

2535 Ira E Woods Avenue Grapevine, TX 76051 (817) 481-2121

**KELLER** 

4501 Heritage Trace Parkway, Suite 101 Fort Worth, TX 76244 (817) 481-2121

www.ntxortho.com

# ECRB Debridement and Repair Information

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### WHAT IS AN ECRB DEBRIDEMENT AND REPAIR?

In the case of chronic lateral epicondylitis (tennis elbow) often there is microtearing of the extensor carpi radialis brevis (ECRB), one of the main extensor tendons in your wrist. Surgically we remove the tendon, debride (clean off) the damaged area, and repair (tack it back down where it belongs) the tendon so that it will heal in position without causing you further pain.

#### GENERAL PROCEDURE INFORMATION:

- This is an outpatient procedure meaning you will go home the day of the surgery
- During the surgery, an incision is made on the lateral side (outside) of the elbow and the tendon is retrieved, debrided and reattached using suture
- This procedure can take anywhere from 20 minutes to 1 hour

### PRE-OPERATIVE APPOINTMENT:

- We will explain your surgery, have you sign our in-office consent forms, give you your surgery time (time to be at the hospital/surgery time is variable and subject to change), answer any final questions, review your health history, and give you your post-operative medications.
- In some instances, the hospital also requires a pre-operative visit. We will try to coordinate these appointments so you can go straight from out office to the hospital if needed.
- We do not require a pre-operative hibiclens scrub
- All patients will receive a dose of antibiotics through their IV prior to the procedure but no oral antibiotics are needed before or after the procedure



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#### **POST-OPERATIVE MEDICATIONS:**

- We will provide you with prescriptions for pain medication (i.e. Tramadol, Norco, Percocet, ect.) and anti-nausea medication (i.e. Phenergan, Zofran, ect.) at your preoperative appointment so that you can pick these up prior to your procedure in efforts to make your day of surgery less involved
- If you have allergies to certain medications, know that certain medications do or do not work, get really nauseated with surgery and/or pain medication make sure to let us know this
- We <u>cannot</u> call in pain medication after hours or on weekends. It is your responsibility
  to let us know if your pain is not adequately controlled with the regimen given or if you
  need a refill in an ample amount of time for us to get this sent to the pharmacy during
  business hours and before the weekend. Our on-call service is available for suggestions
  but not to call in additional or different pain medications
  - New federal regulations only allow us to provide you with a 10-day supply of pain medication. In order for your medication to be refilled you MUST come in for an appointment. We are only in clinic on Mondays, Tuesdays, and Thursdays (half day). You MUST plan accordingly as we are not available on Fridays for medication refills. THERE IS NO EXCEPTIONS TO THIS AS IT IS THE LAW.
- All pain medication and anti-nausea medications are as needed. Do not take more than what is prescribed unless specifically instructed by an NTO physician
- NSAIDs (ibuprofen, Aleve, Motrin, Advil, Celebrex, Mobic, ect.) can be taken in addition to the pain medication. We even suggest this for at least the first week after your procedure
- Ice is also a fantastic pain reliever. We recommend keeping ice on your operative elbow as much as you can tolerate. We no longer prescribe ice machines for the surgery as they are expensive and not covered by insurance. If you have one available or request one, a prescription can be provided. Bags of frozen vegetables also work very well.
- Elevate your entire arm above the level of the heart when you are sitting or lying. When the arm is lower than the heart it is more likely to swell, which makes it more painful.
- We do not place you on antibiotics following the procedure



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#### WHAT TO WEAR TO SURGERY:

- Something loose and comfortable should be available to wear after the surgery (i.e. loose shirt, tank top)
- All street clothes will be removed and you will be placed in a surgical gown for the procedure.

#### BRACE AND WEIGHT-BEARING:

- When you wake up from the procedure you will be in an Velcro wrist splint that prevents you from moving your wrist.
- Though the procedure is done around the elbow it is imperative that you remain in the wrist splint and avoid movement at this joint.
- You are not to lift anything more than 2-3 pounds. The brace is to be worn at all times with the exception of showering (i.e. sleep in the brace)

#### DRESSINGS AND WOUND CARE:

- There will be an ace bandage directly around the elbow. This is to be left on for 3 days and kept clean and dry.
- After 3 days you may take down the bulky dressing and there will be steri-strips directly over the incision (these are white, paper band-aids sitting directly on the skin) and a clear suture taped down (looks like a fishing line). These will be removed at your first follow-up around 2 weeks after the surgery
- Once the bulky dressing is off, you may shower and let water run over the elbow, but do
  not scrub this area or use soap over this area. After your shower, you may use a towel
  to gently dry the area.
- You do not need to replace any dressing or apply any lotions or ointments.
- We do not want you submerging your incision for the first 3 weeks (i.e. no bath tubs, pools, hot tubs, lakes, ect.)

### **EXERCISES AND PHYSICAL THERAPY:**

Immediately following the surgery, the therapist will show you how to put on and take
off the brace and how to perform elbow, hand, and finger range of motion exercises.



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- Even though the incision is at the elbow, we want you to work on elbow range of motion exercises. The elbow will get really stiff and in rare cases motion can be permanently lost if you do not start working on range of motion early.
- Range of motion exercises are to be done slowly and gently. They are all self-guided for the first 6 weeks unless we think you need more assistance
- At your 6-week follow-up appointment we will order formal physical/occupational therapy if we feel that you need it

#### WHAT WILL MY ARM LOOK LIKE AFTER SURGERY?:

- It is not abnormal to experience what you think to be an excessive amount of swelling after this surgery. When you do not move a joint, everything lower than that joint will swell such as your elbow, forearm, hand, and fingers. You can loosen the bandage on the elbow and this will help. Also try ice, elevation, and NSAIDs. Hand and finger range of motion is also recommended.
- Range of motion exercises of the elbow will significantly help with the swelling

### RECOVERY PROCESS/RESTRICTIONS:

- The expected recovery is 3-4 months depending on how you progress and your compliance to our protocol.
- We do not want you running, jumping, or playing contact sports until we release you to do so
- Physical therapy
  - o 0 6 weeks self-guided
    - Working on gentle range of motion exercises on your own.
  - o 6 12 weeks formal therapy if needed
    - Working on more aggressive range of motion

## **POST-OPERATIVE APPOINTMENTS:**

We like to see you in the office to check your incisions, monitor your progress, and remove some of your restrictions



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- Typical follow-ups are at 2 weeks, 6 weeks, 3 months, and 6 months (these are rough estimates and are subject to change depending on how you are progressing and what work you had done. Sometimes we see you more often).
- We typically do not require x-rays unless you suffer a new injury

### WHEN TO CALL THE OFFICE

- Of course if you ever have a question about what you can or cannot do
- If you are going to an outside physical therapist they can call with questions about your protocol on your behalf.
- If your incisions start to look questionable (i.e. redness, drainage, new swelling, new bruising)
- If you injure your elbow in any way. The biggest culprit is falling. Life happens and we understand that but we need to know about it if it does.