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ORTHOPAEDIC SPORTS MEDICINE

POST-OPERATIVE INSTRUCTIONS

Tibial Shaft Fracture — Intramedullary Nail

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 your follow-up visit.
Weight bearing	Weight as tolerated with crutches. The nail provides immediate stability.
DVT prophylaxis	Aspirin 81 mg twice daily while on crutches. The pre-operative injury significantly increases clot risk.
First post-op visit	5–10 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.

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. The degree of injury to the leg before surgery independently increases blood clot risk, which is why twice-daily aspirin is used even though you will begin walking soon. 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

An intramedullary (IM) nail — a metal rod inside the bone — provides immediate structural stability, allowing early weight bearing. **Bear as much weight as you can tolerate** through the operative leg from the start, using crutches for support. Wean from crutches gradually as strength and comfort allow.

Avoid prolonged sitting with the leg below waist level or prolonged standing for the first 7–10 days. Elevate the leg to chest level whenever possible. You may return to sedentary work or school **3–4 days after surgery** if tolerable and not taking opioids. 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 you are in the splint. Getting up briefly with crutches every few hours reduces blood clot risk.

Ankle pumps: If comfortable, move your foot up and down gently — 20–30 repetitions every few hours. This circulates blood and reduces clotting risk. Stop if this causes significant pain.

Formal physical therapy begins after your first post-op visit when the splint is addressed.

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 5–10 days after surgery.

REFERENCES

1. Moutzouros V, et al. A multimodal protocol to diminish pain following common orthopedic sports procedures. *Arthroscopy.* 2020;36(8):2249–2257.
2. Moutzouros V, et al. Can we eliminate opioids after ACL reconstruction? *Am J Sports Med.* 2021;49(14):3794–3801.
3. Jildeh TR, et al. Multimodal nonopioid pain protocol following meniscus surgery. *Arthroscopy.* 2021;37(7):2237–2245.
4. Jildeh TR, et al. Multimodal nonopioid protocol following arthroscopic rotator cuff surgery. *Arthroscopy.* 2022;38(6):1077–1085.
5. Syed UAM, et al. Effect of preoperative education on opioid consumption. *J Shoulder Elbow Surg.* 2018;27(6):962–967.
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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