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Post-op Instructions for Lower Extremity Fracture

These instructions compliment the information given by the nursing staff. They cover many common questions.

Wound Care

Dressings are to be kept clean and dry. A small amount of clear drainage or bleeding is normal. If the ace wrap feels too tight, you may loosen it and re-wrap it.

The splint should remain on until your follow-up in the clinic with your surgeon.

You may shower with the splint covered. When showering, please place a plastic bag over the splint and secure it with tape. You may wrap your splint with Glad Press & Seal plastic wrap instead of a plastic bag. To keep the splint dry, you may wrap a small towel around the splint prior to applying the plastic bag or wrap. Pat the splint dry immediately with a clean towel if it does get slightly wet.

After your splint is removed, you may get the incision wet when showering after surgery. The shower should be brief and the wound patted dry with a clean towel. No baths or soaking the incision until 3-4 weeks after surgery and scabs are absent.

For patients with an incision-If you notice purulent drainage (thick white or greenish in color) from the wound, increasing redness, or you have a temperature of 101 or higher, please report these symptoms to your surgeon or the doctor on call.

Pain and Swelling

To lessen pain and swelling, we recommend using ice after surgery. You may use an ice pack or ice in a zip lock bag with a towel between the ice and surgical site. We recommend icing for 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.

Swelling is common after surgery. To reduce swelling, elevation is very helpful. Elevate the foot 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.

For baseline pain control, we recommend adults* take Tylenol (Acetaminophen) 1000mg** three times a day. If your prescription pain medication also contains Tylenol, you should reduce this. You should not take more than 3000mg of Tylenol in a 24-hour period. You may also supplement your pain medication by taking an anti-inflammatory medication such as Ibuprofen (Advil) or Naprosyn (Aleve) between Tylenol doses (unless you have been told you cannot take these medications, are taking a blood thinner or have a history of or develop stomach ulceration).

If that is not adequate, prescription strength pain medication may be prescribed for after you leave the hospital. Wean off this medication as your pain allows, continuing the Tylenol and anti-inflammatory as tolerated. Prescription strength medications can cause constipation and you may want to use a stool



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softener. If a refill is needed, please call the office during regular business hours, Monday-Thursday 8:00 a.m. to 5:00 p.m. Refills will not be made after hours or on weekends, so please plan ahead.

*Children under age 12 should take Tylenol 10mg/kg/dose

**Tylenol 325mg: 3 tabs every 8 hours OR Tylenol 500mg: 2 tabs every 8 hours

Driving

To drive you must no longer be taking narcotic pain pills (plain Tylenol is allowed). Before driving, you must feel strong and alert and able to get in and out of the car without assistance. You should NOT drive with a splint.

Exercises

Crutches and the splint are required following surgery. You should not put weight on the surgical leg until otherwise instructed by physical therapy or your physician. Your splint should be left on until you are told otherwise by your surgeon.

Follow-up

Make sure an appointment has been scheduled for you at Chippewa Valley Orthopedics & Sports Medicine for approximately 10-14 days after surgery.
Please call the office with any questions or concerns.

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