

## **LUCL Reconstruction**

### ***What is the lateral ulnar collateral ligament (UCL)?***

The Lateral UCL is a ligament on the lateral side of the elbow. The primary function of the LUCL is to resist excessive sideways (lateral) movement of the elbow joint, helping to prevent excessive opening or gapping of the joint on the outer side. It provides stability during activities that involve twisting or rotating motions of the forearm. The LUCL works in conjunction with other ligaments and structures in the elbow to maintain joint stability and prevent dislocation or excessive movement. Injuries to the lateral ulnar collateral ligament can occur due to trauma, excessive cortisone injections for tennis elbow, or repetitive stress.

### ***What is an LUCL reconstruction?***

This is a reconstruction of the LUCL with a tendon graft to restore stability to varus stress on the elbow. An allograft or an autograft may be used. The tendon is placed into the origin and the insertion of the UCL using suture anchors placed into the bone. In addition, Dr Acevedo also uses an internal brace technique which makes the reconstruction stronger.

### ***Length of Stay***

This is an outpatient surgery. You will need to have someone to drive you home after you have been discharged.

### ***Anesthesia***

Patients who have this type of surgery have general anesthesia.

### ***Incision***

You will have an incision down lateral side of your elbow. After the incision has healed, it is usually very thin and not very noticeable.

### ***Pain***

You will have pain medication prescribed for you prior to discharge. It is important to stay on top of the pain medication. Most patients receive Toradol, which is a strong anti-inflammatory. Begin taking this medication when you get home. The Narcotic you are prescribed should be used as a rescue medication as needed. For the first 2 days it is advised that you take 1 of these pills around the clock to stay on top of the pain. If it is too strong, you can take Extra strength Tylenol in its place.

### ***Splint***

Your arm will be placed in a splint prior to leaving the operating room. The splint and dressing is to be kept in place until your post operative visit.

### ***Physical Therapy***

You will begin physical therapy after the splint is removed in about 2 weeks. Full rehabilitation after an LUCL reconstruction is 1 year.

For the first 2 weeks, you will be in a splint to allow soft-tissue healing, after which you may be progressed to an elbow range-of-motion brace. A guided therapy program is undertaken, with the goal of returning motion and strength and engaging in sport-specific exercises. After 3 months you will be able to use the arm without weight restrictions and resume full activities. Return to competitive sports is expected around 5 months postoperatively.

### ***Restrictions***

You may drive when you feel that you can properly control a car and you are **NOT** taking narcotic pain medication.

**Day of surgery to Week 6:** no lifting, no weight-bearing

**Weeks 6-12:** no repetitive lifting greater than 5lbs

**After 12 weeks:** resume normal activities, progress as Physical Therapy allows.

### ***Follow Up Appt***

You should have had your follow up appointment made at the time of your preoperative appointment. You should be seen at around 10-14 days.

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