

## **PATIENT DISCHARGE INSTRUCTIONS HAND/FOREARM/ELBOW SURGERY**

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This is an outline of instructions and information for post-operative hand, wrist and elbow surgical patients. Although you may have been told different information from friends or others, please follow these instructions specifically; and if you have any questions, contact our office. These instructions pertain to most hand and upper extremity procedures. If your particular procedure and instructions differ you will be appropriately informed.

### **Pain and Swelling:**

The goal of pain medication is to reduce your pain and make you more comfortable. Pain medication may not completely relieve all discomfort. Control of swelling is an important part of pain control. To reduce swelling and pain:

- 1) Use pillow to **elevate the hand** 10-14 inches above heart level. (An example would be like holding a can of soda to your mouth)
- 2) If your splint is positioned so that one or more of your fingers is free, we **encourage gentle movement in the dressing**. If your splint blocks motion it is deliberate and we ask that finger and / or hand motion is avoided. Also, if the splint does not include the elbow straighten and bend the elbow 4-5 times daily to prevent stiffness.
- 3) Use **ice packs** over the affected area (on the soft side of the dressings is preferred – if there is one) for 10 minute intervals every hour while the hand is elevated. Be careful, however, to **keep the dressing dry!** You may be given an arm sling post-surgery. **Use arm sling only when ambulating for long periods of time.** Otherwise, elevate as directed above. Continued use of sling does not provide proper elevation of extremity to prevent swelling.
- 4) The anesthesiologist may have given you a nerve block (an injection in your neck), to numb your hand and arm. This is to help control your pain. Therefore, it is normal to experience some numbness and tingling in your arm and fingers up to approximately 18 hours after surgery.

**\*\*DO NOT WAIT FOR THE BLOCK TO WEAR OFF TO START YOUR PAIN MEDICATIONS. IT IS RECOMMENDED THAT YOU START THESE IMMEDIATELY WHEN YOU GET HOME TO AVOID A PERIOD OF UNCOMFORTABLENESS**

### **Dressing:**

The purpose of dressings and splints is to immobilize and protect the surgery area, and to promote healing. You may take a shower or bath with your dressing and/or splint on, but keep it clean and dry. Wrap the area in a plastic bag or you may use Glad Press and Seal to cover the dressing and splint. If your dressing or splint becomes soaked, you should phone our office as soon as possible. Unless instructed otherwise by your doctor, do not remove your own dressing or splint. They will be changed at your physician or therapist appointment. There may be some bloody spotting on the dressing initially; this is normal. Excessive bleeding that soaks the dressing must be reported to us.

### **Driving:**

It is not recommended that you drive while taking narcotic medications or if you feel inhibited from your surgery.

**Diet:**

Clear liquids and then advance as tolerated.

**Medications:**

Pain: \_\_\_Norco 7.5/325 1-2 every 4-6 hours as needed      \_\_\_Percocet 5/325 1-2 every 4-6 hours as needed

Nausea: Phenergan 25mg every 6-8 hours as needed

Gradually wean to extra strength Tylenol as needed for pain. Ibuprofen (Advil/Motrin) can be taken up to 600 mg every 6 hours with food in addition to your pain medication. **DO NOT TAKE ADDITIONAL IBUPROFEN IF YOU HAVE A HISTORY OF STOMACH ULCERS OR ARE TAKING BLOOD THINNERS LIKE COUMADIN OR PLAVIX.**

**Warnings:**

Notify Dr. Kerns immediately if any of the following occur:

- Excessive bleeding**
- Excessive non-bloody wound drainage beyond the first 3-4 days**
- Poor pain control**
- Numbness or tingling of the hand not related to bruising**
- Fever > 101.5oF after postoperative day #3**
- Increased redness along incision**
- Any other concerns / questions**

**Follow Up with Dr. Kerns as scheduled on your appointment card provided today**

**Call 989-583-7450 to verify time if unsure.**