

Lisa Kaplin, DO

OLECRANON OPEN REDUCTION INTERNAL FIXATION

1. DIET

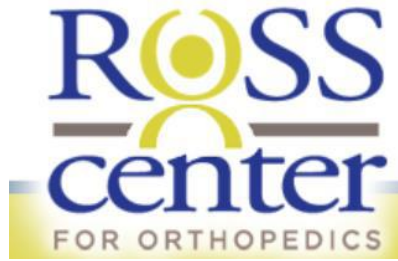
- Begin with clear liquids and light foods (jello, soups, etc.)
- Progress to your normal diet if you are not nauseated

2. WOUND CARE

- Maintain your operative dressing, keep splint clean dry and intact until you see Dr. Kaplin in the office
- It is normal for the elbow to bleed and swell following surgery. If blood soaks through the bandage, do not become alarmed, reinforce with additional dressing
- To avoid infection, keep surgical incisions clean and dry – you may shower by placing a plastic covering over the surgical site beginning the day after surgery. NO immersion of the arm.
- Elbow will be immobilized in a splint/sling following surgery do not remove until post op appointment 7-14 days following surgery.
- You may begin showering and getting your wound site wet after your first post-op appointment.

3. MEDICATIONS

- Local anesthetics are injected into the wound at the time of surgery. This will wear off within 8-12 hours and it is not uncommon for patients to encounter more pain on the first or second day after surgery when swelling peaks.
- Most patients will require some narcotic pain medication for a short period of time – this can be taken as per directions on the bottle.
- Common side effects of the pain medication are nausea, drowsiness, and constipation. To decrease the side effects take the medication with food. If constipation occurs, consider taking an over the counter laxative.
- If you are having problems with nausea and vomiting, contact the office to possibly have your medications changed.
- Do not drive a car or operate machinery while taking the narcotic medication
- **For 4 weeks following surgery take one aspirin daily to lower the risk of developing a blood clot after surgery.** Please contact the office should severe distal arm pain occur or significant swelling of the distal arm/hand occur.
- Medications will include: Oxycodone, Tylenol, Zofran, Colace.



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4. ACTIVITY

- When sleeping or resting, inclined positions (ie: reclining chair) and a pillow under the forearm for support may provide better comfort.
- Do not engage in activities which increase pain/swelling. Unless otherwise instructed the arm should remain in the sling at all times.
- Avoid long periods of sitting or long distance traveling for 2 weeks.
- NO driving until instructed otherwise by physician
- May return to sedentary work ONLY or school 3-4 days after surgery, if pain is tolerable

5. IMMOBILIZER (IF PRESCRIBED)

You will be placed in a post mold splint where you cannot straighten OR bend your elbow for 1-2 weeks following surgery You are to wear sling at all times while the splint is in place.

6. ICE THERAPY

- Icing is very important in the initial post-operative period and should begin immediately after surgery.
- Ice packs 20 minutes every 2 hours daily until your first post-operative visit. Care should be taken with icing to avoid frostbite to the skin.

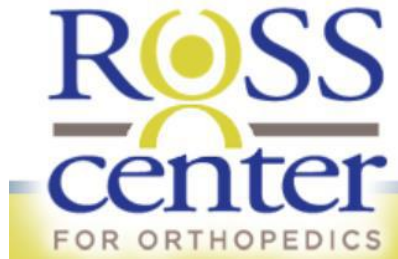
7. EXERCISE

- Begin finger flexion and extension on the first post-operative day to help decrease swelling.
- Formal physical therapy (PT) and occupational therapy (OT) typically begins after your first post op appointment. A prescription and protocol will be provided at your first post-op visit.

8. EMERGENCIES

Contact Dr. Kaplin's office to report any of the following:

- Painful swelling or numbness (note that some swelling and numbness is normal)



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- Unrelenting pain
- Fever (over 101° - it is normal to have a low grade fever for the first day or two following surgery) or chills
- Redness around incisions
- Color change in distal arm and/or hand
- Continuous drainage or bleeding from incision (a small amount of drainage is expected)
- Difficulty breathing
- Excessive nausea/vomiting
- Calf pain

9. FOLLOW-UP CARE/QUESTIONS

- Typically the first post-operative appointment following surgery is 10-14 days following surgery. Please look at your pre operative packet to check the post operative visit date.
- The first post operative appointment will be with Dr Kaplin and she will assess the wound, go over post operative protocol, and answer any questions you may have regarding the procedure