DR. KAISEN YAO, MD

ORTHOPEDIC SPORTS MEDICINE SURGEON

Informational Packet

Elbow Fracture Fixation 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 fracture fixation surgery, 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 joint is formed where three bones meet: the humerus (upper arm bone), and the radius and ulna (forearm bones). Fractures around the elbow can involve the lower end of the humerus (distal humerus), the tip of the ulna (olecranon), or the head of the radius (radial head), and often occur from a fall onto an outstretched arm or a direct blow.

Because the elbow relies on precisely matched bone surfaces to move smoothly, even small amounts of displacement or joint-surface irregularity after a fracture can lead to stiffness, instability, or arthritis if not properly aligned and stabilized.

Elbow Fracture Fixation Surgery

Open reduction and internal fixation (ORIF) is a surgery in which the fractured bone fragments are carefully realigned (reduced) and held in place with plates, screws, or wires (fixation) while the bone heals. The specific hardware and approach depend on which bone is broken and the fracture pattern.

The goals of surgery are to restore stable, aligned bone anatomy and allow safe, early motion of the elbow — since prolonged immobilization after a fracture significantly increases the risk of lasting stiffness.

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 higher risk of the fracture not healing properly. 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, if your surgery is scheduled in advance.

4. Wear a loose-fitting, short-sleeved top on the day of surgery — you will leave in a splint or brace.

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.

Splint & Brace Instructions

You will leave surgery in a splint or hinged brace that protects the fixation while allowing Dr. Yao to control how much motion is safe based on your specific fracture pattern and how solid the fixation is.

- Wear the splint or brace at all times except when specifically instructed to remove it for exercises or hygiene.
- Keep the arm elevated above heart level as much as possible in the first week to control swelling, which can otherwise increase pain and pressure.
- Watch for increasing numbness, tingling, or color changes in the fingers, and contact our office if these occur.
- Do not bear weight through the arm (no pushing up from a chair or leaning on it) until Dr. Yao confirms the fixation is solid enough to tolerate it.

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: Splint, Brace & Arm Use

Your specific motion and weight-bearing restrictions depend on the fracture pattern and the stability of the fixation achieved during surgery — Dr. Yao will review your individualized plan with you before you leave the surgery center.

In general, avoid any lifting, gripping, or pushing through the arm until cleared. Gentle, protected motion is often started earlier than you might expect for a fracture, since the elbow stiffens quickly — but only within the specific limits Dr. Yao and your therapist set for your fracture.

Resting & Sleeping

Sleep with the splint or brace on, and keep the arm elevated on a pillow or two for the first several nights to help control swelling.

Bandages, Dressing & Bathing

A dressing covers your incision under the splint or brace — please leave it in place and dry until your follow-up visit. Keep the entire area completely dry; use a plastic covering taped above the dressing if you shower, or sponge bathe in the meantime.

If the dressing loosens, becomes soaked, or the splint feels too tight or too loose, 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

Only perform exercises specifically approved by Dr. Yao or your physical therapist for your fracture pattern — this varies more than with other elbow procedures, since it depends on how stable the fixation is. The general categories below are typically introduced in this order as healing allows.

Wrist and hand motion. Make a full fist and then fully extend your fingers; circle your wrist in both directions, keeping the elbow supported. 10–15 reps, several times a day, usually approved early.

Shoulder pendulum. Let the arm hang and gently swing it in small circles to keep the shoulder loose while the elbow heals, once cleared to remove the splint briefly.

Gentle elbow motion (once approved). Your therapist will guide protected bending and straightening within the limits set for your fracture — do not perform this on your own until specifically cleared.

Ice and elevation. Ice around (not directly over) the surgical site for 20 minutes several times a day, keeping the arm elevated above heart level when resting, to control swelling.

Frequently Asked Questions

Do I sleep in the splint or brace?

Yes, until you're told otherwise at a follow-up visit.

How much can I bend and straighten my elbow?

This depends entirely on your fracture pattern and fixation — Dr. Yao will give you a specific, individualized plan at your follow-up visits rather than a fixed timeline.

How much pain should I expect?

Elbow fracture surgery is not pain-free. Expect meaningful discomfort for the first 1–2 weeks, improving steadily with elevation, ice, medication, and rest.

When can I drive?

Generally once you are off narcotic pain medication and have regained enough comfortable motion and strength to control the wheel safely, which varies by fracture — often 4–8 weeks.

When can I return to work?

Desk jobs: often within 1–2 weeks if you can work one-handed, once off narcotics. Physical or labor-intensive jobs: typically 3–6 months, depending on the fracture and demands of your job.

When can I return to sport?

Return to sport depends heavily on fracture healing confirmed on X-ray, typically a minimum of 3–4 months, and longer for contact or lifting sports. We'll tailor this closely to your fracture and healing progress.

How long will I need physical therapy?

Typically 3–6 months, focused on regaining motion first and then strength.

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

0–2 weeks	Splint/brace protection with elevation and swelling control. Gentle hand, wrist, and shoulder motion as approved.
2–6 weeks	Protected elbow motion introduced under therapist guidance, with limits individualized to your fracture and fixation.
6–12 weeks	Progress toward full motion and light strengthening as X-rays confirm healing.
3–5 months	Continue strengthening of the elbow, wrist, and shoulder girdle as healing solidifies.
4–6+ months	Return to full activity, including sport and heavy lifting, contingent on confirmed bony healing and passing strength testing.

This is a general framework — your pace will be individualized based on your specific fracture pattern, the fixation achieved during surgery, and how your bone heals on follow-up X-rays. Your physical therapist and Dr. Yao will adjust this timeline together with you.