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Postoperative Instructions: Hand and Wrist Surgery

General goals:

Full elbow, wrist, and finger range of motion
Decreased pain and edema (swelling)
Return to prior activity

Immediate postoperative period (0-1 weeks after surgery)

Goals	Control pain Reduce swelling Minimize loss of strength in the core, hips, knees, ankles, and upper extremities
Restrictions	No weight bearing on the operative extremity No motion of the operative hand or wrist
Bracing	Fiberglass wrist/hand splint
Exercises	Perform the following exercises 3 time a day, 10-20 repetitions each: <ul style="list-style-type: none"> • Elbow flexion/extension Please visit https://ota.org/for-patients/physical-therapy/forearm to view videos of the prescribed exercises
Interventions	<u>Swelling and Pain</u> <ul style="list-style-type: none"> • RICE: Rest, Ice, Compression, and Elevation • Ice can be applied over the splint • Multimodal pain control (see separate handout) <u>Physical Therapy</u> <ul style="list-style-type: none"> • No formal physical therapy during this time <u>DVT/PE</u> <ul style="list-style-type: none"> • In general, the risk of blood clots in your legs (DVT) and/or lungs (PE) after hand or wrist surgery is very low • Nearly all patients will not require medication to prevent clots

First postoperative visit (~1 week after surgery): Most sutures are buried and do not require remove; any suture sticking out of the skin are removed at this time and Steri-Strips are placed on the surgical wound(s). You may shower and get the wound(s) wet with soapy water at this time, but do not submerge the wound(s). Pat dry afterwards (do not scrub). The splint is exchange for a removeable wrist brace. X-rays are taken to evaluate healing.

Early postoperative period (1-6 weeks after surgery; after first postoperative visit)

Goals	Control pain Reduce swelling Minimize loss of strength in the core, hips, knees, and upper extremities Demonstrate safe mobility with weight bearing precautions Increase range of motion
Restrictions	No weight bearing > 5 lbs on the operative extremity
Bracing	Removeable wrist brace
Exercises	Remove the brace and perform the following exercises 3 times a day, 10-20 repetitions each:

	<ul style="list-style-type: none"> • Finger and tendon motion • Radial and ulnar deviation • Elbow flexion and extension • Elbow supination and pronation • Thumb motion exercises • Finger tip-to-tip motion • Wrist flexion and extension <p>Please visit https://ota.org/for-patients/physical-therapy/forearm to view videos of the prescribed exercises</p>
Interventions	<p><u>Swelling and Pain</u></p> <ul style="list-style-type: none"> • RICE: Rest, Ice, Compression, and Elevation • Ice can be applied over the splint • Multimodal pain control (see separate handout) <p><u>Physical Therapy</u></p> <ul style="list-style-type: none"> • No formal physical therapy during this time

Second postoperative visit (~6 weeks after surgery): Range of motion is checked, and X-rays are taken to evaluate healing. Physical therapy is start if needed.

Intermediate postoperative period (6-12 weeks after surgery; after second postoperative visit)

Goals	Manage swelling Minimize loss of strength in the core, hips, knee, and upper extremities Demonstrate safe mobility with weight bearing precautions Increase range of motion
Restrictions	Weight bearing as tolerated on the operative extremity
Bracing	None required; wean from the brace as tolerated
Exercises	Continue to perform the following exercises as needed: <ul style="list-style-type: none"> • Finger and tendon motion • Radial and ulnar deviation • Elbow flexion and extension • Elbow supination and pronation • Thumb motion exercises • Finger tip-to-tip motion • Wrist flexion and extension <p>Please visit https://ota.org/for-patients/physical-therapy/forearm to view videos of the prescribed exercises</p>
Interventions	<p><u>Swelling and Pain</u></p> <ul style="list-style-type: none"> • RICE: Rest, Ice, Compression, and Elevation • Ice can be applied over the splint • Multimodal pain control (see separate handout) <p><u>Physical Therapy</u></p> <ul style="list-style-type: none"> • If there is concern for significant stiffness at this time, a prescription for physical therapy will be written at this time

Third postoperative visit (~3 months after surgery): Range of motion is again check, and X-rays are taken to evaluate healing. Sports-specific activity may be resumed. There are generally no restrictions in place at this point.

Fourth postoperative visit (~6 months after surgery): X-rays are taken to confirm full healing (union) of the fracture. Any residual issues are addressed. If there are no remaining issues, this is often the final postoperative visit.

Showering: You should not get your initial splint wet. However, after the splint and any sutures have been removed, you may shower as needed.

Driving: Prior to driving, you must be off all narcotic pain medication (such as tramadol or oxycodone).

Skin care: Steri-Strips are placed on the wound(s) if any sutures are removed, typically at your first postoperative appointment. These typically fall off on their own but can be removed after 1 week. Once the wound has healed, you may use cocoa butter or a Vitamin E ointment (such as Mederma Scar Cream) to soften the scar.

Scar massage: Scar massage helps to reduce stiffness and improved range of motion while softening the scar. You may start scar massage once the wound has healed, and perform it for 5 minutes, 2-3 times a day. Please visit <https://www.youtube.com/watch?v=D26Q4VI3Ga4> for an example of scar massage.

Infection: Please call the office if you experience any of the following symptoms, as you may be developing a postoperative infection:

- Increased drainage from the incision
- Increased redness around the incision site
- Foul odor
- Fever greater than 101°F