



MATTHEW A. BERNSTEIN, M.D.
ORTHOPEDIC HAND & UPPER EXTREMITY SURGEON

ELBOW SURGERY PRE-OPERATIVE INFORMATION:

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KEEP a copy for future reference

ANTICOAGULANTS

Do not take non-steroidal anti-inflammatory medications (NSAIDs), Vitamin E, or blood thinners of any kind for at least 5 days pre-operatively. Please discontinue these types of prescription and non-prescription medications after consulting with your internist or prescribing doctor to confirm that this is safe to do so.

Generally, you may restart any/all of these medications the night of or morning following surgery. If your internist will not allow you to come off of these medications, there are exceptions that need to be discussed on a case by case basis. If there has been a repaired bone or soft tissue such as a tendon, it is safest to wait until the end of the third week following surgery to resume NSAIDs.

FAKE NAILS AND NAIL POLISH

It is recommended that you remove any fake nails and nail polish from the operative extremity at least 2 days prior to your surgery.

ILLNESS

Notify Dr. Bernstein if you think that you may be ill, are being treated for an infection (ex. Urinary tract infection, sinusitis, skin infection, pneumonia), or are otherwise sick **AS SOON AS POSSIBLE PRIOR** to your surgical date. General guidelines for elective surgery are to be well and off of antibiotics for approximately one week prior to your elective procedure.

RISKS ASSOCIATED WITH SURGERY

There are risks and potential complications associated with all medications, anesthetics, and surgeries. These include but are not limited to: death, stroke, heart attack, anaphylaxis or allergic reactions, deep venous thrombosis or blood clots, potentially permanent lymphadenopathy (risk is less than 3% even with axillary lymph node dissection), damage to teeth, sore throat, vocal cord injury, fracture of bone, damage to articular cartilage or development of arthritis, loosening of or breakage of suture or hardware, bleeding, infection, neurovascular injury) injury to nerves and blood vessels which may be associated with potentially permanent numbness, tingling, weakness, loss of dexterity, pain, stiffness, regional pain syndromes, or even loss of limb. You may experience progression of arthritis, recurrence of your

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condition, and even be worse off having had surgery than you might/would have been had you not undergone surgery. You may require additional surgeries to address the original condition or to address any complication encountered as a result of surgery. There are times when the operative findings may reveal different or additional conditions and require different or additional interventions than what was expected. Necessary treatment of these additional findings may alter the operation and the postoperative rehabilitation.

PHOTO/VIDEO

Dr. Bernstein may photograph, video, or televise such portions of operations and/or procedures, including appropriate portions of the body for medical, scientific, or educational purposes. Your identity will NOT be revealed by pictures, video, or accompanying descriptive text without your specific consent.

POST-OPERATIVE INFORMATION:

YOUR OPERATION WAS PERFORMED BY ARTHROSCOPIC TECHNIQUE 7 VIEWING WITH AN ARTHROSCOPE (A SMALL VISUALIZING TELESCOPE) INSIDE OF YOUR JOINT OR UTILIZING TRADITIONAL OPEN SURGICAL TECHNIQUES AND INCISIONS.

YOUR OPERATION INCLUDED ONE OR MORE OF THE FOLLOWING:

- Diagnostic and/or therapeutic arthroscopy.
- Examination under anesthesia and manipulation of stiff shoulder joint.
- Debridement, repair, or transfer of torn and/or degenerative tissue, ligaments, and tendon
- Removal of inflamed joint lining.
- Removal of spurs, loose pieces of cartilage, or osteoplasty (removal or re-shaping of bone)
- Removal of impinging bone and/or soft tissue structures.
- Repair or reconstruction of fractures or ligament injuries about the elbow.
- Repair of fractures about the elbow with or without internal fixation
- Partial or total joint arthroplasty (replacement).
- Biopsy of abnormal tissues.
- Nerve or vessel repair, reconstruction, decompression, or transposition.

WOUNDS

There are one or more incisions and/or smaller puncture wounds about your elbow, forearm, or arm. Sutures or staples are in place. Some leakage of fluid/blood may occur on the dressing. You may need to reinforce your dressing once in the first 24 hours; however excessive drainage or bleeding is not expected. If this is observed, contact our office, your physician, or an emergency room facility for examination and/or treatment. **DO NOT REST DIRECTLY ON YOUR ELBOW.**

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DRESSINGS/WOUND CARE

The dressing is typically removed by an occupational therapist in the office on postoperative day 2)5 (if you don't already have an appointment for this evaluation, please call to make an appointment). The wounds will take approximately 48)72 hours to seal over. There is typically an ace wrap covering a soft absorbent dressing. If needed for comfort, please feel free to unwrap and re-wrap the ace wrap more loosely. We will sometimes leave wounds "open" intentionally. This may require a special dressing change routine that will be explained to you by the therapists

- You may be in a large soft bulky dressing and splint and we may elect to not change your dressing for up to 3 full weeks from surgery if there is concern about a skin graft or wound over the tip of the elbow. **DO NOT REST DIRECTLY ON YOUR ELBOW** or surgical site

SHOWERING/BATHING

After your first dressing change:

- If you are in a removable splint and instructed accordingly, the surgical area may be rinsed in the shower. Take a quick shower (no long soaks); wash your hair and body as per your usual with mild soaps and shampoos. Allow warm soapy water to rinse over the surgical sites and then pat them dry with a clean towel or washcloth.
- If you are in a cast or are too uncomfortable to remove your splint, you should cover the dressings with a waterproof bag and plastic wrap or tape to seal the bag against the skin. If you are given special additional instructions, relative to exposed hardware, pins, or wounds that aren't healed yet, please follow those additional instructions.
- After your shower, re-apply dressings with appropriate size mesh, "see-through" surgical gauze, a conforming cloth wrap and tape (silk or paper tape usually).
- **NO TUB BATHING, SWIMMING POOLS, OR OTHERWISE SUBMERGING THE WOUNDS UNTIL THE DAY AFTER THE SUTURE OR STAPLES ARE REMOVED AND YOUR DOCTOR INDICATES THAT IT IS SAFE TO DO SO.**

OINTMENTS

DO NOT APPLY OINTMENTS OR LOTIONS TO YOUR SURGICAL SITES UNTIL AFTER ALL SUTURES/STAPLES/STERI-STRIPS HAVE BEEN REMOVED, unless specifically instructed to do so by Dr. Bernstein or his clinical team.

WOUNDS/HEALING

Wounds that are closed with sutures are generally healed externally within 10)14 days, assuming nothing unusual. Healing on the inside, takes weeks to months depending on the specifics of your condition and surgery. Scarring takes 2 years to mature.

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SPLINTS/SPECIAL DRESSINGS

Your arm may have been placed into a sling or removable splint for your protection and comfort.

- If you have a smart phone or digital camera, please take pictures of yourself in your sling and/or splint so that you can re)apply or adjust it as necessary, it is not always obvious how to apply or adjust the dressings or splints.
- If you have any questions about the positioning of your splint or sling, please call Dr. Bernstein's team or the therapist if you've already seen them.
- Your therapist should adjust the splints as necessary to ensure comfort. If they are not reasonably comfortable, they are less likely to be worn properly, and if they aren't worn properly or at all, they cannot help and protect you as designed.

There are times when screws or wires will penetrate through the skin intentionally, with a plan of removing them later. Typically, these pins/screws that penetrate the skin will be monitored and cleaned twice daily with either warm soapy water or a dilute solution of hydrogen peroxide. You may shower with the pins and screws exposed, assuming that they are not covered in a cast and that you've been instructed to remove your splint for showering. After cleaning the pin sites, be sure to pat everything dry with clean gauze or you may blow dry these areas with a blow dryer that can be set to cold (do not use heat). Pin sites are usually dressed in Xeroform or Adaptic, gauze, soft conforming wrap, and/or ace wraps twice daily.

ELEVATION AND MOTION/THERAPY

Keep your elbow elevated, without any pressure directly over the surgical site. If you are in a soft dressing, please move your elbow, wrist, fingers, and shoulder through as close to a full arc of motion as possible several times per day to minimize swelling or stiffness.

Occupational Therapy (OT) will generally be necessary in the rehabilitation phase after surgery. Call to confirm your appointment to start 2)5 days after your surgery, unless instructed to start sooner. A prescription will be provided to the therapist directly. If, after your first appointment with Dr.

Bernstein's therapist for your wound check and dressing change, you will be doing therapy elsewhere, please let Dr. Bernstein's team know so that they can forward an additional prescription to that therapist/facility.

PAIN

Upon discharge, you should receive a prescription for pain medication that will need to be filled at a pharmacy if we have not already e-prescribed or called in your prescription to your selected pharmacy. Usually, this will be an analgesic with Hydrocodone, Codeine, or Tramadol. Darvon products are no longer available. Please inform us of any known allergies. Narcotic medications may produce nausea, vomiting, and/or a fine skin rash, and constipation. Should you experience complications from pain medications, the medication should be discontinued, and you should contact our office for an alternative medication. This medication is to take the edge off of the pain, not make it go away.

Your doctor may also provide you with a prescription for an anti-emetic in the event that your anesthesia, pain medicine, or antibiotic are causing vomiting. If you have had a reaction in the past to nausea medications, please inform your physician and do not take this medication. This medication does have a rare but potentially serious and permanent known complication – dystonia or a muscle spasm, most commonly of the neck muscles.

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ICE

The application of ice to the surgical site and/or the exposed skin above or below the surgical dressings may help to minimize swelling and discomfort within the first 72 hours to 2 weeks after surgery. You may ice for up to 30 minutes per hour while awake only. **DO NOT APPLY DIRECTLY TO YOUR SKIN;** always have something between you and the ice, such as a hand towel.

ANTIBIOTIC: 2-3 PILLS ONLY (Total of 24 hours of antibiotic coverage), unless specifically instructed by Dr. Bernstein. DO NOT TAKE THIS PRESCRIPTION UNTIL AFTER (POSTOPERATIVE) SURGERY, YOU WILL RECEIVE INTRAVENOUS ANTIBIOTIC IMMEDIATELY PRIOR TO INCISION/SURGERY (PREOPERATIVELY).

You received an IV antibiotic at the time of surgery. You will receive a prescription for oral antibiotic for after surgery, to be taken 4 - 6 hours after your last IV dose during surgery on the day of surgery to diminish likelihood of infection. Let us know if you are allergic, or sensitive to the antibiotic that has been prescribed.

If you were on an antibiotic preoperatively, please continue taking that antibiotic postoperatively until it is all gone (generally no more than 14 days) unless otherwise instructed by Dr. Bernstein. If this issue was not clarified, please call the office for clarification.

POSTOPERATIVE CONCERNS/QUESTIONS:

Early post-operative problems will often present as unusual and/or escalating pain, numbness, or tingling unrelieved by prescription medications, dressing adjustments, progressive swelling/bleeding, or sometimes temperature elevation (101.5° or above) uncommon in extremity infections. Excessive swelling and escalating pain, numbness, tingling that do not respond to elevation, dressing adjustments, and joint mobilization may represent a more significant problem. If presented with these or other concerns, you should call us and seek consultation at our office, with your own physician, or even an emergency room in some instances.

DRIVING

DO NOT DRIVE: THE DAY OF SURGERY, IF YOUR ARE INTOXICATED (WITHIN 6 HOURS OF TAKING A NARCOTIC), OR IF YOU DO NOT FEEL THAT YOU CAN SAFELY OPERATE YOUR VEHICLE IN A MANNER THAT WOULD ALLOW YOU TO HANDLE A DRIVING EMERGENCY.

TRAVEL

DO NOT PLAN TO TRAVEL WITHIN 2 WEEKS OF YOUR SURGERY. While complications are uncommon, they are most likely to occur in the first 2 weeks postoperatively and therefore it is **NOT** recommended that you travel in this time period.

SCAR CARE:

Starting 2-3 weeks after surgery, assuming the incisions are healed and steri)strips have fallen off or been removed, you will be asked to massage your scars (first 6 weeks, only the ones that you can get to without contorting) many times throughout the day for 20)30 seconds at a time with a lotion that contains sunscreen, vitamin E, and/or aloe (SPF to protect from the UV radiation of the sun. Get in the habit of using a lotion with sunscreen so that when you are in the sun you are not caught without it.

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For at least 2 years, your scars will continue to mature and be more sensitive to the sun than the rest of your otherwise normal skin). I have no one brand that I recommend, though I do have a list that you may receive after staple removal. Go to the sunscreen section/lotion section of your local pharmacy and look at the ingredients on the different lotion and sunscreen products. You may select a sunscreen with vitamin E and/or Aloe, or a hand lotion that contains sunscreen in it and vitamin E and/or Aloe.

ANESTHESIA INSTRUCTIONS

1. A responsible adult should be aware of instructions, accompany, and drive patient home.
2. Anesthetic may make you feel tired for several days.
3. Do not drive the day of your surgery or if taking pain medicine.
4. Prior to driving YOU must be confident that you can drive safely, and not be taking narcotic or narcotic) like pain medicines.
5. You may experience a sore throat and dryness in your mouth.
6. Muscle soreness may occur.
7. Be aware of dizziness and take extra time transitioning from laying to sitting, and from sitting to standing.
8. Do not drink alcoholic beverage for 24 hours after your surgery, or if taking any anti-inflammatory or narcotic pain medications.
9. Do not make any critical decisions on the day of surgery.

**Clinical Assistant to Dr. Bernstein
Rachel Pioch, MS, ATC
(847) 285-4303**

(Please do not leave time sensitive, urgent messages on this extension)

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- Typically, Dr. Bernstein’s clinical team will call to check on you a few days after your surgery.
 - Your first postoperative visit will typically be with an occupational therapist. If not already scheduled, or to confirm your appointment, please call to schedule your post-operative visit with the
 - Occupational Therapists in 2-5 days. If necessary, you will see the therapists 0)3 times per week until you see Dr. Bernstein’s clinical team.
 - **Your second postoperative visit (first postoperative with Dr. Bernstein’s clinical team) will typically be scheduled with Katie Pope, PAC.** If not done preoperatively, please call to schedule your follow) up/suture or staple removal/postoperative examination between10)14 days with Dr. Bernstein’s team.

**Thank you,
Barrington Orthopedics Specialists
ALTHOUGH THIS IS A POST OPERATIVE FORM, IT IS NOT SPECIFIC FOR YOUR CONDITION UNLESS
OTHERWISE NOTED IN WRITING.**

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