



# UNION GENERAL ORTHOPEDICS & SPORTS MEDICINE

AFFILIATE OF: UNION GENERAL HEALTH SYSTEM

## Post-Op Instructions for Ulnar Collateral Ligament Reconstruction or Repair

Jacob B. Stirton, MD

### DIET

- Begin with clear liquids and light foods (jello, soups, etc).
- Progress to your normal diet if you are not nauseated.

### WOUND CARE

- Maintain your operative dressing, loosen bandage if swelling of the hand and wrist occurs.
- Leave your splint on until your first post-operative visit. The splint must be kept clean and dry.  
**Do not get the splint wet.**

### MEDICATIONS

- Local anesthetics are injected into the wound at the time of surgery. This will wear off within 8-12 hours. Patients commonly encounter more pain on the first or second day after surgery when swelling peaks.
- Some patients will require narcotic pain medication for a short period of time – I prescribe oxycodone which can be taken 1 tab every 3 hours as needed for pain.
- To minimize the need for narcotics, I prescribe ibuprofen and Tylenol to be taken three times per day each for the first 2 weeks.
- Common side effects of the pain medication are nausea, drowsiness, and constipation. To decrease the side effects, take the medication with food. We prescribe a stool softener to help prevent constipation but be sure to drink plenty of water as well. If you are having problems with nausea and vomiting, we prescribe an antiemetic, Zofran. If this fails to resolve the issue please contact the office.
- Do not drive a car or operate machinery while taking the narcotic medication.
- Please avoid alcohol use while taking narcotic pain medication.



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## ACTIVITY

- Formal physical therapy (PT) typically begins after you are seen at your first post-operative appointment 1 week after surgery. A prescription and protocol will be provided at your first post-op visit.
- When sleeping or resting, inclined positions (i.e. reclining chair) and a pillow under the forearm for support may provide better comfort.
- 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 2-3 days after surgery, if pain is tolerable.

## SLING

- Your sling is worn to help support the arm while in the splint.
- When your splint is removed, you will be transitioned to a brace.

## ICE THERAPY

- Icing is very important in the initial post-operative period and should begin immediately after surgery.
- Use ice packs for 20-30 minutes every 2 hours daily for the first three days after surgery – remember to keep arm elevated above the level of chest while icing. Avoid frostbite to the skin by not using icepacks for more than 30 minutes at a time.
- You do not need to wake up in the middle of the night to change the icepacks unless you are uncomfortable.

## EXERCISE

- No exercises or shoulder motion until after your first post-operative visit unless otherwise instructed.
- You may begin wrist and hand range of motion on the first post-operative day about 2-3 times per day.
- Formal physical therapy (PT) will begin after your first post-operative visit one week after surgery. A prescription and protocol will be provided at that time by Dr. Stirton.



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## **EMERGENCIES**

\*Contact Dr. Stirton's office at 706-439-6858 if any of the following are present:

- Fever (over 101° F – it is normal to have a low-grade fever (<100°) for the first day or two following surgery) or chills
- Redness around incisions
- Color change in hand or wrist
- Continuous drainage or bleeding from incision (a small amount of drainage is expected)

If you have any of the following emergencies that require immediate attention proceed to the nearest emergency room.

- Excessive nausea/vomiting
- Unrelenting pain or calf pain
- Difficulty breathing

## **FOLLOW-UP CARE/QUESTIONS**

- If you do not already have a post-operative appointment scheduled, please contact our scheduler at 706-439-6858 to schedule.
- If you have any further questions please contact Dr. Stirton's office.