



Columbia University
Shoulder, Elbow and
Sports Medicine Service

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Post-Operative Instructions – Ulnar Collateral Ligament Reconstruction

Pre-Op Check List

- Fill narcotic and anti-nausea prescriptions immediately when given to you (or it will expire); do not take narcotics pre-operatively! It is for you to use post-operatively. The anti-nausea medication is provided in case the narcotic pain reliever causes a side effect of nausea. If nausea occurs, you should take the anti-nausea medication 30 minutes prior to the narcotic pain reliever.
- Meet with representative from device the company for brace fitting and post-op cryotherapy.
- Assure you have been given your first post-op appt date by the surgical scheduling team, usually 7-10 days after surgery.
- Discontinue all aspirin products at least 7 days prior to surgery.
- The Hospital Pre-Op Staff will notify you of your arrival time the afternoon before surgery. If you are not contacted by 3:30pm the day before surgery, please call our office for final instruction at (212) 305-0622.
- Bring your brace and cryotherapy with you to the hospital on day of surgery.
- Do NOT eat or drink anything past midnight the night before surgery.
- Under no circumstances should you write anything on your operative site – this will be done by the surgeon in the pre-op holding area on the day of surgery.

Surgery Day

- You will be asked to arrive 2 hours before the scheduled surgery time (remember to not eat or drink anything after midnight).
- You will be admitted and meet the nursing staff, anesthesia staff, and one of my team members will most likely meet and examine you as well in the pre-op holding area.
- You will usually have your regional anesthetic placed in the pre-op regional block area.
- Your surgery will be performed and usually lasts between 1-2 hours.
- You will have your brace and cryotherapy (if you purchased it) put on either in the operating room or in the recovery room that you were fit for preoperatively.
- You will have a splint on your elbow.
- You will be fit for your equipment in the recovery room if you did not receive it prior to surgery.
- You will stay in the recovery room typically 1-3 hours depending on the duration of the spinal anesthetic.
- You need someone to pick you up at the hospital (you cannot take public transportation home!)
- You may experience numbness/tingling down your arm. This is normal and means the nerve block is wearing off. At this time, you will want to take a dose of your pain medicine.
- You should begin taking your narcotic pain medicine when you first experience pain or before you go to bed. You can also take 600mg of Advil, Aleve, Motrin, or ibuprofen with your pain medicine. You may NOT take Tylenol.

Post-operative Day 1

- Continue use of your pain medicine as outlined above.
- Your splint will remain on until your first post-operative appointment. You may NOT remove it.
- You may shower. You must keep your splint clean and dry and you can do this by using seran wrap or a bag to cover the entire splint.
- You may experience swelling in your hand. You may squeeze a soft ball or sponge to decrease the swelling.
- Use your cryotherapy or ice 20-30 minutes at a time, 3-4 times a day to decrease swelling and diminish pain.

Post-operative Days 2-7 (1st Post-operative visit)

- Continue as above.
- You will have your 1st post-operative visit somewhere in this time period (7-10 days after surgery).
- At your first post-op visit, we will remove your splint and place you in an elbow brace.
- At that visit, we will inspect your wounds and remove your stitches (if necessary). Several small sutures are snipped at the skin level (does not hurt!).
- We will give you a prescription and protocol for you to begin physical therapy.

Post-operative Weeks 1-6 (2nd Post-operative visit between 4-6 wks post-op)

- Your elbow brace will be worn while sleeping and in public for 4-6 weeks.

FREQUENTLY ASKED QUESTIONS (FAQ)

- **When can I begin driving?**
You may not resume driving until you are no longer wearing your brace, which is between 4-6 weeks post-op.
- **When can I return to work?**
This really depends on the individual patient specifically with respect to job demands (labor vs desk job). Desk jobs may return to work within days and labor jobs typically around 3 months.
- **When can I return to sports?**
You will be able to participate in certain activities in a progressive manner throughout your recovery. These activities depend on your progress and timeframe of recovery and will be determined by your therapist and/or doctor.
- **How long will I have Physical Therapy after the surgery?**
The typical therapy program will be 2 times a week for a minimum 3-4 months.
- **How much pain will I have?**
This is variable, of course, but we provide you with an appropriate amount of narcotic pills to keep you comfortable until your 1st post-operative visit. Remember that most of our patients have regional anesthesia and it is not unusual to have numbness and tingling that can be present for several days following your surgery.
- **When will I be able to begin throwing again?**
You will typically begin a progressive throwing program around 4 months post-op.
- **What is the throwing program like?**
You will start tossing the ball at about half your normal speed, beginning with a distance of about 30-40 feet. At 7-8 months you will begin throwing at $\frac{3}{4}$ your normal speed. At around 9 months you will gradually progress to competitive throwing. Throughout the program, you will be increasing the distance you throw, reaching a maximum of 150 feet.
- **When will I be ready to pitch in a game?**
Typically it takes one year from your surgery for you to be ready to compete in games.
- **When should I call the office with concerns?**
Any signs of infection should be reported immediately – these include increased drainage (usually thick, cloudy, foul-smelling), redness, increased warmth, and fevers (T > 101.8).

****For further information, please refer to our website, cses.cumc.columbia.edu and click on specialties then click on FAQ's following surgery.**