

Distal Triceps Repair Post-Operative Instructions

Ice and Medications

- Ice Regularly
 - Please ice your elbow regularly (20 minutes ice on, 20 minutes ice off) during your awake hours for the first 3-7 days after surgery, for 3-4 hours per day
 - Do NOT apply ice directly to exposed skin. Use a towel or other type of covering between the ice and your skin.
 - Alternatively, you may use a bag of frozen peas. Buy several bags of peas, place them in a gallon-size zip-lock bag, making them about an inch thick, and remove as much air as possible. Return to freezer, lying flat when done.
 - Local pharmacies (i.e. CVS or Walgreens) also sell over-the-counter *Cold Packs* that you may use.
- Pain Medication
 - You may have or have not received a nerve block prior to surgery. Regardless, you should continue to take pain medications as instructed. It is important that you stay on top of your pain control. After a few days, you should start to decrease the amount of pain medication you are taking. If you can decrease the medications sooner, this is encouraged but not at the expense of being in severe pain.
 - **Oxycodone/Acetaminophen 5mg/325mg (Percocet)* - Opioid Pain Medication**
 - Take as needed for pain.
 - You may take 1-2 tablets every 4-6 hours as needed. You may want to take this medication around the clock for the first few days to control your pain.
 - **Acetaminophen (Tylenol)**
 - After you decrease your use of opioid pain medication, you may transition to acetaminophen.
 - Acetaminophen comes in regular strength (325mg per tablet) or extra strength (500mg per tablet).
 - You may take this medication alone or with opioid medications. However, if you are taking Tylenol along with your prescribed opioid, you must CALCULATE how much acetaminophen you are taking. There is 325mg of acetaminophen already in each opioid tablet.
 - Example: If you take 1 Percocet tablet and need additional relief, you may take 2 regular strength (325mg) acetaminophen tablets or 1 extra strength (500mg) tablet with the Percocet every 6 hours.
 - Do NOT take more than 1,000mg in a 6-hour period. Do NOT take more than 4,000mg in a 24-hour period.
 - Do NOT take if you have liver disease.
 - **Tramadol 50mg (Ultram)* - Opioid Pain Medication**
 - Take as needed for breakthrough pain.
 - You may take 1 tablet every 6 hours as needed. This should only be taken if the other pain medications are not helping enough.
 - You should wean yourself off this medication as soon as possible.
 - **Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)**
 - For fractures, these medications are to be used sparingly. It is preferred that you use alternative medications. If pain is severe, you may add these to the above regimens for a few doses.
 - **Ibuprofen (Advil, Motrin)** – You may take up to 800mg every 6 hours. Take NO more than 3,200 mg in a 24-hour period.
 - **Naproxen (Aleve)** – if you prefer this over-the-counter NSAID over Ibuprofen, you may take this instead. DO NOT TAKE BOTH IBUPROFEN & NAPROXEN as this increases your



risk for toxic side effects. Please take NO more than 1,500 mg of Naproxen in a 24-hour period.

- Do NOT take if you have kidney disease, history of stomach ulcers, or GI bleeds
- Nausea
 - A common side effect of general anesthesia and opioid medications is nausea. Ensure that you are taking your medications with food and drinking adequate amounts of water. If feeling nauseous, please take the prescribed **Zofran 4mg**, 1-2 tabs by mouth every 8 hours as needed.
- Constipation
 - Anesthesia during surgery, opioid medications, drinking less fluids, and decreased activity all contribute to constipation after surgery.
 - Ensure you are drinking adequate fluids and getting out of bed during the day
 - Over-the-counter medications are very effective for constipation. To treat constipation, take these medications in the following order as instructed on the label.
 - Miralax → Sennakot → Colace → Bisacodyl (Dulcolax) suppository → Fleet enema
 - Begin with Miralax. If Miralax does not help, you can add Sennokot and take both medications together. If these are not working, you can add Colace to your regimen, then Bisacodyl (Dulcolax), and a fleet enema one by one.
 - Medications used to treat constipation do not always work immediately. Try taking a few doses of each when you start each medication before moving on to the next option.
- You may resume all home medications the day after surgery unless otherwise instructed

Dressings

- Do NOT remove or unwrap bandages and keep the post-operative splint in place
- To shower/bath with your dressing still on, wrap the top of the arm with a towel, then place the arm in a large plastic garbage bag with tape at both ends closing the bag. Then keep the bag outside of the shower/tub.
- Unless instructed otherwise, you may shower after your bandages have been removed. You may allow warm, soapy water to run over the incisions. Please do not scrub the incisions.
- Please DO NOT BATHE, POOL, HOTTUB, OR SOAK/SUBMERGE THE INCISION IN WATER as this can increase the risk of infection. Wait three weeks from surgery or until you are directed to do so.
- Small amounts of bloody drainage, numbness at the incision site, swelling, and bruising are normal findings following surgery.
- Do not use bacitracin or any ointments under bandages.

Splints

- Keep the post-operative splint in place until your first follow-up appointment
- At your first appointment, you will be switched into a hinged elbow splint. The hinged splint will be worn for the first 6 weeks after surgery

Activity

- **Sleep:** Try to keep your operative arm elevated on pillows. This will help with swelling initially. Nighttime is often the most uncomfortable time. Sleep in your splint or brace until otherwise instructed.
- **Driving:** Driving is NOT allowed while taking opioid medications. However, once off all narcotics and you feel that you can adequately react and respond in emergency situations, you may drive again. It is recommended to be out of any sling or brace before returning to the road.
- **Return to Work:** You may return to work once you are no longer taking opioid pain medication during the waking hours, and once you are comfortable performing your job. Return to work will depend on the specifics of your job.
- **Travel:** You are okay to travel (air or automobile) as a passenger as early as the following day after surgery. While you may experience pain and discomfort, it should not be detrimental to your healing.



Physical Therapy

- Rehab and therapy are KEY aspects of surgery. This may begin the 2 weeks after surgery.
- A physical therapy protocol will be provided to you, and is to be used as a guide for the therapists

Follow Up

- Please contact the office the next business day to set up and/or confirm your first post-operative appointment 2 weeks after your surgery.
- You will be seen by Dr. Tauberg for your first post-operative visit to review your surgical findings and to go over any questions you may have.

Questions/Concerns

- After surgery, you may experience swelling in elbow/arm/hand, water/blood drainage from incisions, and bruising in the arm. These are expected and should resolve within 10-14 days. Continue icing your elbow and affected areas. Elevate your elbow to help decrease swelling. Please take pain medications as prescribed and stay on top of your pain.
- Call the office immediately or go to your nearest emergency department if you develop a fever (temperature > 101.5°F), shortness of breath, excessive incision drainage, pus drainage from the incision, calf pain, difficulty breathing, or pain non-responsive to medications for over 48 hours.
- **If you are experiencing an emergency, please call 911 or go to your local emergency department**
- If you have any questions or concerns, please feel free to call the office at **412-283-0260**

**Due to the current opioid epidemic, our team by policy does not allow prescribing narcotic pain medication beyond 6 weeks postoperatively. If you do need a refill, please call during office hours. We will not write narcotic prescriptions during weekends or after hours. We certainly support and validate your post-operative pain, but we encourage realistic goals for weaning off pain medications by the end of week 2 or earlier to prevent side effects and addiction.*

If you require further narcotic pain medication beyond our policy guidelines, we can refer you to a pain management doctor. If you already have a pain management doctor, please visit them prior to surgery and post-operatively to have them manage your pain. By law, we cannot prescribe pain medication if you have a pain management doctor.

