



Darrach (Distal Ulna Resection)
Patient Postoperative Instructions
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0-2 weeks

Pain medication:

- Use your prescription pain medication as needed to control pain.
- If your arm was numbed (blocked) for the surgery by the anesthesiologist, begin taking pain medication before the block wears off.
- Do not drive or operate machinery while taking narcotic/opioid pain medication.
- Unless you cannot take them for other medical reasons, it is ok to use over-the-counter anti-inflammatory medication (e.g. Advil or Aleve) in addition to your prescription pain medication. Do not take tylenol as your prescription already contains this medication.

Post-op Dressings:

- Keep the dressings and splint in place until your first postoperative visit.
- Elevation of the hand, along with ice on-and-off for 20 minutes at a time, will help with swelling and pain.
- It is ok to shower, but the dressings must stay clean and dry. Place a waterproof covering over the dressings while bathing or showering (such as a heavy plastic bag that is sealed with Saran wrap).
- If the dressings get dirty, wet, or come apart please contact the office to have the dressing re-done.

Motion:

- Start moving your fingers and thumb that are not in the splint as soon as possible.
- You can use your hand for light activity, such as eating, drinking, or using a computer.
- Do not lift, carry, push, or pull anything heavier than a glass of water or can of soda.

2-6 weeks (First post-op visit)

Splint:

- The postoperative splint and sutures will be removed at your 2-week visit.
- You will be placed in to a removable wrist splint at the first postop visit.
- The splint can be removed by your therapist or to wash your hands, but otherwise should be worn full-time. You can begin gentle scar massage at 3 weeks after surgery.

Motion:

- Therapy will be started for finger, wrist, forearm, and elbow active and passive range of motion exercises.
- If other procedures (such as tendon repairs or transfers) have been done, this may limit how much you can use affected fingers immediately.
- Continue to avoid lifting, carrying, pushing, or pulling anything heavier than a glass of water.

6 -10 weeks (Second post-op visit)

Splint: .

- Wean from your splint starting at 6 weeks.

Motion:

- Continue finger, forearm, and elbow range of motion.
- Begin gentle finger and forearm strengthening
- Gradually increase the amount you lift/carry as your symptoms allow.

10-12 weeks (Third post-op visit)

Motion:

- Continue finger and forearm strengthening
- You can lift/carry to tolerance
- Transition to a home exercise program

12+ weeks (Third post-op visit)

The splint should no longer be necessary at this point. If needed, therapy can be continued to focus on further strengthening or work conditioning. There are no lifting/carrying or other activity restrictions after 12 weeks, unless otherwise discussed on a case-by-case basis.