Postoperative Guide for Scapholunate Ligament Reconstruction- Dr. Trueblood

You are going home after having your wrist ligament reconstruction surgery. This does not mean that you are on your own. Please read the instructions below carefully and if you have any other questions or concerns, there is always someone available to talk you through your troubles. If it is between the hours of 8AM and 4PM, please call the Advanced Orthopedic Specialists main number (573-335-8257) to speak with Leslie, Dr. Trueblood’s nurse.

After office hours, you can reach the orthopaedic surgeon on-call through our answering service at 573-388-2626 (the main number will get you to the answering service, too, if you forget).

Protecting Your Repair

- **Wear your splint.** Do not take it off...ever.
- **No lifting, pushing, or pulling with your injured hand.** Acceptable activities include typing, writing, and lifting a lightly-loaded fork as necessary in order to feed yourself.
- **Keep your splint clean and dry.** Stay in cool, temperature controlled spaces to avoid excessive sweating and moisture around your incision. This will also help to prevent itching skin within your splint. Sponge bathing is the safest technique for personal hygiene, but a trash bag that has been secured over the splint or cast with Saran-wrap and tape can allow careful use of a shower. Be sure to meticulously dry the bag before attempting to remove it. Water may collect in pockets and creases, then drain down the top of your splint before you have a chance to prevent it, otherwise.

Minimize Pain and Swelling

Even though your incisions are quite small, you have had a significant surgical procedure in your hand, wrist, and forearm. It is normal to have pain throughout your wrist and forearm but rest assured that this will pass. The first two days are usually the worst and you have been sent home with more than adequate resources for controlling your pain.

- **Keep your hand elevated above heart level.** Early on, you will want to spend the majority of your time lying on your back with your hand propped up on pillows. When riding in a car, sit in a reclined passenger seat with your arm draped over your head. As a rule of thumb, if your hand is throbbing, you haven’t elevated it high enough.
- **Move your fingers as much as your splint will allow.** Ranging your fingers from full extension to full flexion helps to pump the fluid swelling your hand back up toward your heart.
- **Use ice.** Bags of ice, applied over your surgical dressing, can help with swelling even with your splint in place.
• **Take your pain medication.** Dr. Trueblood provided you with a prescription for narcotic pain medication before your discharge from surgery. Please follow the bottle directions with respect to dose and frequency and always take these medications with food. Patients will often report nausea when these pills are taken on an empty stomach.

• **Anti-inflammatory medications can help, too.** While anti-inflammatories like Ibuprofen and Aleve have been theoretically linked to impaired tendon healing, this is far from conclusive. If the interventions discussed above are not adequate for your desired level of comfort, please feel free to take three over-the-counter Ibuprofen (200mg Advil) tablets every six hours or two over the counter naproxen tablets (220mg Aleve) every twelve hours for no more than two days at a time.

• Patients taking blood-thinning medications or who have chronic kidney insufficiency (your doctor may have talked to you about dialysis) should not take Advil or Naproxen.

• **DO NOT TAKE TYLENOL** when taking Norco or Percocet, the common narcotic pain medications used by Dr. Trueblood. These pills already use Tylenol and additional Tylenol may injure your liver.

• **Nauseated?** It is not uncommon to experience nausea after anesthesia, despite your anesthesiologist’s best efforts at prevention. Dr. Trueblood also provided you with a prescription for Compazine, an anti-nausea medication. You can safely take one tablet every six hours as needed.

• **Splint feels too tight?** Some people will swell more than others after surgery. If your splint begins to feel too tight, you may unwrap your elastic bandages from around the splint and then rewrap them as snugly as you find comfortable. If it still feels tight, then you can have a friend or family member split the underlying white padding along the small finger side of your hand and forearm, and then rewrap. Please, do not remove your splint entirely. This would be a bad choice. If you feel that this is necessary, please contact Dr. Trueblood’s office, first.

**Vitamin C**

• For reasons that medical science is still trying to understand, taking vitamin C during treatment for wrist injuries decreases your risk of developing long term pain at the wrist. Dr. Trueblood requests that you take **500mg of vitamin C (available over-the-counter)** with breakfast and with dinner for at least **30 days** after your surgery.

**Maintain Independence**

• Don’t get stiff where it isn’t necessary. Move your shoulder, elbow, and fingers at least 10 times a hour, on the hour, with a full range of motion while you are awake. The more you move, the easier it will be.

• Plan ahead.
  - A freezer full of frozen, easily prepared meals can be really useful, as can a
collection of pre-signed checks for bills while your hand is out of commission.

○ Plan your rides for your first two office visits. These will be 2 weeks and 6 weeks after surgery, respectively.

○ Monitor your supply of pain medication. No one wants for you to have to do without, but please remember that our office policy is to not call in pain medication prescriptions after hours or on the weekend. Call at least 24 hours in advance of running out to make sure that we have time to refill your prescription.