

Your Guide to Elbow Surgery

Brian J. Bear, MD



ORTHOILLINOIS

Hand, Wrist, and Elbow Center of Excellence



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Learn More About Dr. Bear

I would like to take this opportunity to tell you more about myself and my experience in health care. Originally from Winnetka, Illinois, I attended Northwestern University graduating in 1987, cum laude, president of Mortar Board Senior Honor Society and a member of Phi Beta Kappa. I continued my studies at Northwestern University School of Medicine, receiving my medical degree in 1991 as a member of Alpha Omega Alpha honor society. Following my graduation, I pursued advanced orthopedic training at Cornell Hospital for Special Surgery, which is ranked as the top orthopedic hospital in the United States. In addition, I completed a specialized training fellowship program in elbow and hand surgery at the Mayo Clinic.

My practice is focused on shoulder, elbow, hand, microvascular, traumatic, and reconstructive surgery. It is my mission to provide you compassionate care with expertise comparable to any major university center. I am humbled by my inclusion in two prestigious quality health care listings: as a Castle Connolly Regional Top Doctor®, and the Best Doctors® list. Earning a place on either list is a result of being nominated by other physicians and a thorough review by the listing organization into my background, professional achievements, patient satisfaction and positive treatment record. Inclusion on the Best Doctor® list is a direct result of other doctors selecting me as the person they would choose to treat themselves or a family member. These are honors I take very seriously and I am committed to maintaining the high standards they represent with all my patients.

I am actively involved in continuing education, have given numerous lectures, and published many orthopedic articles. As Clinical Associate Professor of Surgery at the University of Illinois College of Medicine, I have been awarded the Golden Apple teaching award and the Excellence in Teaching award. I am a reviewer for the acclaimed Journal of Shoulder and Elbow Surgery and currently serve as a faculty member at the Orthopedic Learning Center, where I teach other surgeons the latest techniques of hand, elbow and shoulder surgery. I hold Associate and Assistant Clinical Professor of Orthopedic Surgery positions respectively at University of Illinois College of Medicine in Rockford and Rush University Medical Center in Chicago where I help train medical students, family practice residents, and orthopedic surgery residents.

Please let me know if there is anything I can do to further improve your experience at OrthoIllinois. My goal is to provide the best medical care available to help you return to an active and pain-free lifestyle.

Sincerely,
Brian Bear, M.D.

Working together to provide a higher standard of care. It is my goal as an orthopaedic surgeon to provide you the best possible care with compassion and respect. At OrthoIllinois, we utilize a team approach that allows

for the highest quality service and treatment. An integral part of the team is **Joseph Steiner, PA-C**. As a certified physician assistant (PA), Joe is an extension of my care and is highly trained to provide many office and hospital services as well as assist me in surgical procedures.



Joseph Steiner,
PA-C

From your first visit to the completion of your treatment you will be seen by me or by Joe. We work together to offer a comprehensive evaluation and treatment plan to quickly return you to a healthy, active lifestyle.

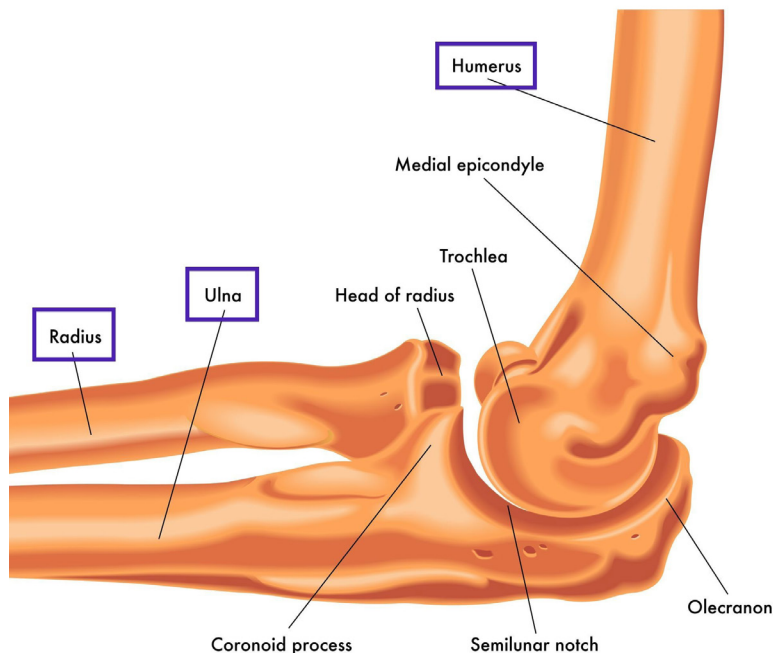


The Elbow Joint

Your elbow is one of the body's hardest working joints. Because your elbow is so active you can easily injure it. Understanding how your elbow works will help your treatment, recovery, and prevent common problems. Your elbow includes three bones. Two forearm bones meet your upper arm to make your elbow joint. Muscles, tendon and nerves are also present which allow for flexion your arm and rotation of your hand into palm up and palm down positions. Most of the muscles that move your hand are anchored at your elbow. That is why turning your hand can be painful when you injure your elbow. The tip of your elbow has a protective pad called bursa. This bursa acts as a cushion under the wrinkled skin at the tip of your elbow.

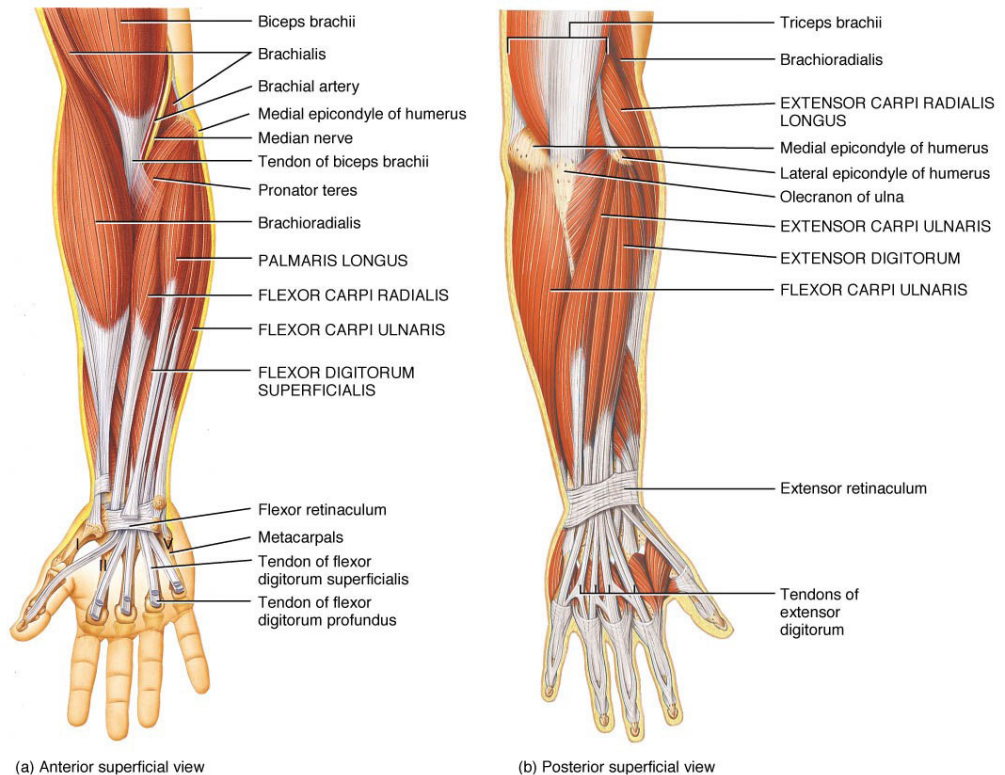


Elbow Anatomy



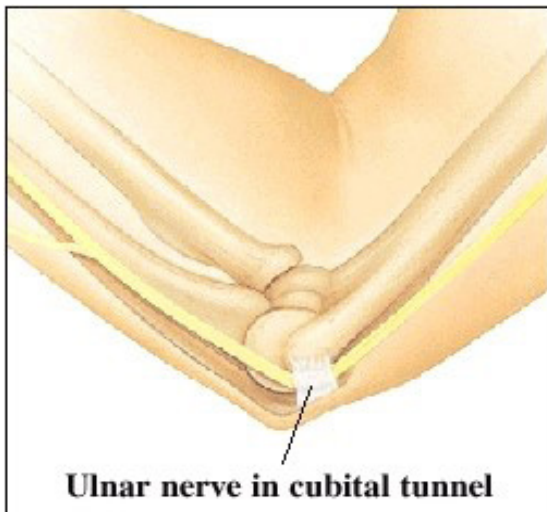
Three bones meet to form your elbow: the radius and ulna (forearm bone) and the humerus (upper arm bone). On each side of your elbow you can feel two bony knobs of the humerus called the epicondyles which act as attachment points for muscle and tendons. The “bump” you can feel at the tip or back of your elbow is called the olecranon. The biceps and triceps muscles of your upper arm help bend your elbow. The extensor/ supinator muscles help you use your hand to eat and open a door knob. The flexor/ pronator muscles allow you to write or close a door.

Muscles of the Elbow



Ulnar Nerve Entrapment / Cubital Tunnel Syndrome

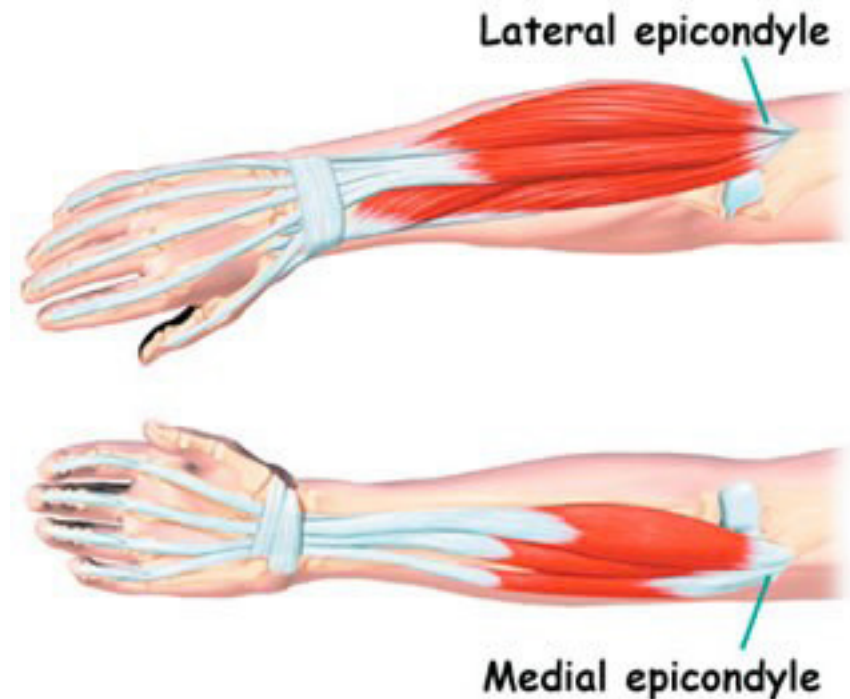
The “funny bone” is not a bone, but an exposed area where the ulnar nerve passes around the elbow. If you have ever banged your funny bone, you know how sensitive this area can be. The nerve can become pinched by fibrous bands as it passes through a canal on the inside part of your elbow call the elbow tunnel or cubital tunnel. Cubital actually means elbow in Latin. Symptoms include burning, achy pain on the inside of the elbow and tingling and numbness down the arm into your pinky fingers.



During surgery, the fibrous bands that are pinching the nerve can be divided. This is called an “insitue release” of the ulnar nerve. This is a common way a pinched ulnar nerve is treated. In some patients the ulnar nerve is unstable. For patients with pinched ulnar nerves that are unstable, we will typically divide the fibrous bands that are pinching the nerve and then move the nerve to the front part of the elbow to stabilize it. This is called an “anterior transposition” of the ulnar nerve.

Lateral Epicondylitis / Tennis Elbow

Epicondylitis is due to an injured elbow tendon. If the injured tendon is on the outer elbow it is called “Lateral Epicondylitis “ or “Tennis Elbow”. This is the most common type of epicondylitis. It is a gradual tearing of the tendon that attaches to the epicondyle. This tendon is called the extensor carpi radialis brevis tendon (ECRB). The tendon is important for extending your wrist. Patients will have pain with gripping or lifting objects on the outside part of the elbow.



Medial Epicondylitis / Golfer's Elbow

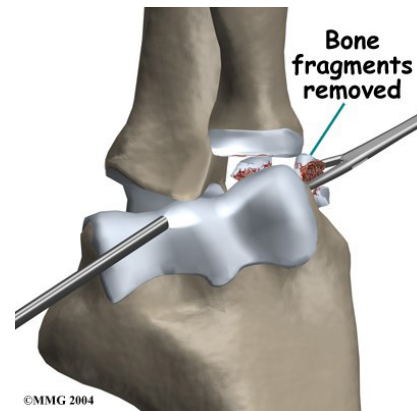
The same condition on the inner elbow is called “medial epicondylitis” or “golfers elbow”. It is a gradual tearing of a tendon(s) that attach to the medial epicondyle. This can cause pain when gripping, and flexing the wrist on the inside part of your elbow.

Surgery for lateral epicondylitis involves removing the injured tissue. This can be performed through open surgery as well as by minimally invasive arthroscopic surgery.

Surgical treatment of medial epicondylitis is performed through open surgery only.

Loose Bodies of the Elbow

If a bony fragment is broken off inside the elbow it is called a loose body. They can be very painful and restrict your range of motion. This occurs if the bone fragment gets caught between the moving parts of your joint. This is similar to an object getting caught in the hinge of a door and blocks the motion of the hinge. Patients can experience popping, catching and locking of the joint. To relieve this, minimally invasive arthroscopic surgery can be used to remove the loose body and restore your arm's movement.



Bone Spurs and Arthritis

Bone spurs can be very painful and extremely limit your range of motion. Surgeons can use minimally invasive arthroscopic surgery or open surgery to remove bone spurs to decrease pain and increase your motion.

The most common types of arthritis of the elbow are osteoarthritis and rheumatoid arthritis.

Osteoarthritis

Osteoarthritis affects the cushioning cartilage on the ends of the bones that enable them to move smoothly in the joint. As the cartilage wears away over time, the bones begin to rub against each other causing inflammation. Loose fragments or bodies form within the joint and accelerate damage to the cartilage.

Rheumatoid arthritis

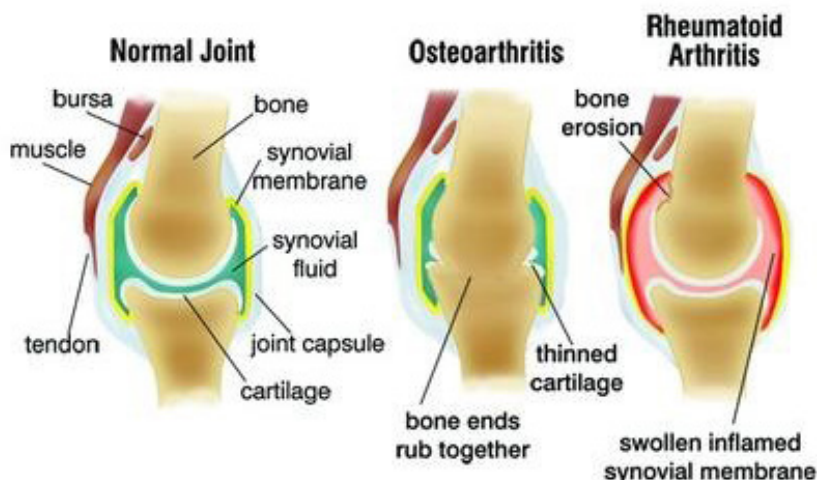
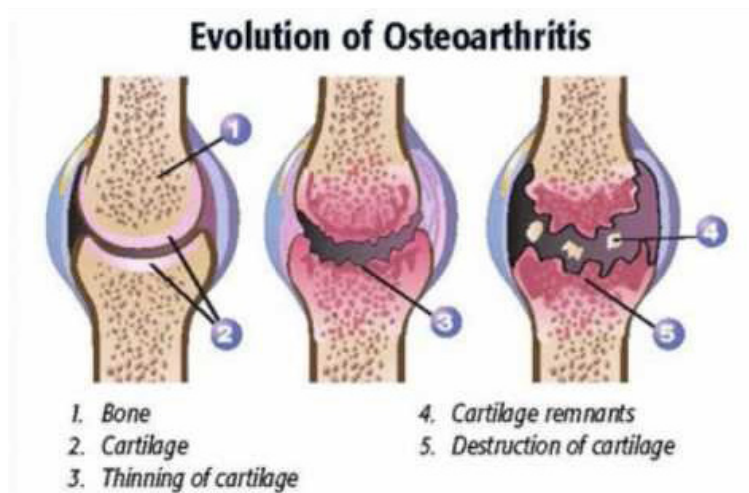
Rheumatoid arthritis is an autoimmune disease that affects the joint lining and the cushioning joint cartilage that allows for joints to move smoothly. It can cause swelling of the joint and destruction of the joint cartilage and surrounding bone.

The exact surgical procedure will depend on the type of arthritis you have, the stage of the disease and your own age, expectations and activity requirements. Some options include:

Arthroscopy - The surgeon can minimally invasively remove bone spurs, loose fragments or a portion of the diseased synovium. The procedure can be used for isolated bone spurs, rheumatoid arthritis and osteoarthritis.

Open osteocapsular resection - Through an incision(s) along the sides or back of the elbow, the surgeon can remove bone spurs, loose fragments or a portion of the disease synovium and capsule. The procedure can be used for bone spurs, rheumatoid arthritis and osteoarthritis.

Arthroplasty - The surgeon replaces the part of or the entire elbow joint. This procedure can be used for patients with rheumatoid arthritis, osteoarthritis and certain fractures. Replacement of the entire elbow joint "Total Elbow Replacement" is typically reserved for lower demand people over 60 years of age.



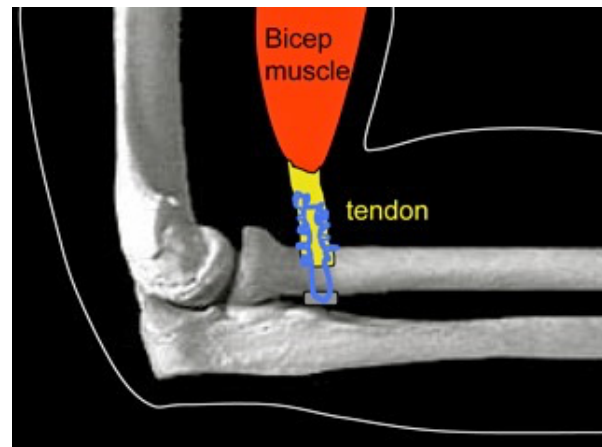
Biceps Tendon Rupture

The biceps muscle is the upper arm muscle that crosses your elbow. The biceps function is to flex or bend the elbow and to supinate your forearm (turn/rotate your forearm palm facing upward). Turning a screw driver or twisting open a door knob are activities that utilize the biceps muscle. Rupture of the biceps tendon most commonly occurs in middle age men. It can lead to weakness in elbow flexion and in supination (turning your forearm palm upward). Surgical repair is an option for active patients and consists of reattaching the biceps tendon to bone by using sutures or a small device called an endo button. At the time of surgery, should the tendon be found to be significantly degenerated such that primary repair of the abnormal degenerated tendon stump would be sub optimal, supplemental allograft and or autograft repair might be necessary. The decision to utilize allograft or autograft tendon will be made at the time of surgery by the surgeon if it was felt to be significantly beneficial for the patient.

Rupture of the distal biceps tendon



Biceps tendon repair

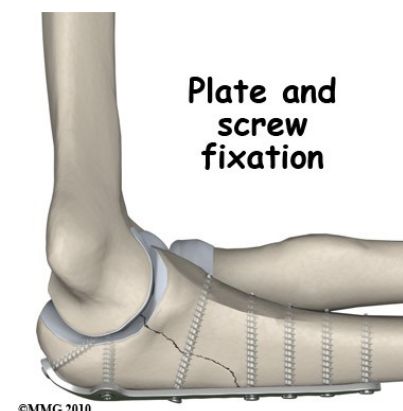


Fractures

Olecranon fracture

The olecranon is a bony prominence that extends from the ulna, can easily break if you experience a direct blow to the elbow or fall on a bent elbow.

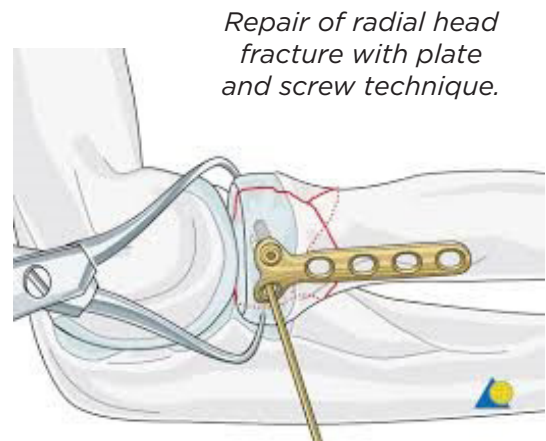
Olecranon fractures can be repaired with plate and screw technique.



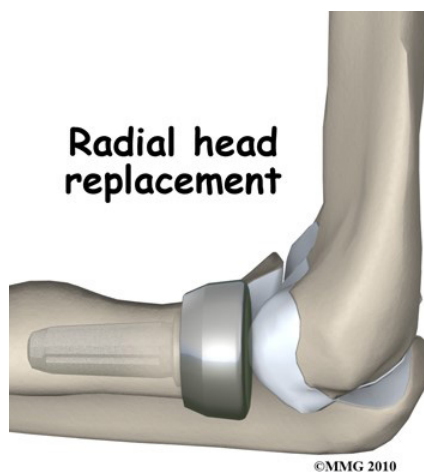
Radial head fractures

Radial head fractures typically occur from a fall on an outstretched arm. Patient will complain of pain with rotating your forearm (turning your hand palm up and palm down) and pain with bending your elbow. The elbow will commonly be swollen and stiff. If the broken pieces of bone are in good alignment, the fracture is treated with early elbow motion (no cast just a sling for comfort). The fracture typically heals in 6 weeks. It is important to perform therapy to store elbow motion or permanent loss of motion can occur. The elbow can be permanently stiff and not be able to straighten all the way out.

If the fracture pieces are not lined up, surgery is often needed to repair the radial head. If there are less than 3 fragments, the radial head is often repaired with metal plates and screws. If the radial head is broken into 3 or more fragments, a radial head replacement is often recommended.



If the radial head is broken into three or more pieces, it may need to be replaced with a metallic radial head implant.



Types of Anesthesia

General Anesthesia:

General anesthesia commonly requires a combination of medications given intravenously (through your veins) and inhaled gasses through a breathing tube to put you into a deep sleep during surgery. You will not feel any pain during surgery and will not remember any parts of the actual surgery. You will be in a very deep unconscious sleep.

Regional Anesthesia:

Regional anesthesia refers to a technique performed by skilled anesthesiologists to numb your entire arm. This is commonly achieved by injecting a strong numbing medicine into your upper arm or just below your collar bone. Many anesthesiologists will utilize an ultrasound machine to help them localize (see) the nerves they want to numb. Your arm will be completely numb and you will not be able to move your elbow, wrist, hand, fingers and sometimes shoulder until the anesthetic has worn off. This typically takes between 12-36 hours. You will not feel pain and you will receive medicine that will make you forget the majority of the surgical procedure.

Combined General and Regional Anesthesia:

For longer more extensive cases (more than 1 hour) general and regional anesthesia are often used together. The benefit of this technique is to control pain after surgery. When patients wake up from surgery, the arm is completely numb and they will have minimal pain. They will also not be able to move their fingers, wrist, elbow, and sometimes shoulder until the block wears off in 12 -36 hours.

*YOUR ANESTHESIOLOGIST WILL BE ABLE TO ANSWER ANY QUESTIONS REGARDING THE TYPE OF ANESTHESIA THAT THEY RECOMMEND.

Information to Keep in Mind Prior to Surgery

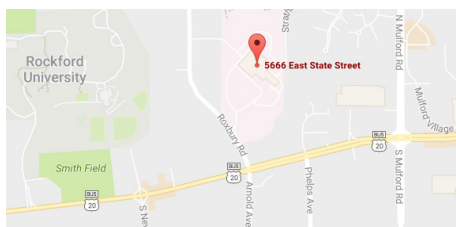
1. Please notify our office for any illness or conditions within one week prior to your scheduled surgery date. (E.g. skin abrasions, rashes, insect bites, pimples about the operative site, colds, and upper respiratory or urinary infections).
2. Please leave valuables (jewelry, contact lenses, etc.) at home.
3. If you are over 50 years of age, or if you have any significant medical problems including but not limited to heart disease, diabetes, lung disease, kidney disease, autoimmune diseases, endocrine disorders, cancer, please contact your medical doctor for written clearance prior to surgery. Patients with heart disease may need cardiac clearance from a cardiologist. Ronda, our surgery scheduler, can help you with obtaining medical and or cardiac clearance. Her phone number is 815-484-6969.
4. If you have any disability forms or papers, please have these in our office at least one week prior to surgery. Do not bring them to the hospital. Allow approximately 5-7 business days to be completed.
5. Failure to arrive on time, some medical problems, and eating and drinking after midnight will cause your surgery to be cancelled for your safety.
6. Remember to wear loose fitting shirts or blouses that are able to fit over a bulky bandage that will be on your arm.



THE SURGICAL EXPERIENCE

Pre-Admission Guide for Surgery

❖ OrthoIllinois Surgery Center (346 Roxbury Rd. Rockford 61107)- If your surgery is scheduled at OrthoIllinois Surgery Center a nurse will contact you prior to the surgery date to go over instructions, your medications, your medical history, and answer any questions you may have.



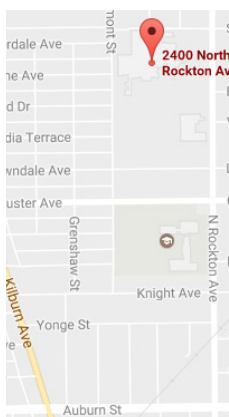
❖ OSF St. Anthony Medical Center* (5666 E. State St. Rockford 61108) - You will receive a call from a nurse at OSF to do a pre-anesthesia phone assessment. If any labs are needed per the hospital's anesthesia protocol, the nurse will inform you as to when you can go to the hospital to have those done. If you require a history and physical and medical clearance by your primary care physician and your doctor

is not in the Rockford area or is not affiliated with OSF, then you may need to be seen by a hospitalist at the hospital to have your history and physical done for medical clearance. The nurse from OSF will also inform you when and where to have that done.

❖ SwedishAmerican Hospital* (1400 Charles St. Rockford 61108)- You will receive a call from a nurse at SwedishAmerican Hospital to do a pre-anesthesia phone assessment. If any labs are needed per the hospital's anesthesia protocol, the nurse will inform you as to when you can go to the hospital to have those completed.



❖ Mercy Rockford Hospital* (2400 N Rockton Ave. Rockford 61103) You will receive a call from a nurse at Mercy Health to do a pre-anesthesia phone assessment. If any labs are needed per the hospital's anesthesia protocol, the nurse will inform you as to when you can go into the hospital to have those done. If you require a history and physical and medical clearance by your primary care physician and your doctor is not in the Rockford area or affiliated with Mercy Health, you may need to be seen by a hospitalist at the hospital to have your history and physical done for medical clearance. Our surgery scheduler Ronda will be in contact with you to let you know when the hospital scheduled that appointment as well as a pre-anesthesia on-site assessment if required.



Your surgical experience includes three parts or phases. The **first** part or pre-operative phase is the time before your surgery. The **second** or intra-operative phase is the time you spend in surgery. The **third** or post-operative phase is the time immediately after your surgery and the first days following your surgery.

ONCE ARRIVING AT THE HOSPITAL OR AMBLATORY SURGERY CENTER

Before Your Surgery (Pre-operative phase)

1. An admission healthcare provider will take your information that is relative to your hospital or surgery center stay. A health care provider will discuss your medical history and you will sign a surgery consent form. This gives us permission to operate on your arm.
2. Required Pre admission laboratory testing is typically performed prior to the day of surgery. In some cases, labs may need to be performed the day of surgery. All women of child bearing age who are undergoing general or regional anesthesia are required to take urine pregnancy test.
3. You will be taken into a room where you will wait for your time in surgery. This is called the pre-operative holding room. Nurses assigned to you will ask you some of the same questions the Admission Health Care Provider asked you. You will hear these questions over and over during your pathway to the operating room. **This is for your safety. Hearing the answers from you personally assures each health care provider of accurate information.** Medications, IV's etc. may be taken care of during this part of your stay.
4. You will need to change into a hospital gown. You may leave your underwear on (bras must come off).
5. The operating room will send for you about 30-45 minutes before your surgery. Although we make every attempt to run on schedule, for various reasons the operating room can be delayed. Your nurse will notify you if the operating room is on time or delayed. You may have 1-2 family members accompany you to this area. Your surgeon will see you in this area and **write his initials on the extremity that being operated on.** If you have hair on your arm in the area of surgery, your arm will be shaved with an electric hair clipper in this location.
6. If you are having a regional or a general anesthetic and if you have not met your anesthesiologist prior to this time, you will meet him/her here. The Anesthesiologist will be able to answer any questions regarding the type of anesthesia you will be having for your surgery. If you are having a regional anesthetic (your entire arm will be completely numbed with an injection of numbing medicine, commonly placed near your collar bone) the anesthesiologist may perform this now.

7. If you have any last questions regarding the surgical procedure, this is the last time you will be able to ask the nurse, Dr. Bear's physician assistant or Dr. Bear.

During Your Surgery (Inter-operative phase)

1. One of the nurses from your operating room will speak to you and will transport you to the operating room. You will see a lot of equipment and other team members when you enter the operating room. Do not be alarmed. All the staff is there to make sure that you have a positive experience.
2. You will be asked to move from your stretcher to another bed, called the operating room table. This room may be slightly chilly feeling and the nurse will provide you with a warm blanket.
3. A blood pressure cuff will be placed on your arm. An EKG pad (used to monitor the heart during surgery) will be placed on your back and an oxygen monitor will be placed on your finger. A safety strap will be placed across your legs above your knees. All of this is for your safety.
4. Either your nurse or anesthesiologist will start an IV in your hand if it has not already been done. Your anesthesiologist will give you fluids and medications through this IV that will cause you to drift off to sleep. Sometimes these medications will sting a little in your arm, but will go away quickly.
5. While you are asleep, your anesthesiologist will place a breathing tube that supplies the appropriate oxygen and gasses to keep you asleep during surgery.
6. When your surgery is complete, your anesthesiologist will wake you up. You will be moved from the operating room table to another bed and taken to the recovery room.

After Your Surgery (Post-operative phase)

1. When you wake up in the recovery room, you may be cold. This is normal. Warm blankets will be provided for your comfort.
2. Your arm will be bandaged and commonly with a splint or half cast secured with an ace bandage on your arm. Ice packs may be provided to help decrease postoperative pain and swelling. If you are experiencing pain, notify your nurse and pain medication will be administered to control the discomfort.
3. None of your family members will be allowed to visit you in the recovery room. When you are alert, you will be taken to the second stage recovery area.
4. In the second stage recovery area, your family will be able to see you. Once you are feeling well and are able to tolerate drinking liquids you will get dressed back into your clothes and be discharged to home from this location. Most patients will be discharged home after elbow surgery. Prescriptions for antibiotics and some mild pain medicine can be called into your pharmacy by the nursing staff. Federal law no longer allows phoning in prescriptions for schedule II narcotic medication. This list includes Norco, Vicodin, Percocet, and OxyContin. Written prescriptions need to be given to you by the nursing staff for these types of medications before you leave the surgery center or hospital.
5. If you are being admitted to the hospital for observation, you will be transported to your hospital room from this location.
6. Dr. Bear or his physician assistant will see you in the office 5-10 days after surgery. An appointment should already be scheduled for you. If you do not have a post surgery appointment scheduled, please call Sadie Carlton Dr. Bear's office scheduler at 815-484-6996 to schedule a post surgery appointment.
7. If you are admitted to the hospital after surgery, Dr. Bear or his physician assistant will be checking on you in the hospital the day after surgery to answer any questions arrange your discharge from the hospital.

While You Recover at Home

1. The first meal should be clear liquids or broth.
2. An ice bag should be applied to your elbow for at least 20 minutes 4 times a day or more for the first 72 hours. DO NOT USE HEAT-this may increase swelling and discomfort.
3. If you have painful swelling, temperature **above** 101 degrees, redness around your incision or yellow drainage from your incision call Dr. Bear's office immediately at 815 -398-9491.
4. You will keep your splint, sling, dressing on until otherwise instructed.
5. **DO NOT BEGIN ANY ELBOW EXERCISES UNTIL INSTRUCTED. YOU SHOULD FULLY OPEN AND CLOSE YOUR FINGERS TO PREVENT FINGER STIFFNESS AND TO DECREASE HAND SWELLING. FULLY OPENING AND CLOSING YOUR FINGERS IS RECOMMENDED TO PREVENT STIFFNESS.**
6. If you have had an arthroscopic procedure on your elbow, a large amount of fluid is used during your surgery. The bandages over the incisions may become wet with light reddish or pink fluid. Do not be alarmed. This is normal.
7. Do not get the sling, dressing or the incisions wet until Dr. Bear, his nurse or physician assistant has notified you that it is ok to remove your bandage and get your wounds wet in the shower. The bandage must be kept dry after surgery. Showering can be performed but a plastic bag sealed around your arm with duct tape or a commercially available waterproof cast protector will be effective in keeping your bandage dry while showering. Waterproof cast protectors can be purchased from our Medical Supply Store in the front of the Roxbury office or at most drug stores. Another economical option is to purchase artificial insemination gloves from Farm and Fleet which when properly sealed can keep the bandages dry. Baths are not allowed until 4 weeks after surgery.



Commercially available cast protectors like this can be purchased at OrthoIllinois' The Store at the Roxbury campus, at FitRight Precision Orthotic & Prosthetic Lab at the Riverside Pavilion at Riverside and Mulford Road in Rockford, or at most drug stores.

It is IMPORTANT to keep hand elevated above the heart to decrease swelling and avoid finger stiffness.

PROPER sling position showing the hand above the heart.



IMPROPER sling position showing the hand **NOT** above the heart.



PROPER position of arm while sitting on coach



Commonly Asked Questions

1. ***Will I need assistance at home?***

*Yes. You may need assistance with dressing, bathing, putting on and taking off your sling or brace and possibly with meal preparation. Putting on and taking off a water proof bandage protector to shower is difficult without help.

2. ***Do I have to pre-certify my surgery or will Dr. Bear's office do it?***

*Ronda, (815-484-6969) Dr. Bear's Surgery Scheduler will help arrange pre certification from your insurance provider. Call her for any questions. Surgery cannot be scheduled until pre certification is obtained from your insurance provider.

3. ***What are some of the warning signs of an infection?***

*Fever over 101 degrees, the incision becomes red or swollen, or yellow or green drainage is coming out of the wound. If any of these symptoms occur **IMMEDIATELY CALL DR. BEAR'S OFFICE AT 815-398-9491 TO BE SEEN AS SOON AS POSSIBLE BY DR. BEAR OR HIS PHYSICIAN ASSISTANT.**

4. ***Are there any complications from surgery?***

*Complications are not common. Some complications can include, but are not limited to, surgical failure, infection, stiffness, blood vessel, nerve injury, or blood clots.

5. ***Will I need physical therapy?***

*Yes. The majority of your therapy can be performed at your home with a detailed home exercise program taught to you by a physical therapist, occupational therapist or hand therapist. Therapy is an essential part of the healing process from your surgery. It helps to ensure that you will have a successful surgery. To neglect therapy would decrease the effectiveness of the repair Dr. Bear performed.

Commonly Asked Questions (Continued)

6. ***Is swelling and pain normal?***

* Yes. It is normal to experience some swelling and pain after your surgery. Applying ice will decrease the amount of pain and swelling you may have. Taking your pain medicine as directed should control the pain. It is recommended to take the prescribed pain medicine as soon as you start to feel uncomfortable rather than waiting for the pain to become unbearable. This is called staying ahead of your post surgical pain rather than reacting to it. The pain after surgery should decrease each day after surgery. Depending on the surgery performed, most patients are off narcotic pain medication by a maximum of 7-21 days after surgery.

7. ***How long and often should I apply ice?***

* An ice bag should be applied to your hand for 20 minutes 4- 8 times a day. More frequent applications with ice bags should be performed in the first 72 hours after surgery. Make sure the ice bag is well sealed to avoid getting your cast wet with melted ice.

8. ***Should I be alarmed from the amount of fluid that is staining the dressing?***

*If an elbow arthroscopy was performed, a large amount of fluid is used during the procedure. With this surgery, it is very common to have pink or red tinged fluid drain into the bandage.

9. ***What if I am on a blood thinner?***

* Common blood thinners include Coumadin, Warfarin, Lovenox, Plavix, Xarelto, aspirin. If you are on a blood thinner you will need to contact the prescriber of this medication to discuss stopping prior to surgery. The **COMMON** recommendations are listed below but you still will need to **CONTACT YOUR PRESCRIBER TO VERIFY**

- **Coumadin / Warfarin** must be stopped a minimum of one week prior to surgery. A Prothrombin time has to be obtained a day or two prior to surgery to make sure your blood is not too thin.

- **Plavix** must be stopped 6 days prior to surgery. No lab testing is needed

- **Xarelto** should be stopped 5 days before surgery. No lab testing needed

- **Lovenox** should be stopped 24 hours before surgery. No lab testing needed.

Continued.

- **Aspirin** should be stopped 10 days prior to surgery. No lab testing needed.

10. ***What vitamins and supplements should be stopped?***

- Vitamin E can thin the blood. This should be stopped 7 days prior to surgery

- Fish oil can thin the blood. This should be stopped 7 days prior to surgery.

Prescription Refills

Contact Dr. Bear's office Nurse Jessica at 815-398-9491. If you get a voice mail, please leave a message including the following information:

1. Patient name
2. Patient telephone number
3. Pharmacy Name
4. Pharmacy phone number
5. Name of medication you wish to have refilled. Your prescription should be called in by the end of the clinic day.

PAIN MEDICATION: Can only be called in by Dr. Bear, his physician assistant or his nursing staff. During the weekend, on call doctors will not call in prescriptions for you. Therefore, if you feel you will need a prescription during the weekend, please refer to prescription refill policy given to you in your pre op instruction sheet.

