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Hand & Microvascular Surgery

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## **WRIST ARTHROSCOPY/TFC INJURY**

### **POST-SURGICAL FAQ'S**

- **When do I see Dr. Berschback after surgery?**

You will return to see Dr. Berschback for your post-op visit about 10-14 days after surgery.

- **When can I use my hand?**

When you leave the operating room, you will be placed in a dressing with a splint. Depending on the type of arthroscopy you had, you may be in a long arm splint. You should still be able to move your fingers, although your wrist (and possibly the elbow) will be immobilized. You should keep your post-surgical dressing/splint in place until you see Dr. Berschback at your follow up visit. Try not to get your splint wet.

- **Why is my hand numb?**

The anesthetic that is used during the procedure often leaves some or all of the fingers in your hand numb for many hours. This may last well into the night of your surgery. The numbness from the anesthetic usually wears off by the following morning, but it may last a little longer into the next day. This varies greatly from patient to patient, and may also be affected by your age. When you feel the first signs of your anesthetic wearing off, you may want to start taking your pain medication to make you feel more comfortable.

- **How do I care for my dressings?**

You will have a soft dressing over your incision and then a hard splint protecting your wrist after surgery. This should not get wet. This protective splint will be removed at your first post-operative visit with Dr. Berschback

- **When may I shower or bathe?**

You may begin to shower or bathe as soon as you like, however, if you are still in your protective splint after surgery, please do not get this wet. You may place a bag over your dressing or get in the bathtub instead of shower to help prevent your splint from getting wet. After we have removed your hard splint and your original dressings over your incision at your first post-operative visit, you may bathe normally and get your incision wet in the shower. Do not submerge the incision underwater for an extended period of time, such as in a pool or hot-tub. Dry your incision well after it is cleaned.

- **When do the stitches come out?**

If you have stitches in your skin that need to be removed, we will generally remove those approximately 10-14 days after your surgery, in the office.

- **What if my pain medication causes itching or nausea?**

It is not uncommon for narcotic pain medications to cause these two side effects. If you experience itching you may take Claritin or Benadryl to help with this. Try to take medications like Advil or Aleve instead of narcotic pain medication if you can tolerate the discomfort. Remember to take your pain medication with food to diminish the potential for nausea. Remember, do not drive while taking medications that may sedate you while driving!

- **What about swelling?**

Swelling is quite common following these procedures. Do your best to keep the arm elevated above the level of your heart. Moving the fingers to open and close into a tight fist is also encouraged. Taking ibuprofen (Advil, Motrin) in addition to your pain medication will help with swelling (note: do NOT take more acetaminophen/Tylenol as it is already a component in the prescriptions you were given).

- **When may I drive?**

You may begin driving again when you feel comfortable behind the wheel AND you are no longer taking any of the narcotic pain medications. If you would feel comfortable driving next to yourself on the road, it is probably safe for you return to this activity. If you are in a long arm splint, it is not advisable to drive.

- **When can I go back to work?**

It depends on the type of work you do. Those with jobs that are more sedentary and do not require heavy loads on the hands are often able to start returning to their duties sooner rather than later, however fine motor skills such as typing and writing may be difficult to perform. Jobs that involve extensive heavy lifting and strain on the hands may take more time to be able to return to work functions more normally. This is something quite unique to every patient's situation and can be discussed more specifically with Dr. Berschback at your office visit.