KEVIN M. ROTH, MD
ORTHOPAEDIC SPORTS MEDICINE

POST-OPERATIVE INSTRUCTIONS

Open Elbow Surgery

What to do, what to expect, and when to call — for the first two weeks after surgery.

At a glance

Dressing	Plaster splint — keep clean and dry. Removed by Dr. Roth's team at your follow-up visit.
Elevation	Keep the operative elbow above shoulder level whenever possible for the first 1–2 weeks.
Driving	No driving until discussed with Dr. Roth.
First post-op visit	5–10 days after surgery.

Diet

Begin with clear liquids — Jell-O, broth, Gatorade — along with light foods like crackers or toast. Once you tolerate these without nausea, gradually progress to your normal diet over the following day.

Splint care

Your operative extremity is in a plaster splint after surgery. Keep it clean and dry until your follow-up appointment when Dr. Roth's team will remove it.

To shower, place a large garbage bag over the splint and seal it above the splint with duct tape. A rubber band alone will not create a tight enough seal.

Do not attempt to remove or adjust the splint yourself.

If the splint feels too tight or you cannot get comfortable, call the office immediately.

Understanding your pain

Some pain after surgery is normal and expected. Pain in the 0–4 range is generally well-managed by the scheduled non-opioid regimen below. If your pain rises above a 4, the breakthrough oxycodone is available. If pain feels uncontrolled, unrelenting, or getting worse rather than better, call the office.

Multimodal pain regimen

Your post-operative pain plan is based on multiple recent randomized controlled trials.[1–5] These studies show that a scheduled regimen of non-opioid medications provides equal or better pain control than opioids, with fewer side effects. Take these medications even if you feel comfortable — they work best taken consistently. Take with food when possible.

DAYS 1 – 5

MEDICATION	MORNING	NOON	AFTERNOON	EVENING
Meloxicam 7.5 mg	1 tab	—	—	1 tab

MEDICATION	MORNING	NOON	AFTERNOON	EVENING
Gabapentin 300 mg	1 tab	1 tab	1 tab	—
Methocarbamol 750 mg	1 tab	1 tab	1 tab	1 tab
Acetaminophen 1000 mg	1 tab	1 tab	1 tab	—

DAYS 6–7 · GABAPENTIN TAPER BEGINS

MEDICATION	MORNING	AFTERNOON	EVENING
Meloxicam 7.5 mg	1 tab	—	1 tab
Gabapentin 300 mg	1 tab	—	1 tab
Methocarbamol 750 mg	1 tab	1 tab	1 tab
Acetaminophen 1000 mg	1 tab	1 tab	1 tab

DAYS 8–9 · GABAPENTIN TAPER CONTINUES

MEDICATION	MORNING	AFTERNOON	EVENING
Meloxicam 7.5 mg	1 tab	—	1 tab
Gabapentin 300 mg	1 tab	—	—
Methocarbamol 750 mg	1 tab	1 tab	1 tab
Acetaminophen 1000 mg	1 tab	1 tab	1 tab

DAYS 10–14 · MAINTENANCE

MEDICATION	MORNING	AFTERNOON	EVENING
Meloxicam 7.5 mg	1 tab	—	1 tab
Methocarbamol 750 mg	1 tab	1 tab	1 tab
Acetaminophen 1000 mg	1 tab	1 tab	1 tab

BREAKTHROUGH OXYCODONE — 10 TABLETS PRESCRIBED

Many patients do not need any oxycodone. If your pain rises above a 4, take 1 tablet of oxycodone 5 mg. Use only as needed, for as short a time as possible.

DRIVING AND OPERATING MACHINERY

Three medications in this regimen — **gabapentin** (days 1–9), **methocarbamol** (days 1–14), and **oxycodone** if taken for breakthrough pain — can cause drowsiness, dizziness, or impaired coordination. While taking any of these, do not drive, operate heavy machinery, or make important financial, legal, or major life decisions. Plan to have someone else drive for at least the first week, and do not drive until you have stopped gabapentin, are off oxycodone, and feel the methocarbamol is no longer affecting your alertness.

Journavx (suzetrigine) — optional

Journavx is a non-opioid FDA-approved analgesic (2025) comparable to hydrocodone/acetaminophen without addiction risk, sedation, or driving impairment.[6,7] Ask the office for a prescription if interested. **Cost:** ~$15/pill, often not insurance-covered. **First dose:** 100 mg on an empty stomach; then 50 mg every 12 hours with or without food. No grapefruit.

DRUG INTERACTIONS — READ BEFORE REQUESTING

Do not take with: ketoconazole, itraconazole (Sporanox), voriconazole (Vfend), posaconazole (Noxafil), clarithromycin (Biaxin), ritonavir/cobicistat medications (Paxlovid, Norvir, Kaletra, Stribild, Genvoya, Symtuza, Evotaz, Prezcobix), nefazodone, carbamazepine (Tegretol), phenytoin (Dilantin), phenobarbital, rifampin, rifabutin, or St. John's wort.

Contact your prescribing physician before taking if you take: fluconazole (Diflucan), erythromycin, ciprofloxacin (Cipro), diltiazem (Cardizem/Tiazac), verapamil (Calan/Verelan), fluvoxamine (Luvox), or efavirenz (Sustiva).

Hormonal contraception: Use backup non-hormonal method if your contraceptive contains a progestin other than levonorgestrel or norethindrone — during treatment and 28 days after stopping.

Activity

Keep the operative elbow **elevated above shoulder level** whenever you are sitting or resting for the first 1–2 weeks — this significantly reduces swelling. You may return to sedentary work or school **3–4 days after surgery** if tolerable and not taking opioids. No driving until discussed with Dr. Roth.

Hand and finger exercises

Straighten and bend your fingers and make a full fist at least 4 times per day for 5–10 minutes each session. This maintains circulation and prevents stiffness in the hand. There is no elbow exercise until the splint is removed at your post-op visit.

Get up and walk for a few minutes at least once every few hours while awake — this minimizes blood clot risk from prolonged rest.

Ice and cold therapy

Because you have a splint, use gel ice packs or bags of frozen vegetables — **the splint must not get wet.** Apply for 20–30 minutes at a time, up to 4 times per day. If you had a nerve block, your arm may be numb for up to 24–72 hours — watch the clock carefully when icing.

No tobacco or nicotine

Do not use tobacco or nicotine products for at least 3 months after surgery. Nicotine significantly increases the risk of infection, wound healing problems, and failure of the repair. For help quitting, call **1-800-QUIT-NOW**.

When to call

Call **(650) 853-2943** for any concern, day or night.

- Pain not controlled by the regimen above, or getting worse rather than better
- Numbness lasting more than 24 hours, or longer than expected from your nerve block
- Fever above 101 °F
- Increasing redness, warmth, or tenderness around the incisions
- Persistent or increasing drainage or bleeding from the incision
- Color change in the operative limb
- Blistering of the skin
- Any other concern

GO TO THE NEAREST EMERGENCY ROOM IMMEDIATELY FOR

- Difficulty breathing
- Severe chest pain
- Loss of consciousness
- Pain that is completely uncontrollable

Follow-up

If you do not already have a follow-up appointment, call **(650) 853-2943** to schedule. Most follow-up visits are 5–10 days after surgery.

REFERENCES

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3. Jildeh TR, et al. Multimodal nonopioid pain protocol following meniscus surgery. *Arthroscopy.* 2021;37(7):2237–2245.
4. Jildeh TR, et al. Multimodal nonopioid protocol following arthroscopic rotator cuff surgery. *Arthroscopy.* 2022;38(6):1077–1085.
5. Syed UAM, et al. Effect of preoperative education on opioid consumption. *J Shoulder Elbow Surg.* 2018;27(6):962–967.
6. Bertoch T, et al. Suzetrigine, a nonopioid NaV1.8 inhibitor: two phase 3 trials. *Anesthesiology.* 2025;142(6):1085–1099.
7. Alvarez-Aguilar P, Picado-Loaiza S. Suzetrigine versus placebo for acute postoperative pain. *Medicine.* 2026;105(10):e47877.

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