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## **Elbow & Distal Biceps Surgery Post-Operative Guidelines and Frequently Asked Questions**

This document will help you plan for your post-operative recovery course following surgery. **Please read and retain this information for future reference.** Many of the questions you may have later can be answered by referring to this information.

**Post-Op Sling:** Your post-op sling should be **worn for up to a week.** **Please plan to limit activity requiring lifting objects to less than 5 lbs.** until told otherwise by your physical therapist.

**Wound Care: Keep the site clean and dry** as it heals\*. You may remove the outer bandages and shower 48 hours after surgery. **DO NOT remove the Steri-Strips (the small white strips closest to the skin) over incisions;** these wound closures will fall off automatically around 7-10 days after surgery or can be gently pulled off and discarded. Wrap the site securely with plastic during bathing to avoid wetting the Steri-Strips and incisions for 7-10 days. **Do not apply any gels or ointments to the site.**

*\*It is normal to have small amounts of bloody drainage on the dressing. Notify the office if you have any of the following: steadily increasing drainage on the dressing, pus-like or foul smelling drainage from any of the incisions, elevated temperature above 101 degrees Fahrenheit, breathing difficulties, pain in your calf when you flex your foot up and down that is unrelieved by rest or elevation, or swelling in your calf, foot or ankle.*

**Pain Medication:** Prescriptions will be sent to your pharmacy a few days prior to your surgery. **Please pick up all prescriptions BEFORE your surgery day. Pain medication cannot be called in to pharmacies!** You will receive three (3) medications: one narcotic pain medicine (1-2 tabs to be taken every 4-6 hours as needed), one anti-inflammatory medicine (1 tablet daily for 14 days) and one medication for nausea (as needed). **Please call the office ASAP for a refill when your supply is low – All refills must be requested in the office by 4pm on Thursday afternoon.**

**PLEASE DO NOT DRIVE WHILE TAKING THE PRESCRIPTION PAIN MEDICATION!**

**Game Ready Device / Cold Therapy:** If you arranged to receive a Game Ready device, you will receive it on the day of surgery or the next day. You will not be able to use this device until you remove your bandages the day after surgery; do not worry if you do not receive your cold unit on the surgery day. **Use the unit for 20 - 30 minutes at a time, 4-6 times per day** to manage swelling and pain. Frequent cold therapy is encouraged as often as possible during the first few post-operative weeks.

**Follow-up Appointments:** 6 weeks after surgery. **Please plan ahead to arrive on time.**

**Physical Therapy\*\*:** You will receive a physical therapy prescription within a few days of surgery. Your first therapy session should be scheduled to start approximately 7-10 days after the procedure. Facility suggestions may be found on the HSS website: <https://www.hss.edu/rehab-network.asp>. PT typically lasts for 2-4 months after surgery depending on the type of procedure done by Dr. Williams.

*\*\*These guidelines may be adjusted by Dr. Williams / Melissa PA as you progress. Typical clearance for full activity occurs at 2-4 months following surgery.*

## Frequently Asked Questions: Elbow Surgery (Tendon Repair)

1. What is Tennis Elbow and Golfer's Elbow?

The formal name of tennis elbow is lateral epicondylitis, and refers to a chronic inflammation and injury to the extensor carpi radialis brevis tendon of the elbow. This injury results in detachment of ECRB tendon off the humerus bone of the elbow. This in turn causes chronic pain and dysfunction in the affected area.

The formal name of golfer's elbow is medial epicondylitis, and refers to a chronic inflammation and injury to the flexor mass of the elbow. This injury results in detachment of the flexor tendons of the forearm from the humerus bone of the elbow.

Neither of these injuries spontaneously heal. As such, once non-operative measures have failed, surgery may be necessary to relieve pain and restore function.

2. What is the biceps tendon?

The biceps muscle is the large muscle at the front of the upper arm. There are two muscle heads near the shoulder but only one tendon at the elbow. Rupture of this distal biceps tendon most typically requires operative repair; loss of function of this tendon results in significant strength loss at the elbow.

3. What does rehabilitation do for the elbow?

Rehabilitation helps to strengthen the elbow and other muscles around the arm. These muscles act as additional stabilizers to the elbow joint. Strengthening these muscles is a good way to help decrease pain and increase function in cases where tendon injuries exist. However, muscle strengthening does NOT fully return normal functions. This varies from person to person. In cases where the recovery is insufficient for full or acceptable function – surgery is indicated.

4. What is done to my elbow during tendon repair surgery?

Simply put, the affected tendon is sewn back to its normal attachment site on the elbow. Small devices called anchors are inserted into the bone at the area of the detached tendon. These devices are typically NOT metallic, and are very small (less than 2.5 mm in diameter). Once inserted into the bone, the sutures are used to sew the affected tendon back to its appropriate attachment site. The body then heals the injury. Elbow tendon repairs are typically short procedures (about 15-20 minutes), and require a small incision be made over the injured area.

(Please note that videos for this and other types of surgeries done can be viewed online at [www.hss.edu](http://www.hss.edu) or [www.rileywilliamsmd.com](http://www.rileywilliamsmd.com)).

5. What type of anesthesia is administered?

Typically, a regional anesthetic is administered that numbs the operative limb. These blocks are done using ultrasound visualization for precision. These regional blocks are supplemented with sedation to make you comfortable during your surgery. You and the anesthesiologist will discuss these issues in detail immediately prior to your surgery.

6. How long do I wear a sling after surgery?

Please plan to wear a sling for about a week after surgery.

7. How long is the recovery?

The typical recovery from elbow procedures is about three to four months.

Patients will usually wear a sling for up to a week. Physical therapy begins around 7-10 days after surgery. We will let you know which time point is best for your individual recovery. Initially, we will limit your activities to allow for healing of your repaired tendons. After six weeks, Dr. Williams encourages you to get back to your normal activity and exercise schedule.

Sample schedule of activities following elbow surgery:

- a. Weeks 1-2: Limiting weight of objects lifted to less than 5 lbs. until told otherwise by the physical therapist. No excessive sweating. Walking OK. Take it easy.
- b. Weeks 2-6: Exercise bike, walking a treadmill OK.
- c. Week 6+: Running, elliptical, lightweight work OK. Get moving.

Note: Operative limb exercises are based on PT limitations at any given time.

8. What are the risks of elbow surgery?

While very uncommon, infections do occur and are typically associated with poor wound healing. As such, we recommend keeping these wounds dry for at least 2 weeks after surgery. Please do not use ointments or other compounds on these wounds until instructed to do so by the staff. Again, smoking interferes with wound healing, so discontinuing smoking, 2 weeks prior and following surgery, is recommended.

Blood clots (DVT, deep vein thrombosis) occur rarely following all types of surgery. Your best bet in decreasing likelihood of a clot is to GET UP and MOVING following surgery. Moving your feet and ankles, ambulating, ranging your knee, doing leg lifts etc. all contribute to keeping the blood in your legs circulating. This in turn helps to prevent clotting. If you feel pain in your calf area, or note swelling there – immediately notify the office staff. A quick and painless test (ultrasound) can be arranged to see if you have a DVT. Again, these issues are rare, but if you do experience a clot, you will need to take a blood thinner (Warfarin, Coumadin) until the clot disappears.

Though very uncommon, temporary nerve dysfunction (muscle weakness, tingling, and numbness) can occur following these procedures. These injuries are typically transient.

9. Is there anything else that I need to do following surgery?

Plan to return to the office at 6 weeks following surgery. These are quick visits designed to go over your progress and address issues germane to your recovery. The first post-operative appointment should be made when a date for surgery is confirmed. Biceps repair patients should plan to come to the office 7-10 days after surgery to be fitted for a hinged elbow brace.

Please note that Dr. Williams expects that you will have full range of motion following these procedures. Working diligently with your therapist will help ensure that you derive maximum clinical benefit from your shoulder procedure.

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