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Triceps Tendon Repair – Postoperative Instructions

• Wound Care:

- Wound Care: After surgery, the wound is covered with gauze pads, web roll, posterior mold splint and ace wrap. These should be left in place for until first post-operative visit. If bright red blood soaks through the dressings, please call Dr. Frank's office (If swelling becomes concerning please reach out to Dr. Frank's office)

• Medications:

- **Pain Control:** For most patients, a nerve block is provided by the anesthesia team before surgery to help with postoperative pain control – while every patient is different, this will typically wear off within 12-24 hours. Most patients will require some narcotic pain medication (i.e. hydrocodone, or other codeine-derivative) for a few days after surgery – please take as instructed. It is important not to drink alcohol or drive while taking narcotic medication. If your pain is minimal, you may discontinue the use of narcotics.
- **Other Medications:**
 - Anti-Inflammatory: multiple over the counter options → only use 1 of these options, and stop immediately if experiencing side effects (indigestion, heartburn, bloody stool)
 - Ibuprofen 600-800 mg (i.e. Advil, Motrin): Take every 8 hours as needed
 - Naproxen 220-440mg (i.e. Aleve): Take every 12 hours as needed with food
 - Meloxicam 15mg (i.e. Mobic): Take once daily as needed with food
 - Anti-Nausea: Zofran (Ondansetron): Take every 8 hours as needed for nausea
 - Muscle Relaxant: Flexeril (Cyclobenzaprine): Take every 8 hours as needed for muscle spasms
- **Constipation:** The use of narcotics can lead to constipation. Adequate hydration, over-the-counter stool softeners, and mobility can minimize constipation problems.
- **Normal medications:** Resume the day after surgery unless otherwise instructed.

- **Activity: **No active triceps extension for 6 weeks**** Unless otherwise instructed, you should begin simple hand and wrist exercises as demonstrated on the exercise handout on the first day after surgery. You may use your arm to assist with eating and personal hygiene unless specifically instructed not to by Dr. Frank. You may **not bear-weight** with your operative arm. Be sure to use and move your hand, wrist, and elbow in order to decrease swelling in your arm. While exercise is important, don't over-do it. Common sense is the rule.
- **Sling/Immobilizer:** Unless otherwise instructed, you should wear your postoperative sling/immobilizer at all times, including while sleeping. The sling can be taken off for showering; however, care must be taken to protect the shoulder at all times.

Post-Operative Elbow Exercises

DO NOT REMOVE SPLINT

These exercises are to help with shoulder mobilization



Pendulum Circles:

Shift your body weight in circles to allow your injured arm to swing in circles freely. Perform 3-4 times a day.

Pendulum Forward-Back:

Shift your body weight forward then back to allow your injured arm to swing forward and back freely. Perform 3-4 times a day



Pendulum Side to Side:

Shift your body weight side to side to allow your injured arm to swing side to side freely.