Sutter Health
Palo Alto Medical Foundation
650-853-2943

KEVIN M. ROTH, MD
Orthopedic Sports Medicine
www.KevinRothMD.com

POST OPERATIVE INSTRUCTIONS
ELBOW SURGERY

(All of this information, and more helpful information, can be found on Dr. Roth's website at www.KevinRothMD.com)

DIET

- Start with clear liquids (jello, soup broth, Gatorade, etc.), crackers, white bread and other light foods
- Progress slowly to heavier foods as you tolerate the lighter foods without any nausea

WOUND CARE

- Your operative elbow will be in a plaster splint after surgery. This must be kept clean and dry until your follow up appointment with Dr. Roth.
- You may shower by placing a garbage bag over your splint and Duct taping it to your skin above the splint – do not submerge your arm under water. **Do not try to merely put a rubber band at the top of the plastic bag as it will not create a tight enough seal and water will get down inside.**

MEDICATIONS

- It is important to know that there will be some pain after surgery – this is very normal. Unfortunately, there is no such thing as "painless surgery." While pain can sometimes be a marker of something going wrong, in the context of surgery, it is usually completely normal. If you are concerned about the level of pain that you are experiencing, please call Dr. Roth's office and he and his team can discuss with you and ask a few questions to confirm that your level of pain is normal and not a sign of something dangerous.
- Dr. Roth uses the pain scale from 0-10 to try to help recommend how many opiate pain pills to take, so try to be honest with yourself about your pain level. Remember, zero is no pain at all, and 10 is the *worst pain in the world*. Dr. Roth recommends not taking any opiates if your pain is in a 0-4 range. Pain in the range of 0-4 is generally expected and very normal. If your pain rises above a 0-4, use the charts below for some recommendations of how to add in opiate medication to try to bring it down to the 0-4 range.
- You have been given a prescription for an opiate pain medication (Oxycodone, Percocet, Norco, etc.). By following the "Over-The-Counter Medicine" Regimens below, you may be able to avoid

taking any of the opiate medication, or may only need it for a day or two. Feel free to wean off the opiate as soon as you can.

- If you have a history of Obstructive Sleep Apnea (OSA), be sure to let Dr. Roth know as he may decide to change your post-operative pain regimen.
- If your narcotic pain medication has ACETAMINOPHEN in it (e.g. Norco, Percocet) then you CANNOT also take TYLENOL at the same time, which is the same medication.
- Side effects of the pain medication include itching, nausea, vomiting, dry mouth, constipation, dizziness and lightheadedness. Taking the medication with food will decrease the risk of nausea. **To prevent constipation, it is recommended that you take a stool softener (e.g. Colace) while taking the opiate. Colace can be purchased over the counter. Take one tab 2-3 times per day.**
- If taking the opiate medication causes you to experience itching without a rash, and without any swelling of the mouth or difficulty breathing, this is very common, and is not a true allergy. The best way to manage this is to try to wean off the opiates and just take the Advil/Tylenol regimen described below, or to take Benadryl for the itching. However, the Benadryl may not manage the itching very well, and often just puts you to sleep so you aren't as bothered by the itching.
- Try to wean off of the opiate pain medication as soon as possible. Using Dr. Roth's regimen below will help you transition away from the opiates as soon as possible.

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- Dr. Roth's Suggested Post-Operative Pain Management Regimens

(Note that generic medications are exactly the same as brand name and can be substituted at lower cost and without any change in effectiveness.)

DR. ROTH'S SUGGESTED OVER-THE-COUNTER PAIN REGIMEN **MODERATE PAIN** ***DO NOT take the Tylenol if your opiate has acetaminophen in it already (e.g. Percocet, Norco)***	
6 AM	600 mg Advil (ibuprofen) 1000 mg Tylenol (acetaminophen)
12 NOON	600 mg Advil (ibuprofen) 1000 mg Tylenol (acetaminophen)
6 PM	600 mg Advil (ibuprofen) 1000 mg Tylenol (acetaminophen)
12 AM (MIDNIGHT)	600 mg Advil (ibuprofen) 1000 mg Tylenol (acetaminophen)

DR. ROTH'S SUGGESTED OVER-THE-COUNTER PAIN REGIMEN **SIGNIFICANT PAIN** ***DO NOT take the Tylenol if your opiate has acetaminophen in it already (e.g. Percocet, Norco)***	
6 AM	600 mg Advil (ibuprofen)
9 AM	1000 mg Tylenol (acetaminophen)
12 NOON	600 mg Advil (ibuprofen)
3 PM	1000 mg Tylenol (acetaminophen)
6 PM	600 mg Advil (ibuprofen)
9 PM	1000 mg Tylenol (acetaminophen)
12 AM (MIDNIGHT)	600 mg Advil (ibuprofen)
3 AM	1000 mg Tylenol (acetaminophen)

Note that this regimen is the same as the "Moderate Pain" regimen, however, it splits the Advil and the Tylenol so that they are taken at different times. In this regimen, you are taking SOMETHING every 3 hours, so you are always on the "upswing" of one or the other medication. Just as one of the medications is wearing off, you are dosing yourself with the other medication.

IN ADDITION to the "Over-The-Counter" pain regimens above, the opiate you have been prescribed (typically oxycodone) can be added in AS NEEDED to supplement your pain and manage breakthrough moments of increased pain. You are encouraged to try to stop taking the opiate as soon as possible, and if you can manage without the opiate, please feel free to do so. Use the chart below to try to assess your level of pain and take oxycodone if needed.

SUGGESTED PAIN REGIMEN – WITH OPIATE (IF NECESSARY)	
6 AM	600 mg Advil (ibuprofen) 1000 mg Tylenol (acetaminophen) + Pain Level 0-4: NO Oxycodone Pain Level 5-7: ONE Oxycodone Pain Level 8-10: TWO Oxycodone
12 PM (NOON)	600 mg Advil (ibuprofen) 1000 mg Tylenol (acetaminophen) + Pain Level 0-4: NO Oxycodone Pain Level 5-7: ONE Oxycodone Pain Level 8-10: TWO Oxycodone
6 PM	600 mg Advil (ibuprofen) 1000 mg Tylenol (acetaminophen) + Pain Level 0-4: NO Oxycodone Pain Level 5-7: ONE Oxycodone Pain Level 8-10: TWO Oxycodone
12 AM (MIDNIGHT)	600 mg Advil (ibuprofen) 1000 mg Tylenol (acetaminophen) + Pain Level 0-4: NO Oxycodone Pain Level 5-7: ONE Oxycodone Pain Level 8-10: TWO Oxycodone

Do NOT drive a car or operate any heavy machinery while you are taking narcotic pain medication (Oxycodone, Oycontin, Norco, Percocet, Tylenol #3, etc.)

ACTIVITY

- If possible, elevate the operative elbow above shoulder level when sedentary for the first one to two weeks after surgery to decrease swelling.

- You may return to sedentary work / school 3-4 days after surgery if swelling and pain are tolerable and you are no longer taking narcotic pain medications.
- NO driving until discussed with Dr. Roth.
- DO NOT SMOKE cigarettes, smokeless tobacco, cigars, dip, chew, or any other tobacco product for at least 3 months after surgery if at all possible, as these will all **inhibit healing of the repair**, **increase the risk of infection**, and decrease the ability of the wound to heal.

SPLINT

- Plaster splint is to be worn at all times (day and night) and only to be removed by Dr. Roth. If you feel that the splint is too tight and you cannot get comfortable, call Dr. Roth's office to let him know and he will instruct you what to do.

ICE THERAPY

- Because you have a splint on, icing the elbow is difficult, however, can still be helpful.
- An automated ice machine (can be purchased from Dr. Roth's office), or premade gel ice packs or bags of frozen vegetables are preferred to plastic bags of actual ice as **it is very important that the splint not get wet or it will disintegrate**.
- Ice for 20 minutes at a time. Try to do this three to four times per day.
- If you had a block at the time of surgery, your arm may be numb for 24-72 hours depending on which medication was used. It is particularly important during this time to be aware of the clock when you are icing as you will not feel the cold and frostbite is a real concern.

EXERCISE

- Make sure to straighten the fingers, and try to bend the finger tips to your palm throughout the day. This should be done at least 4 times per day for 5 to 10 minutes each time.
- There is no exercise to do for the elbow immediately after surgery as you are in a splint.
- Formal physical therapy will begin after your first post-operative visit.
- It is a good idea to get up and walk around for a few minutes at least once every few hours while awake to minimize the risk of blood clots and other problems with prolonged bedrest.

EMERGENCIES

- Ideally, contact Dr. Roth's office at ***650-853-2943*** during business hours (8 am – 5 pm) to reach Dr. Roth or a representative.
- For concerns that cannot be addressed during business hours, call the Palo Alto Medical Foundation operator at ***650-853-2943***.
- Please contact Dr. Roth's office immediately if any of the following are present, or for any other concerns:
    - Pain that is not controlled by the regimen described above
    - Pain that is unrelenting or getting worse over time rather than staying the same or improving
    - Numbness that lasts longer than 24 hours after surgery
    - Fever (greater than 101^{o} - low grade fever is normal for the first few days after surgery)
    - Redness around the incisions
    - Continuous drainage or bleeding from the incision (some drainage is expected)
    - Difficulty breathing
    - Chest Pain
    - Light headedness or passing out
    - Uncontrollable nausea, vomiting
    - Color change in the operative extremity
    - Blistering of the skin
- If you have an emergency that requires immediate attention, proceed to the nearest Emergency Room.

FOLLOW-UP

- If you do not already have a follow-up appointment scheduled, please call 650-853-2943 to schedule an appointment. Follow-up appointments are generally 7-10 days after surgery.