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ORTHOPAEDIC SPORTS MEDICINE

PEDIATRIC PROTOCOL · AGES 12+

POST-OPERATIVE INSTRUCTIONS

Open Elbow Surgery

Pediatric Post-Operative Instructions · Ages 12+

FOR PARENTS AND PATIENTS

This guide is for **both you and your parent or guardian**. Medication instructions are directed to your parent or another adult caregiver — please make sure they have read this carefully before you leave the hospital. Activity instructions speak to you directly. Recovery is a team effort, and the more you both understand the plan, the better your outcome will be.

At a glance

Splint (weeks 0–2)	Your elbow will be in a plaster splint after surgery. Keep it clean and dry and do not remove it. Dr. Roth's team will remove it at your first post-operative visit.
Hand and wrist	Move your fingers, hand, and wrist freely from day one. There is no elbow motion until the splint is removed and your physical therapist begins guided range of motion.
Elevation	Keep the operated arm above heart level whenever resting for the first 3–5 days — this significantly reduces swelling.
First post-op visit	7–14 days after surgery.

Diet *(for the parent or caregiver)*

Start with clear liquids — water, Gatorade, broth, Jell-O — then advance to light foods (crackers, toast, rice) as tolerated. Return to a normal diet once your child is keeping food down comfortably, usually by the next day. Ibuprofen and oxycodone can upset the stomach — always give with food.

Splint care

Your arm is in a plaster splint. Keep it clean and dry until your follow-up appointment, when Dr. Roth's team will remove it. To shower, cover the splint with a large plastic bag and seal it above the splint with tape — a rubber band alone will not create a tight enough seal. Do not apply any lotions, ointments, or powders. Do not attempt to remove or adjust the splint yourself. If the splint feels too tight or your child cannot get comfortable, call the office immediately.

Medications *(for the parent or caregiver)*

Your child's post-operative pain plan uses scheduled non-opioid medications as the foundation, with oxycodone available for breakthrough pain only. **All doses below are weight-based** — calculate each dose based on your child's current weight. Take with food when possible. Do not exceed the maximum dose per administration.

DOSE CALCULATOR — DO THIS BEFORE YOUR CHILD'S FIRST DOSE

MEDICATION	DOSE	MAX PER DOSE	FREQUENCY
Ibuprofen (Advil / Motrin)	10 mg/kg	600 mg	Every 6 hours with food · Days 1–14
Acetaminophen (Tylenol)	15 mg/kg	1,000 mg	Every 6 hours, **offset 3 hours from ibuprofen** · Days 1–14
Ondansetron (Zofran) — for nausea	0.15 mg/kg	4 mg	Every 8 hours as needed for nausea · Days 1–5
MiraLAX — for constipation	17 g (1 capful)	17 g	Once daily as needed · while taking oxycodone

Example (40 kg child): Ibuprofen = 400 mg every 6 hrs · Acetaminophen = 600 mg every 6 hrs, starting 3 hours after ibuprofen. A 60 kg teenager reaches the adult maximum dose.

STAGGER IBUPROFEN AND ACETAMINOPHEN — DO NOT GIVE AT THE SAME TIME

Give ibuprofen at hours 0, 6, 12, 18 and acetaminophen at hours 3, 9, 15, 21. This keeps a consistent level of pain relief around the clock and reduces the need for oxycodone.

BREAKTHROUGH OXYCODONE — 5 TABLETS PRESCRIBED

Dose: 0.1 mg/kg per dose · maximum 5 mg per dose · every 4–6 hours as needed. Many patients do not need any oxycodone. Give only if your child's pain rises above a 4 despite the scheduled ibuprofen and acetaminophen. Use for as short a time as possible — opioids cause constipation and drowsiness. **Lock up unused tablets and dispose of extras safely** — do not flush. Many pharmacies offer free medication disposal.

IMPORTANT — DO NOT GIVE ASPIRIN

Do not give aspirin or any aspirin-containing product (Excedrin, Pepto-Bismol, etc.) to anyone under 18. Aspirin use in children and teenagers with a viral illness is associated with a rare but serious condition called Reye's syndrome.

DRIVING AND OPERATING MACHINERY

Your child must not drive while taking **oxycodone**, which can cause drowsiness, dizziness, or impaired coordination. If your child is 16 or older and has a license, remind them this applies even at low doses — they should not drive or operate machinery until they are off oxycodone.

Ice and elevation

Keep the arm elevated as much as possible for the first 3–5 days — use pillows to prop the arm above heart level when resting.

Ice: Bagged ice or gel packs — 20 minutes at a time, no more than once per hour, with a cloth between ice and skin. Cold-therapy devices: 20–30 minutes up to 4 times per day with a thin cloth. If you had a nerve block, your arm may be numb for up to 24 hours — set a timer and do not leave ice on regardless of sensation.

Home exercises

Do these gentle hand, wrist, and grip exercises several times a day to keep the hand and forearm from getting stiff while the elbow heals. There is no elbow motion until the splint is removed at your

post-op visit and your physical therapist begins guided range of motion. Stop short of pain and never force a movement.

Wrist and finger movements

Bend and straighten your fingers and wrist to keep blood circulating and prevent stiffness in the hand.

Grip and finger extension

Squeeze a soft ball or rolled-up towel, hold briefly, then open the hand and spread the fingers as wide as you can. Repeat to keep the hand and forearm muscles active.

Physical therapy

Physical therapy begins within the first 1–2 weeks after surgery. Your physical therapist will follow the specific rehabilitation protocol provided by Dr. Roth's office for the procedure that was performed — this governs the timeline for range of motion, strengthening, and return to activity. **No return to sports, throwing, or PE until cleared by Dr. Roth, his PA or his NP.**

School and activity

Most students can return to school within a few days of surgery, depending on pain levels and mobility. Notify the school nurse and PE teacher — **no PE, sports, or unstructured physical activity until cleared by Dr. Roth, his PA or his NP.** If your school requires a note, call the office and we will provide one.

When to call *(for the parent or caregiver)*

Call **(650) 853-2943** any time, day or night, for any concern. Specifically call if your child experiences:

- Pain that is not controlled by the medication regimen, or that is getting worse rather than better after the first 48 hours
- Fever above 101 °F (38.3 °C)
- Increasing redness, warmth, or swelling around the wound
- Drainage from the wound that is cloudy, yellow, or foul-smelling
- Numbness or tingling lasting longer than expected from any nerve block
- Any concern about the cast, splint, or brace

> **EMERGENCY — CALL 911**
> Call 911 immediately if your child develops sudden shortness of breath, chest pain, or a rapid or irregular heartbeat. These can be signs of a blood clot in the lung, which is a medical emergency.

Follow-up appointment

Your first post-operative appointment is typically within 7–14 days of surgery. If you have not already scheduled this, call **(650) 853-2943**. Bring all your medications to the appointment. At this visit, Dr. Roth, his PA or his NP will check the incision and review your child's progress. Physical therapy will be scheduled at or shortly after this visit.

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Dr. Roth completed his orthopaedic surgery residency at Harvard Medical School and his sports medicine fellowship at the Kerlan-Jobe Orthopaedic Clinic in Los Angeles. In practice since 2013, he specializes in advanced arthroscopic techniques and sports medicine procedures, and sees patients at Palo Alto Medical Foundation's Palo Alto and Dublin offices.

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