



UCL Reconstruction

Discharge Instructions

Comfort

- Discomfort increases 1-2 days after surgery due to the injected medication wearing off. 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 three days.
 - You may use it 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.
- Medication**
 - For **anticoagulation** – you **MUST** take one 81mg aspirin daily for two weeks first 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.

Activity

- Posterior mold splint and sling until first post-op visit
 - Transition to hinged elbow brace at first post-op at weeks 2-4
 - Physical therapy usually begins after first post-op visit
- Please restrict activity for the next several days to prevent unnecessary swelling and soreness.
 - When resting, try to keep your knee elevated above the level of your heart.
 - When sitting, we suggest ankle pumps and circles to help lower extremity circulation.
- No driving until further notice. We will discuss this at your next appointment.

Wound Care

- Your incisions are covered by several absorbent pads, gauze, a white cotton bandage, and an ACE wrap. Please leave this in place for at least 3-5 days post op.
 - Do not get the bandages wet the first 3-5 days after surgery—so this means using a bag over the limb for showering, holding it out of the shower, etc.
 - If the ACE wrap feels too tight, you can loosen it and rewrap it, but please leave the white dressing and other bandages in place until 3-5 days post op.
 - The bandages were applied under sterile conditions in the OR, and we want to avoid bacteria near the incision.
- After 3-5 days, you can take off the bandages to check on the incision. Keep the surgical incisions clean, dry and covered. If you have any concerns about the incision (redness, draining, swelling, pain), you can call us and send a picture to info@genesisortho.com
- Even after you take off the bandages at 3-5 days post-op, you must continue to use the brace at all times.

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 on the cotton bandage or ACE wrap.
- You develop a temperature over 100.3 degrees.
- You have persistent pain and / or swelling in your calf.
- The knee becomes hot to the touch, red, intolerably painful, or swells suddenly. (Note some warmth, pain, and swelling are normal.)
- 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.

Physical Therapy Protocol

PHASE I: Week 0-4

Immobilization: Post mold and sling until first post-op, then transition to hinged elbow brace (locked from 15 degrees extension to full flexion)

ROM: Limit from full flexion to 15 degrees extension

Exercises

- Grip strength in brace
- PROM from full flexion to 15 degrees extension

PHASE II: Weeks 4 to Month 4

Immobilization: d/c brace at 4w

ROM: Progress from PROM to full AROM and AROM

Exercises

- Strengthening for wrist, forearm, elbow, shoulder
 - No aggressive weightlifting until 12 weeks post-op
 - No chest flies or lifts stressing the ligament
 - Avoid valgus stress on elbow until 2 months post-op
- Total body conditioning/aerobic training ok

PHASE III: Month 4

Exercises:

- Interval throwing program progressing from 45 ft up to 18 ft
 - Pitchers limited to 120 ft, infielders limited to 160 ft
- May progress from one distance level to the next when the following are met:
 - No pain/stiffness while throwing or after throwing
 - Sufficient strength throughout final set with minimal fatigue
 - Throwing motion effortless and fundamentally sound
 - Accuracy consistent and throws are on line
- Mound program begins at completion of 120ft level for pitchers
 - Catcher is initially moved forward, but throwing with pitching motion reserved for the mound
 - No flat ground pitching

PHASE IV: Months 9-12

Exercises:

- Forward running program without pivoting/twisting when 8" step down is satisfactory

- Advance sport-specific agility drills
- Start plyometric program