

Upper Extremity Surgery

If you have any questions or concerns regarding your upper extremity surgery, please read this handout which serves to answer the most frequently asked questions.

SWELLING:

Swelling is a common and expected symptom after surgery. It can occur immediately after surgery or can begin days after surgery. Swelling results from your body's normal healing response.

Swelling can sometimes increase with therapy and with an increased activity level. Unfortunately, therapy is necessary for a successful outcome after surgery and there are techniques that we can utilize to control swelling.

Rest – after surgery patients should rest. Overexertion is common and can lead to increased pain and swelling. Plan to spend time in bed or resting in your home for the first several days after your procedure.

Ice – apply ice to the operative site 4-5 times per day for 20-30 minutes. Some patients opt for a mechanical icing machine which can be quite helpful. If you do not have the machine, a bag of ice or a frozen ice pack will be sufficient. Proper icing technique involves placing a towel between the ice and skin to prevent frost bite.

Compression – using an Ace wrap around the operative site can help with swelling and discomfort. It is difficult to wrap the shoulder, but for most joints it is relatively easy to apply a compressive wrap. The Ace wrap should fit snug around the extremity. It should not restrict blood flow. If you notice numbness and/or pain, loosen or remove the wrap.

Elevation – placing the affected extremity above the level of the heart will facilitate control of swelling. Swelling is just fluid and fluid wants to run downhill. For the leg, keep the operative site 6-10 inches above the level of your heart.

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BRUISING:

Bruising is extremely common after surgery. Almost everyone has some amount of bruising. This bruising can be localized to the surgical area and can commonly run the entire length of the extremity. Bruising will resolve with time. Bruising can be associated with redness around the incision site. If you are having fevers or drainage it is important to contact the office as this may be a sign of infection.

ACTIVITY LEVEL:

All patients respond to surgery and anesthesia differently. Often, patients experience an up and down pattern of good days and bad days. As the healing process continues, this pattern improves to be more good days than bad. Dr. Toman has specific protocols for patients depending on the procedure that was performed. Use this protocol along with your pain level and amount of swelling to guide your level of activity. Patients make huge strides in the first three months after surgery. The final 10-20% improvement occurs for the subsequent nine months. At one year, patients will have a good sense of what their final outcome will be after surgery.

Almost every patient overdoes their activity at some point during the rehabilitation process. This usually resolves on its own and is not typically a major setback. If the pain becomes persistent or significantly worse, please do not hesitate to contact Dr. Toman.

SLEEPING:

Difficulty sleeping is very common after surgery. This is typically related to inadequate pain control during the day. Additionally, patients are usually less active and have a tendency to nap more frequently after surgery. Be mindful of this as it may contribute to inability to sleep through the night. Additionally, a common side effect of pain medications is sleepiness. Timing pain medication doses at bedtime may be helpful as well.

Patients can sleep in any position that they find comfortable unless otherwise told by Dr. Toman. If you have a brace or immobilization device, this should be used while sleeping until Dr. Toman advises you that it is acceptable to discontinue it.

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SHOWERING:

Showering is typically allowed three days after surgery. Dr. Toman allows the incisions sites to be rinsed with water once you start showering. Do not rub on the incision site and do not place any soap directly on the wound. When finished, pat the area dry with a clean towel and then replace the dressing with clean gauze and tape. Normal showering can occur after the sutures or staples have been removed which can be anywhere from 5-14 days after surgery depending on the healing process. After the sutures or staples have been removed, Steri-Strips are typically applied and they will fall off on their own time. If they curl at the ends, they can be trimmed. If they are still in place after three weeks after surgery, they can be removed completely.

Do not submerge the incision underwater until two days after the sutures or staples have been removed and the incision is clean without any drainage.

OTHER ACHES AND PAINS:

It is common for patients to develop pain in the opposite arm and upper back/neck area after surgery. This is related to the rest of the body compensating for the surgical site. This is completely normal and resolves once the operated extremity heals and becomes more functional.

MEDICATIONS:

Medications stopped before surgery can typically be restarted immediately after your procedure. If you have any questions regarding these medications please contact the physician who prescribed them to you.

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NARCOTICS:

Patients typically utilize pain medication for 6-12 weeks depending on the procedure. The common pain medications that Dr. Toman utilizes are Hydrocodone (other names: Norco and Vicodin) and Oxycodone (other name: Percocet). Hydrocodone is a medication that can be called into a pharmacy. Oxycodone prescriptions must be picked up on a written prescription sheet in order to be filled. Patients can stop their pain medication when the pain subsides and/or other medications are able to control the pain.

PLEASE NOTE:

The pain medications that have been prescribed to you contain acetaminophen (Tylenol). DO NOT take Tylenol if you are taking the narcotic pain pills. Too much Tylenol can cause liver toxicity and even death.

It is okay to take anti-inflammatory medicines with narcotics. It is okay to resume Tylenol with an anti-inflammatory once narcotic medications are stopped.

CONSTIPATION:

Pain medications cause constipation. Eating fruits and fiber are very helpful. Additionally, staying hydrated helps to prevent constipation. If symptoms persist, milk of magnesia, magnesium citrate, Senokot, Dulcolax, or Colace are good over the counter medications that help resolve constipation.

HOT TUBS AND WHIRLPOOLS:

These areas tend to harbor bacteria because of their warmer temperatures. Avoid these until the incision is completely dry and at least four weeks have passed since the day of surgery.

TOMAN ORTHOPEDICS
AND SPORTS MEDICINE

CHARLES V. TOMAN, M.D.
Board-Certified. Fellowship-Trained. Orthopedic Surgeon

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TRIGGERS TO CALL THE OFFICE:

1. Consistent fever of 101.5 or greater
2. Increased drainage or swelling
3. Pain that is not controlled by pain medications
4. Severe insomnia
5. Swelling that is accompanied by coolness or decreased sensation

Call our office during regular office hours Monday – Friday 8am-5pm at 561-221-6895.