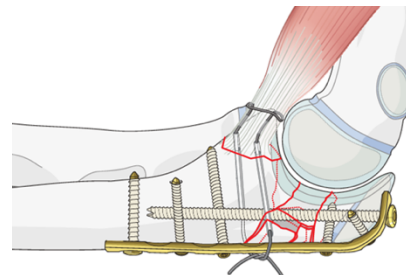


Patient Instructions After Olecranon Fracture Fixation

An olecranon fracture involves the portion of the ulna bone that is closest to the elbow. The forearm is made of the radius and ulna. These two bones rotate around one another, and both articulate with the humerus near the elbow. The olecranon is where your triceps tendon attaches. Its integrity is essentially for full extension strength. Recovery involves balancing the need to regain motion with avoiding excess stress on the fixation, as these fractures are prone to displacement even after surgery.



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Post Op Appointment:

You will typically be given a post-op appointment at **7-10 days after surgery** with Dr. Blumenthal's Physician Assistant. At this visit, your dressing will be removed and your incision will be evaluated. Instructions for your post-operative care will be reviewed. You will see Dr. Blumenthal **~3 weeks after surgery** at which time new x-rays will be taken and your sutures will be removed.

Splint:

Some patients are placed in a splint, and some are placed in a bulky soft dressing. **Leave your dressings on until your first follow up appointment.** Most patients will be placed in a plaster splint for the first ~1-2 weeks after surgery. The exact time frame may vary. This splint cannot get wet – please cover it with water-proof bags if showering/bathing. Do not submerge in water.

Weight Bearing Restrictions:

Unless otherwise instructed, you may use your arm for your “activities of daily living” – these include eating, self care, brushing teeth, etc. For the first 6 weeks after surgery, do not lift anything heavier than 2 lbs. Otherwise you are encouraged to use your arm. Listen to your body – it will tell you what is “safe” versus unsafe to do. Do not try to lift heavy weight, and do not worry yet about loss of strength. Your grip will be weak for some time.

Sling Use:

You will be given a sling to wear for comfort. Once you start ranging your elbow, you may discontinue use of the sling.

Ice:

Ice is strongly encouraged! Ice packs help reduce swelling, bleeding, and therefore pain. **Your arm may become extremely swollen;** this is relatively normal. When icing, just make sure to have a sheet or cloth between any ice and your incision. There is no ideal time frame. Typically **“20 minutes on 20 minutes off”** is quoted, but as long as the ice is not directly on your skin, longer will not hurt you.

Physical Therapy:

Most patients receive formal physical therapy after olecranon fractures, with a focus on maximizing range of motion. Elbows have a tendency to become stiff, so motion is extremely important. Do not worry about PT for the first few weeks after surgery. We will discuss at your post-op visits.

Sutures:

These will come out around 3 weeks after surgery. They are not dissolvable. Please do not worry if your incision appears raised – it will flatten out over time. The sutures are designed to evert the skin edges and promote optimal healing. **Your incision may be red and swollen;** this is normal. The red flag is if there is any significant wound drainage or bleeding that does not cease within the first few days after surgery.

Blood clot prophylaxis:

Typically your medications will be sent before your surgery. Most patients with olecranon fractures are instructed to take baby aspirin twice a day for 2 weeks to reduce their risk of blood clots. This is mainly in acknowledgement of the fact that you are likely more sedentary during this time period than you would typically be.

Pain Medications:

Acetaminophen, or Tylenol, is typically first-line for pain control; our preferred dosing is 1000 mg every 8 hours. This is equivalent to two extra-strength Tylenols every 8 hours. You will be given a narcotic (such as oxycodone or tramadol) for breakthrough pain. This medication should be taken every 4-6 hours. You may also supplement with ibuprofen, also known as Motrin. Ibuprofen may be taken at 600 mg (or three regular-strength tablets) every 6-8 hours. **Refills may take 24-48 hours to complete and authorize** – please do not call for refills on Friday as we may not be able to complete them before the weekend. Refill requests cannot be honored over the weekend, so please plan ahead.

Bowel Regimen:

You may become constipated while taking narcotics. Take over-the-counter Miralax, which is a powder you mix into water. Other options are medications such as senna or colace which are stool softeners. If you develop loose stools, these medications should be discontinued. If you develop severe or worsening abdominal pain, you may require assessment in the emergency department.

Questions/concerns:

Call the office at **661-600-1740** if you have any questions or concerns. During non-business hours, you will be re-directed to the USC call center.

Exercises to perform:

Once you feel comfortable, you may begin to perform exercises. The key is to be **gentle** and **gradual**. You are not trying to win a race. Listen to your body. It is ok if you do not feel ready to use your arm for the first few weeks after surgery. When you feel ready, begin with the following exercises.

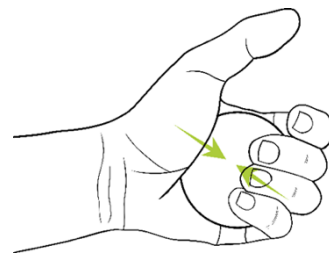
Flexion / Extension of the Wrist



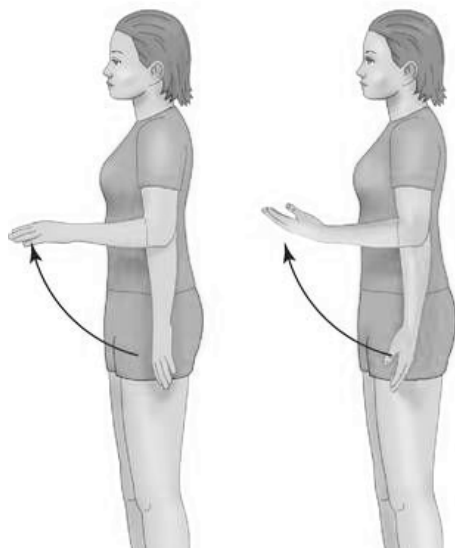
Use your uninjured hand to assist in extending and flexing your injured wrist. You may also use a table or wall. Work on very gentle stretching to gradually increase your range of motion. The key is “gradual”. You can do this with your fingers straight or with your hand held in a fist position.

Grip Strength

You may use a “stress ball” or “grip” or even towel to perform these exercises. Simply squeeze slowly up to 10 times to work on your grip strength. Grip strength is going to be one of the last things to return.



Elbow Motion



You may **actively flex** and **passively extend** the elbow. The best way to do this is using gravity. Support your arm, and gently flex your elbow on your own. Let gravity straighten your arm. Do this while standing or seated. Do not do any overhead elbow motion on your back. Do NOT work on any active extension exercises as these risk displacing your fracture. Avoid aggressive passive manipulation maneuvers.