



# Post-Operative Instructions: Triceps Tendon Repair

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## DIET

- Begin with clear liquids and light foods (jellos, soups, etc.)
- Progress to your normal diet if you are not nauseated

## WOUND CARE

- To avoid infection, keep surgical incisions clean and dry – you may shower by placing a large garbage bag over your splint starting the day after surgery – **NO immersion of operative arm** (i.e. bath)

## MEDICATIONS

- Pain medication is injected into the wound and elbow joint during surgery – this will wear off within 8--12 hours
- Most patients will require some narcotic pain medication for a short period of time – this can be taken as per the directions on the bottle
- Common side effects of the pain medication are nausea, drowsiness, and constipation – to decrease the side effects, take medication with food – if constipation occurs, consider taking an over-the-counter laxative
- Do not drive a car or operate machinery while taking the narcotic medication
- Ibuprofen 200--400mg (i.e. Advil) may be taken in between the narcotic pain medication to help smooth out the post-operative ‘peaks and valleys’, reduce overall amount of pain medication required, and increase the time intervals between narcotic pain medication usage

## FOLLOW UP

- Contact Dr. Yousif’s office 2 weeks after surgery to schedule your first post-op appointment

## ACTIVITY

- Elevate the operative leg to chest level whenever possible to decrease swelling
- Wear brace **AT ALL TIMES**
- Do **NOT** bear any weight (No LIFTING) with your operative arm – unless instructed otherwise by physician
- Do not engage in activities which increase elbow pain over the first 7--10 days following surgery
- Avoid long distance traveling for 2 weeks
- NO driving until instructed otherwise by physician
- May return to sedentary work ONLY or school 3--4 days after surgery, if pain is tolerable

<b>Postoperative Period</b>	<b>Activity</b>
Weeks 1---6	<ul style="list-style-type: none"> <li>• Long arm splint; elbow flexed 30---45 degrees</li> <li>• Can use hinged splint and block range of motion, yet allow range of motion during therapy and gradual elbow flexion</li> <li>• Passive elbow extension</li> <li>• Active elbow flexion</li> <li>• Night---time extension splint if needed</li> </ul>
Weeks 2---6	<ul style="list-style-type: none"> <li>• Full passive elbow extension</li> <li>• Passive or gentle active elbow flexion to 30 degrees, increasing by 15---20 degrees/wk depending on repair</li> </ul>
Week 6	<ul style="list-style-type: none"> <li>• Full active flexion Active extension after 6 wk</li> </ul>
Weeks 10---12 to Month 4	<ul style="list-style-type: none"> <li>• Strengthening beginning with midrange isometrics, then isotonic concentric contractions, and finally, eccentric muscle contractions</li> </ul>

### **ICE THERAPY**

- Begin immediately after surgery
- Use icing machine continuously or ice packs (if machine not prescribed) every 2 hours for 20 minutes daily until your first post---operative visit – remember to keep arm elevated to level of chest while icing

### **EXERCISE**

- No exercise or motion is to be done until instructed to do so by your physician after the first postoperative visit
- Formal physical therapy (PT) will begin about 14 days post---operatively with a prescription provided at your first post---operative visit