



## After Your Scapholunate Ligament Repair Surgery

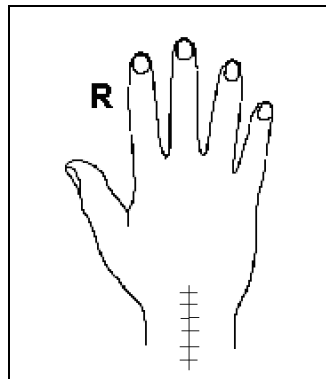
*Self-care and follow-up*

This handout explains follow-up care after surgery to repair scapholunate ligament ruptures. This surgery is fairly extensive.

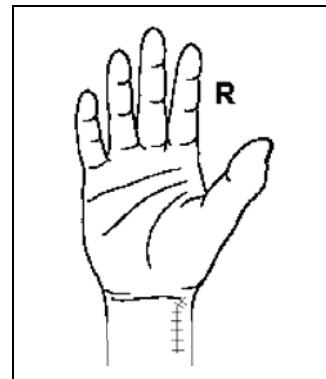
If your incisions are red or there is drainage coming from them, call us right away at the phone numbers listed on the next page. Go to the emergency room if this occurs at night or on a weekend.

### Wound Care

- Right after surgery, you will be placed in a long arm splint that includes the thumb, forearm, and elbow. This splint helps protect the surgical repair and lessens swelling.
- Elevate your hand as much as possible after surgery to lessen swelling. A lot of swelling after this type of surgery is normal.
- When you shower, cover your splint with a plastic bag to keep it dry.



The incision site on the back of a right hand.



The incision site on the front of a right hand.

### Pain Management

- You will receive a prescription for narcotic pain medicine. Take this medicine only if you need it.
- Be sure to talk with the clinic nurse about how to take your pain medicine. To best manage your pain, you must take your pain medicine the way it was prescribed. Taking the correct dose at the right time is very important.
- If you have uncomfortable side effects from the pain medicine, call the nurse at 206-598-4263.
- Please see “Medications After Surgery” for more instructions.

## Questions or Concerns?

Your questions are important. Call your doctor or health care provider if you have questions or concerns. UWMC clinic staff are also available to help.

Weekdays, 8 a.m. to 4:30 p.m.: Call the Hand Center at **206-598-4263**.

After office hours and on weekends and holidays: Call the hospital operator at **206-598-6190**. Ask for the Hand Fellow on call to be paged. Your call will be returned.

For more information, please visit the Hand Center online at [www.uwhand.com](http://www.uwhand.com).

## Driving

- Do **not** drive if you are taking narcotic pain medicine. It is not safe. The medicine can make you sleepy and delay your reaction time.
- Once you are no longer taking the medicine, you may drive as soon as you can comfortably grip the steering wheel with both hands.

## Activity

- Begin gently exercising your fingers after the surgery. Bend and straighten your fingers as often as possible to prevent joint stiffness.
- Because you won't be using your arm for your everyday activities, also exercise your shoulder several times a day by raising your arm overhead. This will help lessen stiffness in your shoulder.
- Do **not** lift anything heavier than a full soda can (about 1 pound or .45 kilogram) until your sutures have been removed.
- Avoid any activities that make you strain or sweat. Do **not** return to contact sports for 6 to 9 months after surgery.

## Follow-up

### *First Follow-up Visit*

When you leave the surgery center, you should have a follow-up appointment in the Hand Center already set up for 10 to 14 days after surgery. At this visit:

- Your sutures will be removed.
- Your arm will be placed into a fiberglass cast that includes the thumb (thumb-spica cast). You may also be referred to a physical therapist who will teach you exercises for your fingers.

### *Second Follow-up Visit*

- You will have a second follow-up visit 6 weeks after surgery. Most patients change to a removable brace at this time. Even with the brace, do **not** use the repaired hand to lift anything that weighs more than a full soda can.

### *Surgery to Remove the Surgical Screw*

- You may have had a surgical screw placed during surgery to hold the *scaphoid* and *lunate* bones together. This helps protect the ligament while it is healing. The screw stays in place for 3 to 5 months. You will need a minor outpatient surgery to remove it.

Once the screw is removed, we can increase your hand therapy to include wrist motion and gentle strengthening exercises.

## Results

Most patients with scapholunate ligament repairs recover excellent function with improved strength. Most patients have some loss of wrist motion due to the scar tissue that forms as the ligament heals.

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