



## Common Extensor Tendon Release / Lateral Epicondyle Debridement

### Discharge Instructions

#### Comfort

- Discomfort increases 24-48 hours after surgery due to the injected numbing medication wearing off. This can be helped by oral pain medication. It is safe and normal.
- **Cold therapy** – Ice will reduce pain and will help with swelling and should be applied for 20 minutes on / 20 minutes off.
  - It may be difficult for the cold to penetrate the layers of bandages, but it's important to the layers of cotton bandage in place.
  - You may remove the ACE wrap temporarily to apply ice if you wish, but rewrap it afterward.
- **Medication**
  - For **anticoagulation** – you **MUST** take one 81mg aspirin daily for the first two weeks to help prevent blood clots. This is the only mandatory medication.
  - For **nausea** – Zofran (ondansetron) as needed.
  - For **constipation** – over the counter remedies such as Colace or Miralax as needed. Both the anesthesia and the pain medication can cause constipation.
  - For **pain**-- A narcotic pain medication will be prescribed for you if it is deemed safe with your history and allergies. **Use only if needed.** Try to manage your pain with ice and Tylenol and use the narcotic sparingly. Some patients find they do not need the narcotic at all. Common side effects such as constipation, nausea and cognitive impairment may occur. Tylenol can be used as a step-down medication and is recommended as soon as possible. It is very common to use the pain medication at night to help sleep better.

#### Activity

- Please keep your elbow elevated above the level of your heart whenever possible to help with pain and swelling.
- The sling is for comfort only during the first week. You should remove it several times per day to perform gentle range of motion as tolerated with your shoulder, elbow, and wrist to avoid stiffness.
- You should avoid lifting with the palm of your hand facing down for the first few weeks.
- We suggest ankle pumps and circles when seated/laying for any period of time to help lower extremity circulation. Do not sit for more than 30-45 minutes at one time to help prevent blood clots in your lower extremities.
- Driving – We want you to be safe and comfortable when you return to driving. We will discuss this more in the office. At a minimum, no driving until you have stopped taking the narcotic.

#### Wound Care

- Your incision is covered by several layers of bandages. You may temporarily undo the ACE wrap—the top layer—if it feels too tight or to apply ice, but please wrap it again afterward.
- Do not remove the cotton layers of bandage. They were applied under sterile conditions in the OR and we do not want bacteria near the incision.
- Please do not shower unless you have a way to avoid getting the bandages wet. Waterproof protective bags are sold online and at many pharmacies.

## Diet

- You may eat anything you like, but it's advisable to choose light, easily digestible foods and to drink plenty of water the day after surgery. Some people experience nausea as a temporary reaction to anesthesia.

## Call your physician if:

- You notice drainage coming through the dressing.
- You develop a temperature over 100.3 degrees.
- You have persistent pain and / or swelling in your calf.
- You have any questions or concerns. We are happy to talk to you at any time! If it is after hours, our answering service will page the PA on call and he or she will get in touch with you.

## *Recovery Milestones:*

### Overview:

- Day 10 – OK to get incision wet, though no soaking
- Week 2 – resume light use of the arm as tolerated. Avoid pushing, pulling, and heavy lifting. If you must lift, do so with your palm up.
- Week 6 – resume normal use of the arm as tolerated.