throw them in the garbage, as this can contaminate our water supply. *Keep narcotics locked and stored*, away from children especially. If you have any questions or concerns about Narcotics, ask your pharmacist or a member of our team.