

POST OPERATIVE INSTRUCTIONS

LOWER EXTREMITY FRACTURE SURGERY

DIET

- Start with clear liquids (jello, soup broth, Gatorade, etc.), crackers, white bread and other light foods
- Progress slowly to heavier foods as you tolerate the lighter foods without any nausea

WOUND CARE

- Your operative leg will be in a light dressing and boot after surgery. This must be kept clean and dry until your follow up appointment with Dr. Roth.
- You may shower by placing a large garbage bag over your leg and Duct taping it to your skin above the knee – do not submerge your leg under water. **Do not try to merely put a rubber band at the top of the plastic bag as it will not create a tight enough seal and water will get down inside.**

MEDICATIONS

- You will occasionally have a nerve block which will last for 8-16 hours after surgery. You will start to feel some tingling in your knee and your foot when the nerve block starts to wear off. This is the sign that the pain is soon to follow, so you want to start taking your pain medication at this time.
- Studies have suggested that Non-Steroidal Anti-Inflammatory medications (NSAIDs) may impair or inhibit bone/tendon healing. If at all possible, it is best to try to avoid NSAIDs for a period of 2 weeks after surgery.
- You have been given a prescription at your preoperative visit for narcotic pain medications (Percocet, Norco, etc.). Dr. Roth may have given you a long acting medication (OXYCONTIN) which is to be taken **twice per day for the first three days after surgery only**. You can take this medication at 8 pm the night of your surgery. You have also been given a short acting medication (e.g. Percocet) which should be taken as soon as you start to feel some tingling in your toes or any suggestion of pain.
- **If you have a history of Obstructive Sleep Apnea (OSA), be sure to let Dr. Roth know as he may decide to change your post-operative pain regimen.**
- **If your narcotic pain medication has ACETAMINOPHEN in it (e.g. Norco, Percocet) then you cannot also take TYLENOL, which is the same medication.**
- Side effects of the pain medication include nausea, vomiting, dry mouth, constipation, dizziness and lightheadedness. Taking the medication with food will decrease the risk of nausea. **For**

constipation, it is recommended that you take a stool softener while taking the narcotic. Colace can be purchased over the counter. Take one tab 2-3 times per day.

- Try to wean off of the narcotic pain medication as soon as possible. Adding in NSAIDs (e.g. Advil 600 mg 4 times per day **OR** Aleve 440 mg twice per day) at two weeks after surgery will help you transition away from the narcotic medications. Fibrous tissue has organized by then so NSAIDs will no longer affect tissue healing.
- Dr. Roth’s Suggested Post-Operative Pain Management Regimens (Percocet and oxyCONTIN used as an example, but be sure to confirm which medication has been prescribed by Dr. Roth) **OxyCONTIN is typically only prescribed for the first three days after surgery.** After that, just continue with the Percocet.

SUGGESTED PAIN REGIMEN	
8 AM	1 OxyCONTIN (if prescribed) + Pain Level 0-2: NO Percocet Pain Level 3-6: ONE Percocet Pain Level 7-10: TWO Percocet
12 PM (NOON)	Pain Level 0-2: NO Percocet Pain Level 3-6: ONE Percocet Pain Level 7-10: TWO Percocet
4 PM	Pain Level 0-2: NO Percocet Pain Level 3-6: ONE Percocet Pain Level 7-10: TWO Percocet
8 PM	1 OxyCONTIN (if prescribed) + Pain Level 0-2: NO Percocet Pain Level 3-6: ONE Percocet Pain Level 7-10: TWO Percocet
12 AM (MIDNIGHT)	Pain Level 0-2: NO Percocet Pain Level 3-6: ONE Percocet Pain Level 7-10: TWO Percocet
4 AM (IF NEEDED)	Pain Level 0-2: NO Percocet Pain Level 3-6: ONE Percocet Pain Level 7-10: TWO Percocet

- **Do NOT drive a car or operate any heavy machinery while you are taking narcotic pain medication (Oxycontin, Norco, Percocet, Tylenol #3, etc.)**

ACTIVITY

- Elevate the operative leg to chest level whenever possible for the first two weeks after surgery to decrease swelling.

- Use crutches to assist in walking initially. Dr. Roth will inform you of your weight bearing status.
- Avoid long periods of sitting with the ankle below your waist or long periods of standing/walking for the first 7-10 days after surgery as these activities are likely to increase the swelling of your ankle.
- You may return to sedentary work / school 3-4 days after surgery if swelling and pain are tolerable and you are no longer taking narcotic pain medications.
- NO driving until discussed with Dr. Roth.
- DO NOT SMOKE cigarettes, smokeless tobacco, cigars, dip, chew, or any other tobacco product for at least 3 months after surgery if at all possible, as these will all **inhibit healing of the repair, increase the risk of infection**, and decrease the ability of the wound to heal.

SPLINT

- Walker boot is to be worn at all times (day and night), except for hygiene and any physical therapy. Dr. Roth will instruct you on when you can put weight on the leg and when you can wean out of the boot.

ICE THERAPY

- Because you have dressing and a boot, icing the leg is difficult, however, can still be helpful.
- Premade gel ice packs or bags of frozen vegetables are preferred to plastic bags of actual ice as **it is very important that the dressing not get wet or it will disintegrate.**
- Ice for 20 minutes at a time. Try to do this three to four times per day.
- If you had a block at the time of surgery, your leg may be numb for up to 24 hours. It is particularly important during this time to be aware of the clock when you are icing as you will not feel the cold and frostbite is a real concern.

EXERCISE

- There are limited exercises to do for the leg immediately after surgery as you are in a boot.
- You should focus on wiggling the toes, and gently moving the ankle/knee when out of the boot.
- **Formal physical therapy will begin after your first post-operative visit.**
- It is a good idea to get up and walk around using the crutches and putting your weight on the non-operative extremity for a few minutes at least once every few hours while awake to minimize the risk of blood clots and other problems with prolonged bedrest.

EMERGENCIES

- During business hours, contact Sabrina in Dr. Roth's office at **510-267-4013**. If you are not getting through to Sabrina because she is busy in the office and not able to immediately answer the phone, contact the Webster Call Center at **800-943-8099** and they will track down Dr. Roth.
- For concerns that cannot be addressed during business hours, call the Webster Call Center at **800-943-8099**.
 - **For the first 48 hours after surgery, the call center will put you through directly to Dr. Roth's cell phone if you would like. Dr. Roth feels that it is very important that you have the opportunity to speak directly to your surgeon rather than to an "on-call" physician within the first 48 hours after surgery if you have concerns.** Because Dr. Roth is typically at home with his family during these times, he would appreciate the use of discretion when taking advantage of this service. If you feel you have a simple question that you would be comfortable with the on-call physician handling, please inform the call center.
- Please contact Dr. Roth's office immediately if any of the following are present, or for any other concerns:
 - Pain that is not controlled by the regimen described above
 - Pain that is unrelenting or getting worse over time rather than staying the same or improving
 - Numbness that lasts longer than 24 hours after surgery
 - Fever (greater than 101° - low grade fever is normal for the first few days after surgery)
 - Redness around the incisions
 - Continuous drainage or bleeding from the incision (some drainage is expected)
 - Difficulty breathing
 - Chest Pain
 - Light headedness or passing out
 - Uncontrollable nausea, vomiting
 - Color change in the operative extremity
 - Blistering of the skin
- If you have an emergency that requires immediate attention, proceed to the nearest Emergency Room.

FOLLOW-UP

- If you do not already have a follow-up appointment scheduled, please contact **Dorothy** at **(510) 267-4016** to arrange an appointment. Follow-up appointments are generally 7-10 days after surgery.