DR. KAISEN YAO, MD

ORTHOPEDIC SPORTS MEDICINE SURGEON

Informational Packet

# Elbow Arthroscopy Surgery

Northwell Health
Department of Orthopedic Surgery & Sports Medicine

**Dr. Kaisen Yao, MD**

## Welcome

This booklet covers what to expect before, during, and after elbow arthroscopy, and outlines the first steps of your recovery. If you have not already, please register for Epic MyChart to view your appointments, message your care team, and access your records online.

Keep this packet somewhere handy in the weeks before and after surgery — it answers most of the questions patients ask us during recovery.

## Meet Your Surgeon



### Dr. Kaisen Yao, MD

Sports Medicine & Orthopedic Surgery

Dr. Yao specializes in sports medicine and orthopedic surgery of the knee, shoulder, elbow, and hip, with a focus on ligament reconstruction, cartilage restoration and preservation, arthroplasty, and orthopedic trauma and fracture care. He completed his sports medicine fellowship at the prestigious NYU Langone Health and his orthopaedic surgery residency — serving as Chief Resident — at Lenox Hill Hospital. During his fellowship, he also worked with several professional sports teams as a team physician, including the New Jersey Devils, Washington Commanders, and Jacksonville Jaguars. A former collegiate swimmer at Washington University in St. Louis, Dr. Yao brings an athlete's perspective to helping patients return safely to the activities they love. Outside of orthopedics, he enjoys golf, swimming, classical piano, exploring new restaurants, and traveling the world.

**He sees patients at the following locations:**

**Lenox Hill Hospital**
130 E 77th Street, 7th Floor
New York, NY

**Astor Place**
740 Broadway, Suite 604
New York, NY

**Downtown Brooklyn**
68 Flatbush Avenue
Brooklyn, NY
718-208-1440

## Anatomy of the Elbow

The elbow is a hinge joint formed where three bones meet: the humerus (upper arm bone), and the radius and ulna (forearm bones). The joint is lined with smooth articular cartilage and surrounded by a capsule and ligaments that provide stability while allowing the elbow to bend, straighten, and rotate the forearm.

A variety of conditions can affect the inside of the elbow joint — loose bodies (fragments of bone or cartilage floating in the joint), impinging bone spurs, damaged cartilage, scar tissue causing stiffness (contracture), or inflamed synovial tissue. These can cause pain, catching, locking, or a loss of motion.

## Elbow Arthroscopy Surgery

Elbow arthroscopy is an outpatient, minimally invasive surgery in which Dr. Yao uses a small camera and specialized instruments through a few small portal incisions to directly visualize and treat problems inside the joint — removing loose bodies, trimming bone spurs, smoothing damaged cartilage, releasing scar tissue to improve motion, or removing inflamed tissue, depending on what is found.

Because it is less invasive than an open procedure, elbow arthroscopy generally allows for a quicker recovery and earlier return of motion — which is especially important in the elbow, a joint that stiffens easily if it isn't moved early.

## Preoperative Instructions

1. **No tobacco.** If you use any tobacco or nicotine products, please stop. Tobacco use raises the risk of infection, blood clots, and a slower recovery of motion. Please stop at least 4 weeks before surgery and continue avoiding it through recovery.

2. You will be notified of your arrival time the day before surgery.

3. Do not shave the surgical elbow and forearm for the 5 days leading up to surgery.

4. Wear a loose-fitting, short-sleeved top on the day of surgery — you will leave with a bulky dressing and possibly a sling for comfort.

5. Skip lotion, makeup, and deodorant on the day of surgery; some skin-prep solutions contain alcohol and can react with these products.

6. Nothing to eat after midnight the night before surgery (this includes gum, mints, and hard candy). A small amount of water is fine up until 4 hours before your check-in time. No dairy, juice, soda, or protein shakes starting at midnight.

7. Your first postoperative visit is usually scheduled 8–14 days after surgery. Starting physical therapy within the first week is important to protect your recovery.

8. Please schedule your first postoperative physical therapy visit before the day of surgery. Many clinics have a 1–3 week wait for new appointments, so book as soon as your surgery date is confirmed. Let our office know if you are having trouble getting scheduled.

9. If you take a GLP-1 medication (for diabetes or weight management), plan to hold it for 2 weeks before surgery due to delayed gastric emptying under anesthesia — please still confirm the exact timing with our office and your anesthesiologist.

## Sling & Splint Instructions

Most patients leave surgery with a bulky, soft dressing and a sling for comfort rather than a rigid brace, since early motion is important for elbow recovery. Dr. Yao will let you know if your procedure requires a period of splinting instead (for example, after a contracture release).

- Use the sling for comfort in the first few days, but take your arm out several times a day to perform your motion exercises, as directed.
- Keep the dressing clean and dry until your follow-up visit, when it will typically be reduced to a simple bandage.
- Ice frequently and elevate the elbow above heart level when possible to control early swelling.
- Avoid lifting, pushing, or bearing weight through the surgical arm until cleared.

## Day of Surgery

**What to expect:** This is an outpatient procedure — you'll go home the same day. Plan to arrive about 2 hours before your scheduled surgery time and to be discharged 1–2 hours after the procedure ends.

**Anesthesia & nerve block:** Most patients receive general anesthesia (you'll be asleep) along with a regional nerve block for pain control. The anesthesiologist uses ultrasound guidance to inject numbing medication around the nerves that supply the elbow and forearm. The block typically numbs the arm for 8–24 hours, though this varies by patient. Your anesthesiologist will review the details with you the morning of surgery.

**Benefits of a nerve block include:**

- Better pain control in the first day after surgery
- Lower risk of nausea, vomiting, and grogginess from general anesthesia
- Earlier ability to eat and drink after surgery
- Faster, smoother discharge from the surgery center

## Postoperative Instructions: Motion & Arm Use

Unlike many other joint surgeries, early motion is encouraged after elbow arthroscopy to prevent stiffness, which the elbow is particularly prone to. Dr. Yao and your physical therapist will give you specific motion goals to work toward starting in the first few days.

Avoid lifting anything heavier than a coffee cup, and avoid forceful gripping or pushing through the arm, for the first 2–4 weeks, or as directed based on what was done during your surgery.

## Resting & Sleeping

Sleep with the arm elevated on a pillow for the first several nights to help control swelling. Wear the sling if it's comfortable for you, but it is not required overnight unless Dr. Yao specifies otherwise.

## Bandages, Dressing & Bathing

A bulky dressing covers your incisions initially — please leave it in place and dry until your follow-up visit. You may shower with the dressing covered in plastic (a clean garbage bag taped above the elbow works well), or sponge bathe in the meantime.

If the dressing loosens, becomes soaked, or falls off, re-wrap it with clean gauze and contact our office so we can see you sooner if needed.

## Pain Management

Some pain, swelling, and stiffness after surgery is normal and expected - the goal of our pain protocol is to keep you comfortable, not pain-free. Your specific prescriptions will be reviewed with you at discharge. Your standard medication plan is:

- **Celecoxib 200 mg** - take by mouth twice daily for 30 days.
- **Oxycodone (Roxicodone) 5 mg** - take by mouth as needed for pain, up to 4 times a day, for the first 5 days after surgery.
- **Acetaminophen (Tylenol) 500 mg** - take by mouth as needed for pain, every 6 hours.
- **Senokot-S (sennosides-docusate)** - take 1 tablet by mouth daily, starting the day of surgery, for 14 days, to help prevent constipation from the pain medication.

If you received a nerve block, remember it will wear off over the following 8-24 hours. Start your pain medication on schedule rather than waiting for the block to wear off, since pain is easier to prevent than to catch up on. Taking medication with food can reduce nausea.

Using a cold therapy unit for roughly an hour on, an hour off while awake can meaningfully reduce pain and swelling. If you don't have a cold therapy unit, regular ice packs work well too - use them as needed, with a thin towel between the ice and your skin.

Do not drive, operate machinery, or drink alcohol while taking narcotic pain medication. If prescribed antibiotics, complete the full course.

## What's Normal During Recovery

**Constipation.** Pain medication and anesthesia commonly slow the bowels. Stay ahead of it by moving regularly, drinking plenty of water, eating fiber, and using a stool softener as directed.

**Swelling.** Some swelling near the surgical site is expected in the first couple of weeks. Elevate the area above heart level when possible and use cold therapy regularly.

**Bruising.** Bruising can appear around the surgical site and track along gravity's pull over the following days, typically 3–7 days after surgery, and will fade over time.

**Low-grade fever.** A mild fever (under 101°F) in the first couple of days is common. A higher or persistent fever, or worsening pain at the incision, should be reported to our office.

**Blood clot precautions.** Blood clots are uncommon after elbow surgery, but staying active — walking regularly and moving your hand, wrist, and fingers — helps keep your circulation moving. Seek urgent care or an ER evaluation for calf pain, leg swelling, shortness of breath, chest pain, or a racing heartbeat.

## When and How to Contact Us

Call our office if you experience:

- Pain that isn't improving with rest, medication, ice, and elevation
- No bowel movement for more than 72 hours despite laxatives/stool softeners
- A dressing that is soaked through with blood or fluid
- Shaking, chills, or a fever over 101°F

| | |
|---|---|
| **Practice number** | 718-208-1440 |
| **After hours / weekends** | 718-208-1440 |
| **Patient portal** | Epic MyChart |
| **Emergencies** | Dial 911 or go to the emergency room at either Greenwich Village Hospital or Lenox Hill Hospital |

**Greenwich Village Hospital** (Lenox Health Greenwich Village) — 30 Seventh Avenue, New York, NY 10011
**Lenox Hill Hospital** — 100 East 77th Street, New York, NY 10075

## Exercises — Starting Day 1 After Surgery

Perform these gentle exercises as directed starting the day after surgery. Early, frequent motion is especially important for the elbow. Your physical therapist will build on this program at your first visit, typically within the first week.

**Elbow flexion/extension.** Gently bend and straighten the elbow as far as comfortably possible, within any limits Dr. Yao has set. Several sets of 10–15 reps throughout the day.

**Forearm rotation.** With your elbow bent at your side, rotate your palm up and down (like turning a doorknob) to maintain forearm rotation. 10–15 reps, several times a day.

**Wrist and hand motion.** Make a full fist and then fully extend your fingers; circle your wrist in both directions. 10–15 reps, several times a day.

**Shoulder pendulum.** Let the arm hang and gently swing it in small circles to keep the shoulder loose while the elbow heals.

**Ice and elevation.** Ice the elbow for 20 minutes several times a day, keeping it elevated above heart level when resting, to control swelling.

## Frequently Asked Questions

**Do I need to wear the sling all the time?**

No — use it for comfort, but take your arm out regularly to perform your motion exercises, since keeping the elbow still for long periods can lead to stiffness.

**How much can I bend and straighten my elbow?**

In most cases you're encouraged to move through as much of your range as comfortably possible right away. If Dr. Yao performed a contracture release or other procedure with specific limits, he'll review those with you directly.

**How much pain should I expect?**

Elbow arthroscopy is generally less painful than open elbow surgery. Expect manageable discomfort for the first several days, improving steadily with ice, elevation, and gentle motion.

**When can I drive?**

Generally once you are off narcotic pain medication and have regained comfortable, controlled motion — usually 1–2 weeks for a minor procedure, longer for more extensive surgery.

**When can I return to work?**

Desk jobs: often within a few days to a week, once off narcotics. Physical or labor-intensive jobs: typically 4–8 weeks, depending on demands and what was done during surgery.

**When can I return to sport?**

Light activity often resumes within 4–6 weeks; throwing or heavy-loading sports typically take 8–12 weeks or longer, depending on the procedure performed. We'll tailor this to your specific case.

**How long will I need physical therapy?**

Typically 6–12 weeks, focused heavily on regaining and maintaining motion.

**Can I get a disability/FMLA note?**

Yes — ask at any pre- or post-operative visit, or call our office: 718-208-1440.

## Rehabilitation Overview

| | |
|---|---|
| **0–1 week** | Begin gentle motion exercises the day after surgery; start formal physical therapy within the first week. Ice and elevate frequently. |
| **1–4 weeks** | Progress elbow flexion/extension and forearm rotation toward full motion. Begin light functional use of the hand and wrist. |
| **4–8 weeks** | Introduce light strengthening as motion allows. Most patients resume light work and daily activities during this window. |
| **2–3 months** | Continue strengthening of the elbow, wrist, and shoulder girdle. Sport-specific and heavier-loading activity progresses as strength returns. |
| **3+ months** | Return to unrestricted activity, including throwing or heavy lifting sports, once strength and motion are fully restored. |

This is a general framework — your pace may differ based on what was found and treated during your arthroscopy and how your elbow responds. Your physical therapist and Dr. Yao will adjust this timeline together with you.