

Post-Op Instructions for Ulnar Collateral Ligament Reconstruction or Repair

DIET

- Begin with clear liquids and light foods (jello, soups, etc.).
- Progress to your normal diet if you are not nauseated.

WOUND CARE

- Maintain your operative dressing, loosen bandage if swelling of the hand occurs.
- Leave your splint on until your first post-operative visit. The splint must be kept clean and dry. Do not get the splint wet.

MEDICATIONS

- Local anesthetics are injected into the wound and knee joint at the time of surgery. This will wear off within 8-12 hours. Patients commonly encounter more pain on the first or second day after surgery when swelling peaks.
- Most patients will require some narcotic pain medication for a short period of time – this can be taken as directed on the bottle.
- Common side effects of the pain medication are nausea, drowsiness, and constipation. To decrease the side effects, take the medication with food. We recommend a stool softener such as Colace (docusate) available over the counter and be sure to drink plenty of water.
- If you are having problems with nausea and vomiting, contact the office to possibly have your medications changed.
- Do not drive a car or operate machinery while taking the narcotic medication.
- Please avoid alcohol use while taking narcotic pain medication.
- If you are having pain that is not being controlled by the pain medication prescribed, you may take an over the counter anti-inflammatory medication such as ibuprofen (600 – 800mg) or naproxen in between doses of pain medication. This will help to decrease pain and decrease the amount of narcotic medication required. Please take as directed on the bottle.

ACTIVITY

- Formal physical therapy (PT) typically begins after you are seen at your first post-operative appointment 2 weeks after surgery. A protocol will be provided at your first post-op visit.
- When sleeping or resting, inclined positions (i.e., reclining chair) and a pillow under the forearm for support may provide better comfort.
- Avoid long periods of sitting (without arm supported) or long distance traveling for 2 weeks.
- NO driving until instructed otherwise by physician. Do not drive in splint.
- May return to sedentary work ONLY or school 3-4 days after surgery if pain is tolerable.

SLING

- Your sling is worn to help support the arm while in the splint.
- When your splint is removed, you will be transitioned to a brace.

ICE THERAPY - Ice packs will not penetrate the splint and are generally not needed.

EXERCISE

- No exercises or shoulder motion until after your first post-operative visit unless otherwise instructed.
- You may begin wrist and hand range of motion on the first post-operative day about 2-3 times per day.
- Formal physical therapy (PT) will begin after your first post-operative visit.

EMERGENCIES - Contact Dr. Barnes' office at (239) 334-7000 if any of the following are present:

- Painful swelling or numbness (note that some swelling and numbness is normal)
- Unrelenting pain
- Fever (over 101° F – it is normal to have a low grade fever (<100°) for the first day or two following surgery) or chills.
- Redness around incisions
- Continuous drainage or bleeding from incision (a small amount of drainage is expected)
- Difficulty breathing
- Excessive nausea/vomiting

If you have an emergency that requires immediate attention proceed to the nearest emergency room.