

POST-OPERATIVE INSTRUCTIONS

Ankle Fracture — Open Reduction and Internal Fixation (ORIF)

What to do, what to expect, and when to call — for the first two weeks after surgery.

At a glance

Dressing	Plaster splint — keep clean and dry. Removed by Dr. Roth's team at 10–14 days.
Weight bearing	Non-weight bearing (NWB) — no weight through the operative leg. Crutches at all times.
Elevation	Elevate the operative ankle to chest level whenever possible for the first 2 weeks.
DVT prophylaxis	Aspirin 81 mg twice daily while on crutches.
First post-op visit	10–14 days after surgery.

Diet

Begin with clear liquids — Jell-O, broth, Gatorade — along with light foods like crackers or toast. Once you tolerate these without nausea, gradually progress to your normal diet over the following day.

Splint care

Your operative extremity is in a plaster splint after surgery. Keep it clean and dry until your follow-up appointment when Dr. Roth's team will remove it.

To shower, place a large garbage bag over the splint and seal it above the splint with duct tape. A rubber band alone will not create a tight enough seal.

Do not attempt to remove or adjust the splint yourself.

If the splint feels too tight or you cannot get comfortable, call the office immediately.

Understanding your pain

Some pain after surgery is normal and expected. Pain in the 0–4 range is generally well-managed by the scheduled non-opioid regimen below. If your pain rises above a 4, the breakthrough oxycodone is available. If pain feels uncontrolled, unrelenting, or getting worse rather than better, call the office.

Multimodal pain regimen

Your post-operative pain plan is based on multiple recent randomized controlled trials.¹⁻⁵ These studies show that a scheduled regimen of non-opioid medications provides equal or better pain control than opioids, with fewer side effects. Take these medications even if you feel comfortable — they work best taken consistently. Take with food when possible.

KEVIN M. ROTH, MD

ORTHOPAEDIC SPORTS MEDICINE

DAYS 1–5

MEDICATION	MORNING	NOON	AFTERNOON	EVENING
Meloxicam 7.5 mg	1 tab	—	—	1 tab
Gabapentin 300 mg	1 tab	1 tab	1 tab	—
Methocarbamol 750 mg	1 tab	1 tab	1 tab	1 tab
Acetaminophen 1000 mg	1 tab	1 tab	1 tab	—

DAYS 6–7 · GABAPENTIN TAPER BEGINS

MEDICATION	MORNING	AFTERNOON	EVENING
Meloxicam 7.5 mg	1 tab	—	1 tab
Gabapentin 300 mg	1 tab	—	1 tab
Methocarbamol 750 mg	1 tab	1 tab	1 tab
Acetaminophen 1000 mg	1 tab	1 tab	1 tab

DAYS 8–9 · GABAPENTIN TAPER CONTINUES

MEDICATION	MORNING	AFTERNOON	EVENING
Meloxicam 7.5 mg	1 tab	—	1 tab
Gabapentin 300 mg	1 tab	—	—
Methocarbamol 750 mg	1 tab	1 tab	1 tab
Acetaminophen 1000 mg	1 tab	1 tab	1 tab

DAYS 10–14 · MAINTENANCE

MEDICATION	MORNING	AFTERNOON	EVENING
Meloxicam 7.5 mg	1 tab	—	1 tab
Methocarbamol 750 mg	1 tab	1 tab	1 tab
Acetaminophen 1000 mg	1 tab	1 tab	1 tab

BREAKTHROUGH OXYCODONE — 15 TABLETS PRESCRIBED

Many patients do not need any oxycodone. If your pain rises above a 4, take 1 tablet of oxycodone 5 mg. Use only as needed, for as short a time as possible.

DRIVING AND OPERATING MACHINERY

Three medications in this regimen — **gabapentin** (days 1–9), **methocarbamol** (days 1–14), and **oxycodone** if taken for breakthrough pain — can cause drowsiness, dizziness, or impaired coordination. While taking any of these, do not drive, operate heavy machinery, or make important financial, legal, or major life decisions. Plan to have someone else drive for at least the first week, and do not drive until you have stopped gabapentin, are off oxycodone, and feel the methocarbamol is no longer affecting your alertness.

Journavx (suzetrigine) — optional

Journavx is a non-opioid FDA-approved analgesic (2025) comparable to hydrocodone/acetaminophen without addiction risk, sedation, or driving impairment.^{6,7} Ask the office for a prescription if interested. **Cost:** ~\$15/pill, often not insurance-covered. **First dose:** 100 mg on an empty stomach; then 50 mg every 12 hours with or without food. No grapefruit.

DRUG INTERACTIONS — READ BEFORE REQUESTING

Do not take with: ketoconazole, itraconazole (Sporanox), voriconazole (Vfend), posaconazole (Noxafil), clarithromycin (Biaxin), ritonavir/cobicistat medications (Paxlovid, Norvir, Kaletra, Stribild, Genvoya, Symtuza, Evotaz, PrezcoBix), nefazodone, carbamazepine (Tegretol), phenytoin (Dilantin), phenobarbital, rifampin, rifabutin, or St. John's wort.

Contact your prescribing physician before taking if you take: fluconazole (Diflucan), erythromycin, ciprofloxacin (Cipro), diltiazem (Cardizem/Tiazac), verapamil (Calan/Verelan), fluvoxamine (Luvox), or efavirenz (Sustiva).

Hormonal contraception: Use backup non-hormonal method if your contraceptive contains a progestin other than levonorgestrel or norethindrone — during treatment and 28 days after stopping.

Blood clot prevention

Take one 81 mg aspirin ("baby aspirin") twice daily for as long as you are using crutches. Stop once walking comfortably without crutches.

DO NOT START ASPIRIN IF ANY OF THE FOLLOWING APPLY — CALL THE OFFICE FIRST

- Allergy to aspirin
- Active stomach ulcer or recent gastrointestinal bleeding
- Already taking a blood thinner (warfarin, Eliquis, Xarelto, Pradaxa, Plavix, etc.) or known bleeding disorder

If you already take aspirin daily for cardiac reasons, call the office to discuss the appropriate dose.

Activity and weight bearing

Use crutches at all times. Do not put any weight through the operative leg. The fractured bone and hardware need time to heal before bearing weight.

Elevate the operative ankle to chest level whenever possible for the first 2 weeks. This is the most effective way to control swelling and pain after ankle fracture surgery. Avoid prolonged sitting with the foot below waist level or prolonged standing.

NON-WEIGHT BEARING STRICTLY ENFORCED

Even a brief step with the operative foot can displace the fracture repair. Use crutches for all movement, including to the bathroom at night.

You may return to sedentary work or school **3–4 days after surgery** if tolerable and not taking opioids, provided you can keep the foot elevated. No driving until discussed with Dr. Roth.

Ice and cold therapy

Begin icing immediately after surgery. Because you have a splint on, use gel ice packs or bags of frozen vegetables rather than bagged ice — **the splint must not get wet or it will disintegrate.** Apply for 20–30 minutes at a time, up to 4 times per day. If you had a nerve block, the limb may be numb for 12–72 hours — watch the clock carefully.

Exercises

There are no specific exercises while in the splint. Wiggle your toes gently throughout the day to maintain circulation. Get up and move with crutches briefly every few hours to reduce blood clot risk. Formal physical therapy begins after the splint is removed at your 10–14 day post-op visit.

No tobacco or nicotine

Do not use tobacco or nicotine products for at least 3 months after surgery. Nicotine significantly increases the risk of infection, wound healing problems, and failure of the repair. For help quitting, call **1-800-QUIT-NOW**.

BLOOD CLOT WARNING SIGNS

Lower extremity surgery combined with reduced activity increases the risk of a blood clot forming in the leg. Know these warning signs:

Signs of a blood clot in the leg (DVT):

- Swelling in the calf or thigh — can occur on either the operative or non-operative side
- Pain or tenderness in the calf, especially behind the knee
- Redness, warmth, or bluish discoloration of the leg

Signs of a blood clot in the lung (pulmonary embolism — a medical emergency):

- Sudden shortness of breath
- Sharp chest pain, especially with deep breathing
- Rapid heart rate
- Unexplained cough, sometimes with blood-tinged mucus

If you have DVT symptoms, call **(650) 853-2943** or go to the nearest ER. **If you have PE symptoms, call 911 immediately.**

When to call

Call **(650) 853-2943** for any concern, day or night.

- Pain not controlled by the regimen above, or getting worse rather than better
- Numbness lasting more than 24 hours, or longer than expected from your nerve block
- Fever above 101 °F
- Increasing redness, warmth, or tenderness around the incisions
- Persistent or increasing drainage or bleeding from the incision
- Calf pain or swelling
- Color change in the operative limb
- Blistering of the skin
- Any other concern

GO TO THE NEAREST EMERGENCY ROOM IMMEDIATELY FOR

- Difficulty breathing
- Severe chest pain
- Loss of consciousness
- Pain that is completely uncontrollable

Follow-up

If you do not already have a follow-up appointment, call **(650) 853-2943** to schedule. Most follow-up visits are 10–14 days after surgery.

REFERENCES

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3. Jildeh TR, et al. Multimodal nonopioid pain protocol following meniscus surgery. *Arthroscopy*. 2021;37(7):2237–2245.
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6. Bertoch T, et al. Suzetrigine, a nonopioid NaV1.8 inhibitor: two phase 3 trials. *Anesthesiology*. 2025;142(6):1085–1099.
7. Alvarez-Aguilar P, Picado-Loaiza S. Suzetrigine versus placebo for acute postoperative pain. *Medicine*. 2026;105(10):e47877.



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