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Post-op Instructions for Upper Extremity Fracture

These instructions are to complement the information given by your surgeon, the nursing staff, and physical therapists. They cover many of the common questions.

Wound Care/Showering

- Dressings and splints are to be kept clean and dry. A small amount of clear drainage or bleeding is normal. If you have visible persistent drainage, increasing redness or have a temperature of 101 or higher, please report these symptoms to your surgeon or the doctor on call.
- Place a clean gauze dressing over the incision daily until seen back to keep the incision clean and dry. If you are not in a splint and in a sling, you may get your incision wet starting 3 days after surgery. The shower should be brief, and the incision patted dry after with a clean towel. No baths or soaking the incision until approximately 3-4 weeks after surgery or until the incision is completely healed. It may be comfortable with a rolled towel under the arm during showering.
- If you have a splint do not remove until you follow up in clinic with your surgeon. If the ace wrap feels too tight, you may loosen it and re-wrap leaving the splint in place.
- When showering with a splint, place a plastic bag over the arm up to the shoulder and secure it with tape. You may wrap your arm with Glad Press & Seal plastic wrap instead of a plastic bag. To keep the splint dry-wrap a small towel around the splint prior to applying the plastic bag or wrap. If it does get slightly wet, pat the splint dry immediately with a clean towel or use a hair dryer on cool to attempt to dry the splint.

Pain/Swelling

- To lessen pain and swelling, you may ice after surgery. Put the ice in a zip lock bag or towel and place over the surgical/fracture site. We recommend 20 minutes, 4-5 times per day for the first 1-3 days. Do not place ice or cooling devices directly on the skin for prolonged periods of time as it may damage the skin.
- Narcotic pain medication may be prescribed for use, if needed, in limited amounts. Try to wean down/off as soon as you are able. Use acetaminophen (Tylenol) and/or anti-inflammatories (Ibuprofen or Aleve) as main medications for pain control as/if appropriate. Add the narcotic medication for additional pain control if needed. It can help to stagger your pain medications. If a refill of medication is needed, please call the office during regular business hours, Mon-Fri 8 a.m. - 5 p.m. In general, refills will not be made after hours/on weekends as they need to be picked up. Please plan ahead.
- Also, narcotic medications can cause constipation so you may want/need to use an over-the-counter stool softeners/laxative as needed.
- Swelling to some degree is common after surgery. To reduce swelling, elevation is very helpful. Elevate your hand above the heart level for the first 2-5 days after surgery. Elevation for 30 minutes every 2 hours is a good initial recommendation. Excessive pain and swelling should be reported to your surgeon.

Activity

- Avoidance of heavy lifting or use of the operative arm in the splint or sling unless otherwise directed by your surgeon or physical therapist until seen back in clinic by your surgeon.
- Motion of the fingers is allowed to avoid stiffness.

Driving

- To drive you must no longer be taking narcotic pain pills. Also, you must feel strong and alert.



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Follow-up

- Make sure an appointment has been scheduled for you at Chippewa Valley Orthopedics & Sports Medicine for approximately 1-2 weeks after surgery.