

POST-OPERATIVE INSTRUCTIONS

1.	apply ice every 20 minutes as soon as you get home . Sling instructions:		
	-	(if you had a distal biceps repair DO NOT REMOVE YOUR SLING!!!).	
2.	Take an NSAID (anti-inflammatory, <u>primary pain reliever</u>) as soon as you get home , then as needed after anesthetic wears off.		
	ОТС:	Advil, Motrin, Ibuprofen: up to 800mgs 3-4 times per day (max 3,200m Aleve, Naproxen Sodium: 220mgs, one or two tablets up to 2 times a continuous continu	. ,,
	Prescription:		
	** Combining an I	NSAID with your narcotic is more effective in controlling your pain than	narcotic alone**
3.	Narcotics (Norco, Percocet) contain acetaminophen (Tylenol), which can cause liver problems if you take more than 3,000 mgs per day. Follow the directions on the bottle (no more than 8 tablets per day), and do not take any products that contain acetaminophen while taking your narcotic. (Nucynta and Tramadol do not contain Tylenol, you may boost their effects by also taking Tylenol) To avoid constipation, drink extra water and increase your fiber. Take all medications with food (while eating, not before/after eating).		
4.	If you become itchy, develop a rash, or experience nausea and/or vomiting, please stop taking prescribed medication and call the office immediately (510-297-0550 Ext. 0). In rare cases of difficulty breathing, call 911.		
5.	Schedule your occupational therapy prior to your surgery to get the most convenient appointments.		
6.		on after surgery, which should be covered with a plastic	
	showering to keep it dry. Remove all your dressing/splint at home on: as normal with soap and water on the incision. Do not submerge your incision under standing water (i.e. bath or hot tubs, swimming pools) until after your post-operative appointment. After washing, dry the incision and cover it with a band-aid/Coban (do not use plastic or waterproof band-aids; remove to shower). Do not put any lotions or ointments (including antibiotics) on your incision. If you cannot remove the betadine with soap, try rubbing alcohol or nail polish remover. See # For further instructions		
	See # For tur	tner instructions	





- 7. CARPAL TUNNEL RELEASE: Use your hand as tolerated. Begin Nerve Glide Exercises immediately after surgery, and continue until your post-operative appointment. It is common to feel electrical shocks from the wrist to the fingers when the wrist is extended (bent back) for a couple of weeks after surgery (i.e. during nerve glide exercises), please continue exercises regardless. Some patients may experience pain in their hands starting 4-5 weeks after surgery called pillar pain. This is normal, and will usually disappear after 2-3 months. Rest hands and use ice/NSAIDs as needed.
- 8. <u>SUBMUSCULAR ULNAR NERVE TRANSPOSITION</u>: After your splint is removed, <u>begin active motion on</u> <u>your elbow</u> (palm up to bend, palm down to straighten). For one month, do not lift anything heavier than a glass of water or do any forceful pushing, pulling, or gripping.
- 9. <u>MUCOUS CYST EXCISION</u>: Do not remove your dressings. After your post-operative appointment, use Coban dressing daily (remove for showering, then reapply) for 3 weeks.
- DeQUERVAIN'S TENOLYSIS/GANGLION EXCISION: Use your hand as tolerated.
 TRIGGER FINGER RELEASE: Use your hand as tolerated.
 WRIST ARTHROSCOPY: If you have a long-arm splint (TFC repair or USO), leave the splint on until your post-operative appointment. If you have a wrist dressing, remove all the dressings 3 days after surgery at home on _____ and use your hand as tolerated.
- **A surgical assistant may be required for your surgery, who may or may not be covered by your insurance company. You will be responsible for any fees related to the surgical assistant.

13. **ANTIBIOTICS**: If provided, please take antibiotics as directed on the bottle, starting the morning of surgery.

EVERY SURGERY HAS RISKS THAT INCLUDE BLEEDING, INFECTION, AND LACERATIONS OF TENDONS OR NERVES. COMPLICATIONS ARE EXTREMELY RARE. EVERYONE HAS DIFFERENT RESULTS FROM SURGERY, AND HIS/HER SURGEON CAN GIVE NO ABSOLUTE GUARANTEE OF SATISFACTION TO A PATIENT.

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I understand and accept the ins	tructions listed above.	
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