



Lateral/Medial Epicondyle Debridement & Common Extensor/Flexor Tendon Repair

Discharge Instructions-

Comfort

- Discomfort increases 1-2 days after surgery due to the nerve block wearing off (if a nerve block was performed). This can be helped by oral pain medication. It is safe and normal
- **Cold therapy** – This will greatly reduce pain and will help with swelling for the first 3-5 days after surgery, as well as following PT sessions
 - Some patients may be provided an ice machine to go home with
 - This is dependent on the type of surgery you had and insurance approval
 - If you were not provided with an ice machine, regular ice pack/ bag of ice can be used
 - You may use ice 20 minutes on, 20 minutes off, as often as you wish
 - Always keep a cloth barrier, such as a towel, between the cold and your skin

Medications

Your post op medications were sent to the pharmacy we have on file prior to surgery

- Please reach out to our office if you need a refill of your medication, preferably, 24 hours prior to your last dose to allow time to fill

1. Aspirin 81 mg: For anticoagulation to help prevent blood clots

- If you are >19yo, you must take one 81mg aspirin once a day for two weeks Do not take aspirin if you are <19yo

2. Meloxicam 15 mg: For antiinflammation to help pain and swelling

- Take once a day for four weeks as tolerated for post-op inflammation

3. Zofran (Ondansetron) 4 mg: For nausea – It is common to experience nausea from anesthesia and/ or pain medication in the first few days post op

- You can take 1 tablet every 8 hours as needed for nausea
- It is a dissolving tablet that is to be placed on your tongue – allow it to dissolve, and swallow

4. Norco (Hydrocodone/Acetaminophen) 5-325 mg: For pain – This is a narcotic medication for pain, to be taken AS NEEDED

- Take 1-2 tablets every 4-6 hours as needed
- After 1-3 days, you can begin to space out the dosing/ discontinue the medication, transitioning to a step-down regimen of Tylenol and ibuprofen as soon as pain allows
- Common side effects such constipation, nausea, and cognitive impairment may occur
- It is very common to use the pain medication only at night to help sleep better or around the time of therapy so you can participate more comfortably

Other medications: For constipation – over the counter remedies such as Colace (Docusate Sodium) or Miralax as needed

- Both the anesthesia and the pain medication can cause constipation

Activity

*** You will start PT at 2-3 weeks post op***



- Hinged elbow brace worn at all times until first post op visit
- Sling as needed
- Physical therapy will begin after your first post-op appt at 2-3 weeks post op
- Periodic standing and walking is encouraged to decrease the risk of blood clots.
 - If seated, perform ankle pumps and circles to promote lower extremity blood flow.
- Driving – While in a sling and/or using narcotic pain medications you are not cleared for driving

Wound Care

The bandages were applied under sterile conditions in the OR, and we want to avoid bacteria near the incision

- You will be in a hinged elbow brace that you will wear during the day and at night. We will adjust this as you progress through recovery
 - If you wish to shower in the first 3 days, do not get the arm wet (***l.e. use a bag, hold it out of the shower, etc.***)
- You can take the bulky dressings (gauze, cotton wrap/ etc) off underneath the brace after 3 days post op. You may remove the brace to do so, but please maintain the same elbow positioning
 - Please leave the steri-strips on and we will remove these at your initial post op visit, try to keep these covered in the shower with waterproof bandaids
 - Once you take off the bulky dressing, you can look at the wound. Make sure it is not red, draining, or painful. If you have any concerns, you can email a picture. Keep the wound clean, dry and covered.
 - You will have clear sutures that will be cut at your first post-op

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 avoid any nausea/ upset stomach

When to call your physician

If you require immediate attention, or feel that you are having a medical emergency please go to the emergency department for urgent work up

- You develop a temperature over 100.3° F degrees
- You have any drainage at the incision site 5 days or later after surgery
- The surgical area becomes hot to the touch, red, intolerably painful, or swells suddenly. (Note- some warmth, pain, and swelling are normal)
- You have persistent pain and / or swelling in your calf.
- You have any additional questions or concerns. We are happy to talk to you at any time!

Important contact information

Physician's office phone # (630)-377-1188 [Press 2 to leave a voicemail]

Please note- We are either in clinic or surgery and not answering calls in real time – Please leave a detailed message with our clinical voicemail line and we will return all voicemails within one business day. Additionally, the call center can connect you to the PA on call, however, please reserve this option for urgent inquiries only



Oak Brook- 2425 W. 22nd St. Suite 207A Oak Brook, IL 60523 P: (630) 377-1188 F: (630) 377-7360
Little Village- 2859 S. Pulaski Rd. Chicago, IL 60623 P:(630) 377-1188 F: (630) 377-7360
St. Charles- 2900 Foxfield Rd. Suite 102 St. Charles, IL 60179 P: (630) 377-1188 F: (630) 377-7360

Physical Therapy Protocol

*****Start PT at 2-3 weeks post op*****

0-2 weeks

- Hinged elbow brace placed in surgery, wear at all times other than at PT/ doing exercises
 - We will progress at 1st post op visit
- Passive ROM as tolerated
- Gentle hand/ wrist/ shoulder stretching
- isometric hand/ wrist/ elbow/ shoulder strengthening
 - **Avoid active wrist extension**

2-6 weeks

- Advance from PROM to AAROM and AROM to patient pain tolerance
 - **Avoid active wrist extension**
- No lifting > 5 lbs with surgical extremity
- No resisted supination or pronation
- Gentle strengthening with active motion and submaximal isometrics
- Scar tissue mobilization/ massage once incision well healed

6-8 weeks

- Progress to full ROM
- Begin active wrist extension
- Begin resisted strengthening (introduce Theraband exercises)
 - ♣ Endurance of wrist extensors/flexors
- Counterforce bracing to common extensor/flexor tendon of forearm

8-12 weeks

- Begin lifting exercises with neutral or supinated position
 - Introduce lifting with pronation at week 10
- Progress to full ROM
- Initiate functional progression to higher-level work and recreational activities