KEVIN M. ROTH, MD
ORTHOPAEDIC SPORTS MEDICINE

PEDIATRIC PROTOCOL · AGES 12+

POST-OPERATIVE INSTRUCTIONS

Ankle Surgery

Pediatric Post-Operative Instructions · Ages 12+

FOR PARENTS AND PATIENTS

This guide is for **both you and your parent or guardian**. Medication instructions are directed to your parent or another adult caregiver — please make sure they have read this carefully before you leave the hospital. Activity instructions speak to you directly. Recovery is a team effort, and the more you both understand the plan, the better your outcome will be.

What was done

You had surgery on your ankle. Depending on your specific diagnosis and procedure, this may include:

- **Ankle ORIF (open reduction internal fixation):** A fracture was realigned and held in place with plates and/or screws.
- **Ankle ligament repair or reconstruction:** Stretched or torn ankle ligaments were repaired or reconstructed to restore stability.
- **Osteochondral lesion treatment (OLT):** A cartilage lesion on the ankle joint surface was treated with drilling, fixation, or grafting.
- **Ankle arthroscopy:** The ankle joint was visualized and treated for loose bodies, impingement, or other intra-articular pathology.

Dr. Roth will have reviewed your specific procedure before surgery. If you have questions about what was done, ask at your first post-operative visit.

Weight bearing and immobilization

Weight bearing	Weight bearing status depends on your procedure and will be specified by Dr. Roth: non-weight bearing, touch-down weight bearing, or weight bearing as tolerated. Follow this restriction exactly — loading a fracture fixation or cartilage graft too early can cause failure.
Boot / cast / splint	You will be placed in a cast, splint, or boot depending on your procedure. Do not remove it without instruction. Keep it dry.

Medications *(for the parent or caregiver)*

Your child's post-operative pain plan uses scheduled non-opioid medications as the foundation, with oxycodone available for breakthrough pain only. **All doses below are weight-based** — calculate each dose based on your child's current weight. Take with food when possible. Do not exceed the maximum dose per administration.

DOSE CALCULATOR — DO THIS BEFORE YOUR CHILD'S FIRST DOSE

MEDICATION	DOSE	MAX PER DOSE	FREQUENCY
Ibuprofen (Advil / Motrin)	10 mg/kg	600 mg	Every 6 hours with food · Days 1–14
Acetaminophen (Tylenol)	15 mg/kg	1,000 mg	Every 6 hours, **offset 3 hours from ibuprofen** · Days 1–14
Ondansetron (Zofran) — for nausea	0.15 mg/kg	4 mg	Every 8 hours as needed for nausea · Days 1–5
MiraLAX — for constipation	17 g (1 capful)	17 g	Once daily as needed · while taking oxycodone

Example (40 kg child): Ibuprofen = 400 mg every 6 hrs · Acetaminophen = 600 mg every 6 hrs, starting 3 hours after ibuprofen. A 60 kg teenager reaches the adult maximum dose.

STAGGER IBUPROFEN AND ACETAMINOPHEN — DO NOT GIVE AT THE SAME TIME

Give ibuprofen at hours 0, 6, 12, 18 and acetaminophen at hours 3, 9, 15, 21. This keeps a consistent level of pain relief around the clock and reduces the need for oxycodone.

BREAKTHROUGH OXYCODONE — 10 TABLETS PRESCRIBED

Dose: 0.1 mg/kg per dose · maximum 5 mg per dose · every 4–6 hours as needed. Many patients do not need any oxycodone. Give only if your child's pain rises above a 4 despite the scheduled ibuprofen and acetaminophen. Use for as short a time as possible — opioids cause constipation and drowsiness. **Lock up unused tablets and dispose of extras safely** — do not flush. Many pharmacies offer free medication disposal.

IMPORTANT — DO NOT GIVE ASPIRIN

Do not give aspirin or any aspirin-containing product (Excedrin, Pepto-Bismol, etc.) to anyone under 18. Aspirin use in children and teenagers with a viral illness is associated with a rare but serious condition called Reye's syndrome.

DRIVING AND OPERATING MACHINERY

Your child must not drive while taking **oxycodone**, which can cause drowsiness, dizziness, or impaired coordination. If your child is 16 or older and has a license, remind them this applies even at low doses — they should not drive or operate machinery until they are off oxycodone.

Diet *(for the parent or caregiver)*

Start with clear liquids — water, Gatorade, broth, Jell-O — then advance to light foods (crackers, toast, rice) as tolerated. Return to a normal diet once your child is keeping food down comfortably, usually by the next day. Ibuprofen and oxycodone can upset the stomach — always give with food.

Ice and elevation

Elevation is critical for the first week — keep the ankle above the level of your heart as much as possible to minimize swelling. When seated, prop the leg up on a footstool or pillows. When lying down, elevate on 2–3 pillows.

Ice: Apply over the boot/splint — 20 minutes at a time, no more than once per hour. If you have a removable boot, you may apply ice directly to the skin with a cloth barrier. Keep any cast or non-removable splint dry at all times.

Wound care

Your dressing will be applied in the operating room. Leave it in place and keep it dry until your first post-operative appointment. Cover it with a plastic bag when showering — do not submerge in a bath, pool, or hot tub until cleared by Dr. Roth, his PA or his NP. Do not apply any lotions, ointments, or powders to the incision site unless instructed.

Physical therapy and return to sport

PT begins once your weight bearing restrictions allow. Timeline for return to sport depends on procedure: ankle arthroscopy / ligament repair typically allows return to sport in 3–5 months; fracture ORIF and cartilage procedures may take 4–9 months depending on healing. Dr. Roth will guide progression at each follow-up visit.

School and activity

Most students can return to school within a few days of surgery, depending on pain levels and mobility. Notify the school nurse and PE teacher — **no PE, sports, or unstructured physical activity until cleared by Dr. Roth, his PA or his NP.** If your school requires a note, call the office and we will provide one.

BLOOD CLOT WARNING SIGNS (FOR THE PARENT OR CAREGIVER)

Blood clots are less common in children and teenagers than in adults, but the risk is not zero after orthopaedic surgery. Know these signs:

- **Leg clot (DVT):** New calf or thigh swelling, pain or tenderness in the calf, redness or warmth in the leg
- **Lung clot (pulmonary embolism — emergency):** Sudden shortness of breath, sharp chest pain, rapid heart rate, coughing up blood

If you suspect a DVT, call **(650) 853-2943** or go to the nearest ER. **If you suspect a pulmonary embolism, call 911 immediately.**

When to call *(for the parent or caregiver)*

Call **(650) 853-2943** any time, day or night, for any concern. Specifically call if your child experiences:

- Pain that is not controlled by the medication regimen, or that is getting worse rather than better after the first 48 hours
- Fever above 101 °F (38.3 °C)
- Increasing redness, warmth, or swelling around the wound
- Drainage from the wound that is cloudy, yellow, or foul-smelling
- Numbness or tingling lasting longer than expected from any nerve block
- Any concern about the cast, splint, or brace

EMERGENCY — CALL 911

Call 911 immediately if your child develops sudden shortness of breath, chest pain, or a rapid or irregular heartbeat. These can be signs of a blood clot in the lung, which is a medical emergency.

Follow-up appointment

Your first post-operative appointment is typically within 7–14 days of surgery. If you have not already scheduled this, call **(650) 853-2943**. Bring all your medications to the appointment. At this visit, Dr. Roth, his PA or his NP will check the incision and review your child's progress. Physical therapy will be scheduled at or shortly after this visit.

Kevin M. Roth, MD

Board-Certified Orthopaedic Surgeon · Subspecialty Certification in Sports Medicine

Dr. Roth completed his orthopaedic surgery residency at Harvard Medical School and his sports medicine fellowship at the Kerlan-Jobe Orthopaedic Clinic in Los Angeles. In practice since 2013, he specializes in advanced arthroscopic techniques and sports medicine procedures, and sees patients at Palo Alto Medical Foundation's Palo Alto and Dublin offices.

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