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## Post-Operative Instructions EIP to EPL Tendon Transfer

### **Bandages & Ace Wrap:**

Your post-operative dressing has several layers you need to understand in order to properly care for your upper extremity following your surgery. Your incision was closed with fine non-absorbable sutures that will be removed in the office at approximately 10-14 days after surgery. The incision line is then coated with a thin film of antibacterial ointment, Bacitracin, followed by a non-adherent mesh gauze that is easily peeled away from the skin once your dressing is taken down in the office. There will be a non-visible rigid piece of splinting material on the front surface of your thumb to keep it in the extended position.

The more superficial layers of your dressing contain 4x4in. gauze that is loosely wrapped with soft cotton cast padding and fiberglass splinting material to keep your elbow in a resting position so the soft tissues can heal. The outermost visible layer is covered with an ace bandage.

Occasionally, there will be a small amount of blood in this dressing which is nothing to worry about, however if you see a lot of bleeding please call my office. I will remove this dressing 7-10 days after surgery to examine your wounds and apply a new dressing.

### **Washing & Bathing:**

You should keep the dressing clean and dry until I see you in the office following your surgery. A watertight plastic bag with rubber bands around the opening work well while showering. However, some find it easier to take a bath and rest the operated hand outside of the tub. The wound may not get immersed in any still bodies of water (bath, pool, hot tub, lake, ocean, etc...) until 7-10 days after your surgery. Immersion in water prior to this can cause the wound to breakdown or get infected.

### **Motion, Ice & Elevation:**

It is extremely important that postoperative swelling is minimized so that your upper extremity does not get stiff. To help prevent swelling it is important to frequently apply ice and keep your hand elevated above your heart level for the first 48 hours after surgery. An ice pack from a store of cubes from your freezer placed in a ziplock bag work well. These should always be wrapped in a small towel like a washcloth and then applied to the dressing, 10 minutes on the front and 10 minutes on the back. This should be done roughly once an hour while awake. Never leave the ice on for more than 20 minutes and if the cold sensation becomes painful remove it immediately. The best way to achieve this is with the frequent application of ice and by keeping the hand and arm elevated. I would also like you to wiggle your non-operative fingers as much as possible to prevent them from getting swollen. You are not permitted to lift anything with your operative hand until I let you know.

### **Hand Therapy:**



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**Michael Pensak, M.D.**

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All patients will need formalized hand therapy following surgery to prevent scarring and to retrain your brain and hand on how to use your transferred tendon. When you are seen at your first post-operative appointment I will decide when your therapy will start, but it will usually be within the first 7-10 days after surgery.

**Follow up appointment:**

We try to give all of our patients a follow-up office visit at the time we schedule your surgery. Sometimes I find things or do things I did not anticipate during your surgical procedure, therefore I may want to see you in the office sooner than originally planned. Typically I want to see my patients in the office 7-10 days after surgery to check your hand for swelling and range of motion.

**Follow up appointment:** \_\_\_\_\_

**Medications:**

I will usually prescribe the narcotic Oxycodone rather than Percocet so that you can supplement with Tylenol on the side and not have to worry about excessive Tylenol consumption. Oxycodone is Percocet without the Tylenol. This medication should be taken every 6 hours at the dose prescribed. However, you may supplement with Ibuprofen and/or Tylenol every 6 hours, offset by three hours from the narcotic. For example, in a given 24 hour period, you would take Oxycodone at 6, 12, 18 and 24 hours and the Ibuprofen and/or Tylenol at 3, 9, 15, 21. This way, you have medication on board every 3 hours. I find that it leads to better pain relief. If you were ever told that you can't take non-steroidal anti-inflammatories which is the class of medication Ibuprofen belongs to, or that you can't take Tylenol, then simply stick with just the narcotic. Tylenol and Ibuprofen should be taken in accordance with the directions on the bottle.

Some patients, when taking the first few doses of Oxycodone, may experience nausea or an episode of vomiting. To prevent this, take the medicine with food and be patient while the medicine begins to work. Usually, after the first few doses the nausea will go away. This medication may also cause skin itching and a slight rash. If either of those happen please notify us but they will usually subside with Benadryl so long as you have no contraindications to taking that medication.

**What to watch out for:**

- Pain that is increasing every hour in spite of the pain medication
- Drainage from the wound more than 2 days after surgery
- Increasing redness around surgical site
- Pain or swelling your surgical site
- Fever greater than 101
- Unable to keep food or water down for more than one day



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**Who to call for questions or problems:**

If you are having problems or there are questions you need answered then please call our office at 732-349-8454 and our staff will assist you. Our hours of operation for our phone room are as follows: Monday through Thursday 8:30am- 4:30pm and Friday 8:00am – 4:00pm.

We realize that after surgery some problems or questions are urgent and cannot wait until normal working hours. Under these circumstances we have a service that will get the message to a doctor on call for our office by calling the main number 732-349-8454.

**\*\*\*If an emergency were to occur please go to the nearest ER for immediate attention.**

**Wishing you- All the Best,  
Michael Pensak, M.D.**