

Patient name:  
Date of Surgery:  
Surgery performed:

**Tyler McGregor D.O.**  
**General Ortho and Sports Medicine**  
**South Bend Orthopaedics**  
**Open Carpal Tunnel Release**  
**Post-operative Instructions and Rehabilitation Protocol**

This is a general guideline. Certain patients may require extra attention to certain areas of their body or portions of the protocol. Always listen to your therapist; a protocol never replaces their good clinical judgement. Do not attempt to increase weight, perform a new exercise, or increase your range of motion without their direction.

### **General information**

#### Pain Medication:

- Narcotic Pain Medication is best utilized for acute pain in short durations. It is given to allow for tolerable discomfort.
- ONE prescription of narcotic pain medication is typically sufficient after these procedures. Hydrocodone/acetaminophen (7.5/325 mg) may be taken 1 time every 6 hours as needed for pain. A maximum of 4 tablets may be taken in a given day. 10 tablets will be prescribed.
- Common side effects of narcotic medication include: flushing, dizziness, nausea, drowsiness, constipation, delirium. If you are using narcotics, minimize constipation by drinking adequate amounts of water and consuming a high-fiber diet. A stool softener such as docusate and/or a GI motility agent such as senna may be purchased over the counter as well.
- Alternatives to narcotic pain medication include ibuprofen (600 mg every 6-8 hours) and Tylenol. You may take ibuprofen in conjunction with Norco if you are having breakthrough pain.  
**Tylenol is not to be taken with Norco.**

#### Minimizing Risk for Deep Vein Thromboses (DVT, blood clots)

- Blood clots in the extremities (DVT) or lungs (pulmonary embolism- PE) are possible after having surgery due to decreased mobility. If a blood clot travels out of the extremities and into the lungs, it can be a serious and life-threatening condition. Concerning symptoms include calf pain, leg foot and swelling, shortness of breath, increased breathing or heart-rate and fever.
- Mechanical methods for preventing DVT include contracting (flexing) the muscles of the legs, including the calves, quadriceps and gluteals. These should be done 10-15 times per hour.
- **Aspirin 325mg is recommended once per day for 4 weeks following surgery.** Patients with allergies sensitivities or other contraindications to aspirin or other anti-coagulation agents should not take aspirin and should consult with their surgeon and/or primary doctor.
- Contraceptive medications should be temporarily suspended for 6 weeks after surgery.
- Avoid prolonged sitting, laying down, immobility and long-distance travel immediately after surgery, as this may increase the likelihood of DVT as well.

Return to Driving:

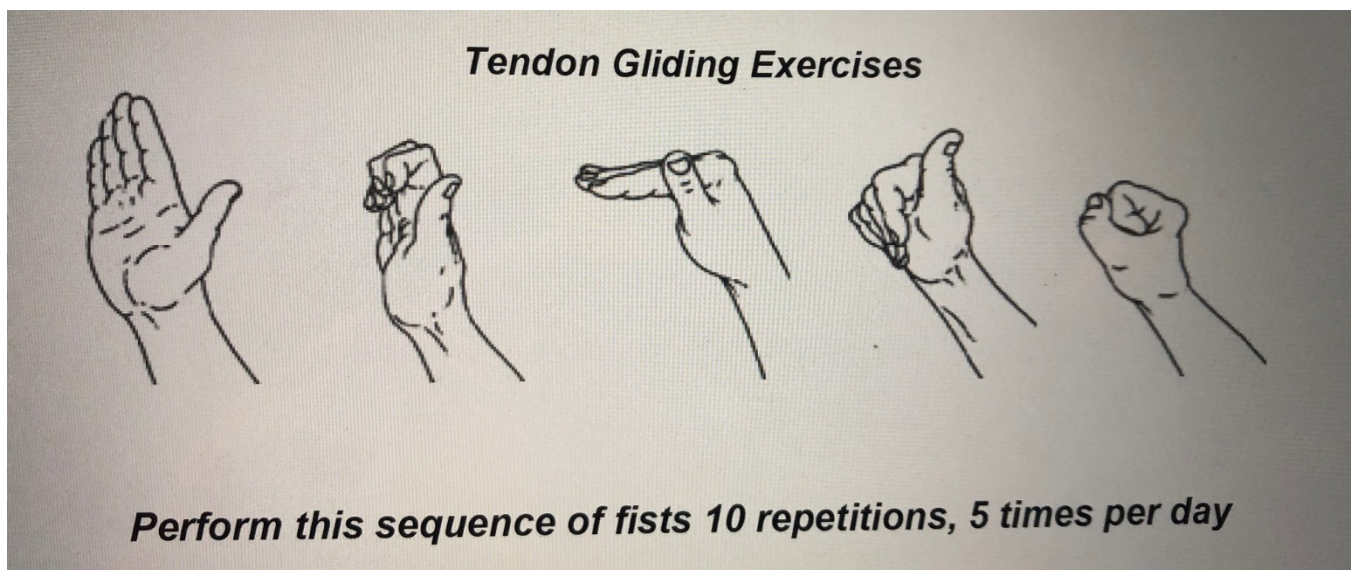
- You **must** be off narcotic pain medication to resume driving.
- You must feel safe and comfortable behind the wheel and be able to grip the wheel with sufficient strength.

**Phase I (Weeks 0-2)**

- **Weight bearing:** less than 11lb weight bearing.
- Patient in gentle splint immediately postoperative.
- **No Formal PT or OT – gentle range of motion as permitted in postop dressing.**

**Immediate postop**

- Ice/elevate 20 minutes every hour while awake.
- Gentle wrist flexion/extension hourly.
- **Maintain postoperative dressing – keep clean and dry.**
- **Take pain medication as prescribed.**

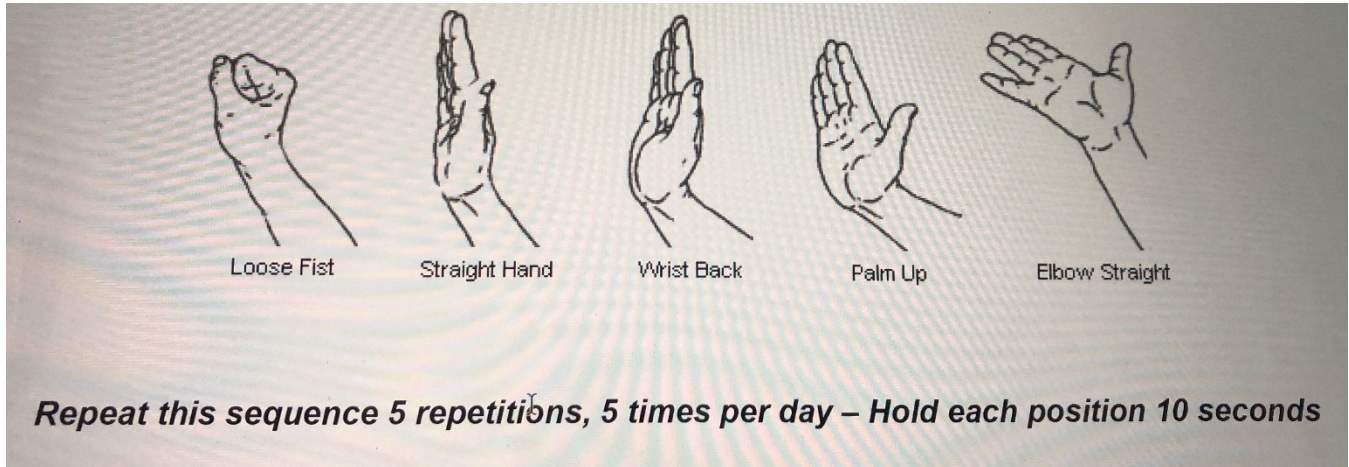


**Postop Visit #1: 10-14 days after surgery**

- Postop splint removal – suture removal
- Continue ice/elevation for pain and swelling control
  - Do not apply ice directly to skin
- Wound check
  - Steri-strips placed. Allow these to fall off on their own.
  - **Do not submerge the limb underwater in a bath, swimming pool or any other body of water until the incisions are completely healed, typically 4-6 weeks following surgery.** Premature submersion may lead to infection.
  - SPF 30 or greater is recommended over the incisions for the first year to minimize darkening of the scar.

## Phase II (Weeks 2-6)

- **Weight bearing:**
  - Weeks 2-4: less than 10 pounds to the surgical arm
  - Weeks 4-6: less than 25 pounds to the surgical arm
- **Range of Motion**
  - As tolerated



- **Therapeutic Exercises**
  - as guided by PT and OT visits
    - the number of formal therapy visits to be determined by individual patient characteristics
  - development of home exercise program

### **Post-op Visit #2 – 6 weeks after surgery**

- Wound check
- **Full Weight bearing:**

### **Post op Visit #3 – 12 weeks after surgery**