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**POSTOPERATIVE INSTRUCTIONS**  
**ELBOW – ULNAR COLLATERAL LIGAMENT(UCL)**  
**RECONSTRUCTION**

**PLEASE READ THESE INSTRUCTIONS COMPLETELY AND ASK FOR CLARIFICATION IF NECESSARY - DIRECT QUESTIONS TO YOUR NURSE BEFORE LEAVING THE HOSPITAL OR VIA PHONE/EMAIL TO DR. HUDSON'S STAFF AFTER ARRIVING HOME**

**WOUND CARE**

- It is normal for the incision to bleed and swell following surgery – if blood soaks through the dressing, simply reinforce with additional gauze dressing for the remainder of day and check again. The post-op wrap and dressing should stay on the elbow until the first post-operative visit in clinic.

**MEDICATIONS**

- Pain medication is injected into the wound during surgery – this will wear off within 8-12 hours. It is recommended to begin the prescription pain medication provided to you upon arriving home and continue as frequently as every 4 hours for the first 1-2 days after surgery.
- If you are having problems with nausea and vomiting, consider decreasing dose and taking anti nausea medication as needed.
- Common side effects of the pain medication include nausea, drowsiness, and constipation. To minimize risk of side effects, take medication with food - if constipation occurs, consider taking an over-the-counter stool softener such as Dulcolax or Colace.
- Do not drive a car or operate machinery while taking the narcotic medication.
- As long as you have no personal history of adverse response to anti-inflammatories, use an over-the-counter anti-inflammatory such as Ibuprofen (i.e. Advil/Motrin) 600-800 mg as frequently as every 8 hours with food to help swelling and pain in addition to the prescribed pain medication.

**ICE THERAPY**

- Due to the dressing and splint, it will be difficult to apply ice to the surgical site on the elbow. A medium to large ice pack can be placed over the 'open' region of the elbow for 30 mins at a time.
- When using "real" ice, avoid direct skin contact > 20 mins to prevent damage / frostbite of skin. In either case, check any exposed skin frequently for excessive redness, blistering or other signs of frostbite.

**ACTIVITY**

- Remain in sling at all times other than personal hygiene and wardrobe changes
- Do not engage in activities which increase arm pain over the first 7-10 days following surgery.
- NO driving until off narcotic pain medication.
- Okay to return to work when ready and able. Please notify office if written clearance is needed.

## **EXERCISE/PT**

- Exercises specific to your procedure will be given to you by Dr. Hudson's team in some cases.
- Formal physical therapy (PT) will begin after your first post-operative visit if necessary.

## **DIET**

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

## **\*\*EMERGENCIES\*\***

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

### **DO NOT CALL THE HOSPITAL OR SURGICENTER FOR EMERGENCIES**

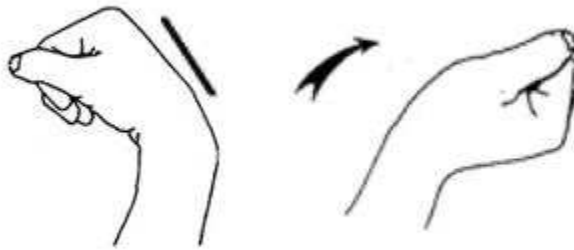
**IF YOU HAVE A NEED THAT REQUIRES IMMEDIATE ATTENTION, PROCEED TO THE NEAREST EMERGENCY ROOM**

## **FOLLOW-UP CARE/QUESTIONS**

- Someone from Dr. Hudson's team will call you on your first day after surgery to address any questions or concerns.
- Email any non-emergent questions to [JHudson@Oregonmed.net](mailto:JHudson@Oregonmed.net) for the fastest reply. If e-mail is not an option please call the practice at (541) 242-4812.
- If you do not already have a postoperative appointment scheduled, please contact the scheduler during normal office hours at (541) 345-0600 to arrange an appointment 7-15 days from surgery.

## POST OPERATIVE EXERCISES

### WRIST FLEXION / EXTENSION



Actively bend wrist forward.  
Then backwards as far as you can.  
Repeat 10-15 times. Do 3 sessions per day.