

Post-op PATIENT Instructions: RADIAL HEAD ORIF

Dressing: A dressing has been applied to your elbow to absorb any fluid/blood. Also, a splint has been applied for soft tissue rest and protection and is to be worn for the first week following surgery until seen in the office. **The splint is NOT to be changed.** (Common instructions for splint/cast care have been attached to these instructions and should be followed). Soreness and bruising is expected for several days afterward.

Bathing: Showering is permitted following surgery, but the splint/dressing is **NOT** waterproof and needs to be covered and kept dry.

Ice: Ice is a powerful anti-inflammatory. Cold compression (“ice machines”) are important to reducing pain and swelling. Use liberally (20-30 min./session) but protect the skin from direct contact (and frostbite).

Activity: Wear the elbow splint as directed below. Gripping the hand with an exercise ball and keeping the fingers elevated and pointed toward the ceiling decreases extremity swelling. Sleeping in a recliner with pillows behind the elbow may provide additional comfort. No driving until permission is given by your surgeon.

Pain: A nerve block has been performed for immediate post-op pain control by the anesthesiologist. It typically “wears off” at about 8-12 hrs following surgery. **Begin taking pain medications as soon as you BEGIN to experience pain!** These meds can take 45-60 minutes to start “working”. You do not want to play “catch-up” by letting your pain get out of control. Nausea, drowsiness, and constipation are common side effects of narcotics. **Adequate fluid intake and a stool softener obtained over the counter from your local pharmacy is important to minimize constipation.** Call the office if you are unable to tolerate your medication.

NARCOTIC MEDICATIONS ALONE WILL NOT PROVIDE COMPLETE PAIN RELIEF. COLD COMPRESSION (ICE MACHINES), TENS USE, AND REGULAR TYLENOL AND ANTI-INFLAMMATORIES (ALEVE/IBUPROFEN, IF MEDICALLY OK) ARE CRITICAL PARTS OF YOUR PAIN CONTROL PLAN. REQUEST FOR NARCOTIC REFILL WILL ONLY BE ACCEPTED DURING BUSINESS HOURS. PLEASE GIVE 24-48 HOURS FOR MEDICATION REFILL REQUESTS TO BE ADDRESSED

Precautions: Call the office (813)-754-1199 if you develop: temperatures >101°F, shortness of breath, chest pain, uncontrolled pain, marked redness/hives, persistent drainage, new onset numbness, significant incisional/calf swelling, or any other concerns. **Call 911 or report to the nearest emergency room with any concerns for medical emergencies**

SPLINT/CAST INFORMATION SHEET

INSTRUCTIONS:

A splint/cast has been applied to allow your injured arm to heal. Casts never feel completely comfortable. However, by controlling your swelling, pain, and stiffness with ice, elevation and medications your comfort can be maximized.

Swelling: Is controlled by use of ice and elevation. Holding the arm overhead or elevating the leg/arm **above the level of your heart** is recommended. Propping the arm on pillows can help.

Ice: Ice is a powerful anti-inflammatory that helps to control swelling and pain. Surrounding the cast with ice contained in a waterproof container wrapped in a towel is effective.

Stiffness: Early and frequent movement of the fingers helps to prevent swelling and discomfort. During arm casting, shoulder and elbow motion may diminish and should be worked on regularly.

CAST CARE:

- **Keep the cast dry!!**
 - Covering with a waterproof bag while showering or in damp areas is recommended.
 - Your cast is NOT waterproof!!
 - Getting the cast wet can result in severe skin damage.
 - If the cast is damp, dry you skin with a hair drier (cool setting) for 30 minutes.
 - Call the office immediately if your cast is soaked through or skin maceration occurs.
- **NEVER insert ANYTHING under the cast!!**
 - This may result in scratching of the skin and infection!
 - Over-the-counter Benadryl can decrease itching.
 - Chafing/irritation can be reduced by smoothing with a nail file and taping rough edges.

CALL THE OFFICE WITH:

- Unanswered questions/concerns about the cast.
- Severe, unexpected, or persistent pain
- Numbness/tingling of fingers since the cast was placed
- Persistent feeling of irritation under the cast
- Foul smelling odor from the cast
- Pus or blood from under the cast
- Fevers >101.5 F lasting longer than 24 hours
- Cast breakage.

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RADIAL HEAD REPLACEMENT REHAB PROTOCOL

Week 0-6: Active motion only to limit heterotopic bone formation.
Limitations based on med/lat. Ligament competence

MEDIAL AND LATERAL COMPETENT:

- Splinted in full extension 24-48 hrs (For swelling considerations)
- AROM to tolerance
- Sling/brace at night

LATERAL INCOMPETENT:

- Braced w/ wrist pronated, elbow @ 90deg.
- OK to AROM in pronation x 6 weeks
- AVOID SUPINATION
- Supinate w/. elbow in extension ONLY

MEDIAL INCOMPETENT:

- Braced w/ wrist supinated, elbow @ 90deg.
- OK to AROM in supination x 6 weeks
- AVOID PRONATION
- Pronate w/. elbow at 90 deg. ONLY

MEDIAL AND LATERAL INCOMPETENT:

- Braced w/ wrist neutral, elbow @ 90deg.
- OK to AROM elbow with wrist in neutral x 6 weeks
- Pronate w/. elbow at 90 deg. ONLY

• **Weeks 6-12:** Gentle strengthening begins with light repetition.

• **3 Months +:** Start increased strengthening. Return to full strength/activities averages 6 months.

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