

# Daily life after hand, wrist or elbow surgery



Keeping the hand raised above heart level is the single best way to control swelling and throbbing after surgery.

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After surgery on your hand, wrist or elbow, your arm will usually be in a **bandage, splint or cast** for the first week or two. It may feel awkward and a little clumsy at first, and ordinary jobs suddenly need some planning. This page walks you through the practical side of those first days and weeks – how to keep the dressing dry, how to settle the swelling, and how to manage the small frustrations of living one-handed for a while. Most of it comes down to two simple habits: **keep it dry, and keep it up.**

## Keeping the dressing or cast dry

Your dressing, splint or plaster needs to stay **completely dry** until we take it down or change it. A wet dressing or a damp cast traps moisture against the wound, and that is exactly where infection starts. A soggy plaster also loses its shape and stops doing its job.

For showering, the easiest approach is to **cover the whole dressing with a waterproof bag or a purpose-made cast cover** before you get in. A large plastic bag sealed at the top with a couple of rubber bands or tape will do the job; reusable waterproof cast and arm covers are inexpensive, slide on with one hand, and seal more reliably if you would rather not fuss with bags. Keep the covered arm **out of the direct stream of water** and pointed slightly downwards so any splashes run away from the opening rather than into it.

If you would rather not risk a cover at all, simply **wash with the arm held out of the water** – sit on a chair beside the bath or hang the arm outside the shower screen and keep it clear of the spray. A handheld shower head makes this much easier.

Whichever way you wash:

- **Never let the plaster or dressing get wet.** If it does get damp, pat the edges dry and let us know – a wet cast usually needs changing.
- **Pat dry around the edges** of the dressing afterwards; don't tuck a towel underneath or poke anything inside.

- Don't be tempted to remove or re-wrap the dressing yourself to "air it out" unless we've shown you how.

## Keeping your hand up – elevation

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If there is one thing that makes the biggest difference in the first few days, it is **keeping the hand and forearm raised above the level of your heart**. When the hand hangs down, blood and fluid pool in it, and that is what causes the throbbing, the tight swollen fingers and a lot of the early stiffness. Lifting the hand lets that fluid drain away.

So for the **first three to five days**, keep it up as much as you possibly can:

- When you're sitting or lying down, **rest the hand on a pillow or two** so it sits higher than your chest – not down in your lap.
- When you're up and walking about, a **sling** keeps the hand supported and elevated.
- Keep it up even when it feels comfortable. Elevation prevents swelling far better than it cures it once it has set in.

At the same time, unless we've specifically told you otherwise, **keep the fingers moving** – gently make a fist and stretch them straight, a few times an hour. Moving the fingers pumps the swelling out and stops them stiffening. Give your **shoulder and elbow** a gentle move through the day too, so they don't get stiff from being held still in a sling.

## Managing one-handed

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For a while, your operated arm is mostly out of action, and you'll be doing most things with your other hand. A bit of forward planning makes this far less frustrating:

- **Dressing:** choose loose, **front-opening clothes** – shirts and jackets rather than things you pull over your head. When you dress, **put the operated arm in first**, and take it out last when undressing. Slip-on shoes and elastic waistbands save a lot of fiddling.
- **In the kitchen:** prepare simple meals, use pre-cut or easy-open foods, and let the bench or a damp cloth hold things steady instead of your hand. A non-slip mat under a bowl lets you stir or mix one-handed.
- **Washing and grooming:** a long-handled sponge, a pump bottle of soap and a toothbrush propped against the basin all help.
- **Ask for help with two-handed jobs** – opening jars, carrying shopping, cutting up food, lifting anything heavy. This is the time to let other people pitch in.
- Most importantly, **don't use the operated hand for gripping, lifting or leaning on** until we've told you it's safe. Even if it feels okay, the repair underneath needs time to heal, and weight-bearing too early can undo it. Treat the hand as "along for the ride" rather than a working hand for now.

# Sleeping

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Swelling and throbbing are often worse at night, simply because the hand ends up flat or hanging off the bed. **Prop the hand and forearm up on a pillow beside you** so it stays raised overnight – tucked alongside you rather than under you. Many people find it most comfortable to sleep on their back, or on the un-operated side with the sore arm supported on pillows in front. If you were given a splint to sleep in, wear it as instructed.

## When to seek help

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Some discomfort, bruising and mild swelling are completely normal in the first days. But the dressing and cast are firm, and the limb inside is swelling – so there are a few warning signs that mean the dressing or cast may have become **too tight** and is squeezing the nerves and blood supply. These need **urgent** attention.

**Seek help straight away – go to your nearest emergency department or call us – if you notice:**

- **numbness, or pins and needles** in the fingers that doesn't settle when you elevate the hand
- fingers turning **pale, white, blue or cold**
- **severe or steadily increasing pain** that your tablets aren't touching, especially pain that feels worse than you'd expect
- being **unable to move your fingers**, or pain when you try to straighten them
- the cast or dressing feeling **uncomfortably tight**, as though it's gripping

Any of those together suggest the dressing is too tight and the limb needs to be released without delay – don't wait to see if it settles.

**Also contact us during the day if you notice signs of a wound problem:**

- the dressing becomes **wet, soaked, or smells unpleasant**
- spreading **redness, heat or swelling** around the wound
- fluid or pus leaking through, or a wound that has come open
- a **fever** or feeling generally unwell

For ordinary swelling, bruising and aching, the answer is almost always the same simple recipe: **keep the hand up, keep the fingers moving, and stay on top of your pain tablets.** It settles steadily over the first week or two.