



Upper Extremity Trauma

Postoperative exercises/Activity

- Elevate your hand and forearm above heart level as much as possible during the first 3-4 days following surgery. This will help to minimize pain and swelling after surgery and will improve wound healing.
- Move your hand and fingers several times per day (within the limits of your postoperative dressing) in order to decrease swelling and maintain mobility. While frequent movement and range of motion exercises are important, don't overdo it. Listen to your body and use common sense.
- You can use your arm to assist with eating and personal hygiene. Do not bear weight or lift anything heavier than a glass of water or a cell phone with the operative arm. This helps to protect your surgical repair during healing.
- Physical therapy may be prescribed during your first postoperative visit depending upon your specific injury and situation.
- Home exercises are very important in your recovery and will be customized to fit your specific injury and circumstances during your first postoperative visit. Home exercises are integral to your recovery and restoration of function whether or not you are referred to formal physical therapy.

Sling/Immobilizer

- Use the sling while in bed as needed and especially and when traveling out of the house for comfort and protection. These devices are optional during the day as long as the arm is in a protected position.

Bandage Care

- Some bleeding through the bandage is normal. Reinforce with more dressing if this occurs during the first 1-2 days following surgery.
- Keep the splint and bandage placed in the operating room clean and dry, and leave in place for 3 days.
- Unless specifically directed otherwise, you can remove the splint/bandages and shower 3 days after surgery. Keep the incisions out of the direct water stream and gently pat dry. Cover the incisions with band aids or other suitable dressing.
- Splint management: Beginning 3 days after surgery, you may come out of the splint for gentle Range Of Motion (ROM) exercises as tolerated for a few minutes at a time approximately 3-4 times a day (Unless specifically directed otherwise). Put the splint back on and secure with an Ace wrap when you have completed your ROM exercises.

Ice

- Ice helps to control pain and decrease swelling. It is particularly effective during the first 1-2 weeks following surgery. Place the ice on the part of your upper extremity that is not covered by a splint in order to be effective.
- Ice can be applied for 15-20 minute intervals up to 3-4 times per day as needed.

- Use a barrier between the skin and the ice pack to protect your skin.

Medications/Pain Control

- Local pain medication is injected into the soft tissues around your fracture and incision during surgery and lasts for approximately 4-6 hours.
- Take prescription pain medicines as needed for significant pain. It is common to take narcotic pain medication for a few days after surgery as this is typically when the pain is most severe. Some degree of pain after surgery is expected and has a protective function as it serves as a general guide to activity advancement. Take the pain medications as needed if you are experiencing moderate to severe pain. If your pain is manageable, stop taking the narcotics.
- It is OK to take nonsteroidal anti-inflammatory medications (e.g. ibuprofen, naproxen) for additional pain control unless specifically directed otherwise.
- Take the pain medication with food and water. Do not drink alcohol or drive while taking prescribed pain medication.

Diet

- Beginning the after day of surgery, drink plenty of clear liquids and eat nutritious foods. Adequate hydration and optimal nutrition are essential parts of your healing and recovery.

Common Complaints after Surgery

- Nausea/Vomiting is usually related to the anesthetic drugs used during surgery and resolves during the first 24 hours. Begin with clear liquids and light foods following surgery and advance as tolerated.
- Drowsiness is associated with anesthetic drugs and IV pain medications used during your surgery. This usually resolves within 24 hours.
- Constipation is a common side effect of narcotics and strong pain medications. Adequate hydration, a diet high in fiber, and over-the-counter stool softeners (Senokot-S, Colace) can help to minimize constipation.
- Low grade fever (< 100.5° F) can occur during the first 24-48 hours following surgery. Taking deep breaths and periodically sitting upright helps the fever to resolve and improves air flow through your lungs.

When to Call

Call us at 858.703.6964 if any of the following develop:

- Temperature > 101.5° F
- An increase in redness or cloudy drainage from the incisions
- Severe pain not adequately controlled with medications
- Excessive nausea or vomiting
- Chest pain or shortness of breath