

Orthopaedic Sports Specialists, P.C.

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Post Operative Instructions

ORIF Ankle Fracture

Bandages, Splint & Ace Wrap:

Your post-operative dressing has three layers you need to understand in order to properly care for your ankle for the two weeks following surgery. Your two incisions were closed with stitches, which were covered with small white tapes called Steri-Strips. Your Steri-Strips should be left in place until your sutures are removed 10 to 12 days after surgery. For some incisions I will use stitches that dissolve on their own.

The second layer is a large white fluffy dressing that is loosely wrapped around your ankle. Occasionally, there will also be a small amount of blood, which is nothing to worry about. The third and final layer is a plaster splint covered with a long ace wrap that was wrapped around your leg from the foot up to your calf. The ridged plaster will protect your fracture from re-injury. This splint is NOT strong enough to walk on - so don't.

While you can loosen the ace wrap after surgery, do not remove the splint without my permission.

Washing & Bathing:

You should be careful to keep the splint clean and dry following surgery. Once your splint is removed, and you have your walking boot, it is OK to shower directly over your Steri-Strips (they won't come off for several days). The splint is used for up to 2 weeks after surgery, so be patient, it will be a while before you get that shower. In the interim, take care to prevent the splint from getting wet while bathing, water will make the otherwise strong plaster soft and weak.

Once you begin showers, it is also OK to use soap on your leg and over the Steri-Strips. This shower should be quick. I would prefer that you do not take a bath until three weeks after surgery. You may not go into a swimming pool, lake, or ocean unless I specifically give you permission.

The yellow discoloration you will find on your leg is a long lasting surgical prep called DuraPrep. This is used because it will kill bacteria on your skin hours longer than old fashion iodine surgical preps. This yellow discoloration will not come off with soap and water. You will need rubbing alcohol to remove it. This can be done the day after surgery, unless it is causing your leg to itch, then it can be removed sooner.

Ice & Elevation:

One important goal following surgery is to minimize swelling around the ankle. The best way to achieve this is with the frequent application of ice and by keeping the leg elevated. This is most important the first 48 hours following surgery. You were given an Ankle Cryo-Cuff at the hospital. This device is wrapped around your ankle when it is empty and then filled with ice water according to the enclosed instructions. It can be left in place for 30 to 60 minutes and be repeated 6 to 10 times a day. The Ankle Cryo-Cuff is NOT a boot and therefore not meant to be used for walking. It is important to keep the entire leg elevated on a couple of pillows. We follow the "one to four" rule - which means that for every hour your leg is down (like sitting in a chair or walking) it takes four hours to reverse the swelling.

Walking & Crutches:

I will restrict your activity and weight bearing after surgery. Before leaving the hospital you should have been taught how to use crutches or a walker. The goal is to not put any weight on the injured leg. Rarely is a wheelchair necessary. Several weeks after surgery you will be allowed to walk on the fractured ankle, however exactly when this is permitted is different for each patient and largely depends on the severity of the injury.

While the timing will vary, we always follow a set sequence of steps to normal walking:

- ∞ The first step is non-weight bearing in the splint.
- ∞ The second step is non-weight bearing in a walking boot.
- ∞ The third step is partial-weight bearing with one crutch in the walking boot.
- ∞ The fourth step is full-weight bearing in the walking boot.
- ∞ The fifth step is full-weight bearing in a shoe with a brace.
- ∞ The sixth and final step is unrestricted walking and running.

Physical Therapy

Your physical therapy appointment will be made for you after your first follow-up office appointment. It is important to start physical therapy within two to three weeks after surgery. The goal of physical therapy is to first assess how your ankle responded to the surgical procedure, therefore they will remove your dressing and look at your wound. They will re-introduce you to your ankle so that you feel comfortable with your surgery and aren't afraid to start doing things. Your therapist will start range of motion, gait, and strength exercises on your first visit. If they find anything unexpected, they will let Dr. Joyce know right away.

Follow up appointment:

We give all of our patients a follow-up office appointment upon discharge from the hospital. Typically I want to see my patients in the office 10 to 12 days after surgery. Call the office at 860-652-8883 for your appointment of any questions.

FOLLOW UP APPOINTMENT: _____

Medications:

I will usually prescribe two medications for the control of your post-operative pain. During surgery, I will often inject a painkiller, like novocaine, that will give some pain relief for several hours after surgery. It is important to begin to take your pain pills before this medicine wears off.

This first medication I use is Vicodin (hydrocodone) which is a strong narcotic pain medication. It will begin to work within 15 minutes after taking it with a maximal effect in one to two hours. For some sensitive patients, when taking the first few doses of Vicodin you may experience nausea or an episode of vomiting. The best way to prevent this is to take the medicine with a little food, start with just one pill, and be patient while the medicine begins to work. Usually, after the first few doses the nausea will go away. If the nausea persists, it is possible that a similar response will occur with other narcotic pain pills, therefore we should try the Anaprox as the main medication to control your pain. If you take a full dose of this medication for more than 4 or 5 days it can lead to constipation. Normally, Vicodin is taken every 6 hours but if the pain is severe, it can be used every 4 hours.

The second medication I prescribe is Anaprox or Vioxx, which is a non-narcotic painkiller in the NSAID class. The advantage of this medication is that nausea is a very infrequent side effect and it can also be taken with the Vicodin for even better pain control than any pain medication alone. This medication should be taken with food.

Many patients end up taking the Vicodin at night and the Anaprox/Vioxx during the day. Whatever combination works best with you is fine with me.

Antibiotic: All patients that undergo ankle surgery are given an antibiotic. In most cases this will be Keflex, (unless you have an allergy in which case a substitution is made). This is prescribed to prevent infection, which is more common in foot and ankle surgery. Take this medication as directed until all the pills are gone.

Calcium and Vitamin-D: To aid the fracture healing process I would like all my patients to take calcium and Vitamin-D supplement for 3 months after surgery. Usually I prescribe OsCal-D 500mg three times a day. Your pharmacist may make a substitution. In patients that also have osteoporosis, other medications may also be prescribed.

What to watch out for:

- ∞ Pain that is increasing every hour in spite of the pain medication.
- ∞ Drainage from the wound more than 2 days after surgery.
- ∞ Increasing redness around the ankle
- ∞ Pain or swelling in your calf
- ∞ Fever greater than 101°
- ∞ Increasing pain with walking.
- ∞ Unable to keep food or water down for more than one day.

Who To Call for Questions and Problems:

If you are having problems or if there are questions you need answered, then please call our office at 860-652-8883 and our nurse will help you. We are open between 8:30 and 4:30 pm, Monday to Friday. Prescription refills are only done during normal working hours.

We realize the after surgery some problems or questions are urgent and cannot wait until normal working hours. Under these circumstances, please call 860-652-8883 anytime (24 hours a day, 7 days a week) and the doctor on-call, or myself will return your call. If you do not receive an answer within 20 minutes, there may be a problem with the beeper so please call again.

If an emergency were to occur, you can always go straight to the emergency room for immediate attention.

Wishing you - All the Best,

Michael Joyce, MD