



POSTOPERATIVE INSTRUCTIONS: LOWER EXTREMITY FRACTURE FIXATION

DIET:

- Begin with clear liquids and light foods (jellos, soups, etc.)
- Progress to your normal diet if you are not nauseated

WOUND CARE

- Maintain your splint. Do not take splint off and do not get splint wet.
- It is normal for the leg to bleed and swell following surgery – if blood soaks through the bandage, do not become alarmed – reinforce with additional dressing

MEDICATIONS

- The nerve block will wear off in 12-24 hours after surgery. You should start taking oral pain medication prior to this.
- Most patients will require some narcotic pain medication for a short period of time – this can be taken as per directions on the bottle
 - ***Do not drive a car or operate machinery while taking the narcotic medication***
- Primary Medication = Norco (Hydrocodone)
 - Take 1 – 2 tablets every 4 – 6 hours as needed
- Max of 12 pills per day
- Plan on using it for 2 to 5 days, depending on level of pain
- Do **NOT** take additional Tylenol (Acetaminophen) while taking Norco
 - Common side effects of the pain medication are nausea, drowsiness, and constipation – to decrease the side effects, take medication with food.
 - Zofran (Ondansetron) has already been called into your pharmacy for nausea if needed.
 - If constipation occurs, consider taking an over-the-counter laxative such as Colace or Miralax.
- If you are having problems with nausea and vomiting, contact the office to possibly have your medication changed ((843) 654-8868 – ask for Nicole Fava, Dr. Haro's PA)
- Ibuprofen 400-600mg (i.e-. Advil) may be taken in between the narcotic pain medication to help smooth out the post-operative 'peaks and valleys', reduce overall amount of pain medication required, and increase the time intervals between narcotic pain medication usage

ACTIVITY

- No weight bearing on your operative leg unless instructed otherwise. Use crutches to assist with walking.
- Elevate the operative leg to chest level whenever possible to decrease swelling.
- DO NOT place pillows under knees (i.e., do not maintain knee in a flexed or bent position), but rather place pillows under foot/ankle to elevate leg.
- Do not engage in activities which increase knee pain/swelling (prolonged periods of standing or walking) over the first 7-10 days following surgery.
- Avoid long periods of sitting (without leg elevated) or long distance traveling for 2 weeks.
- May return to sedentary work or school 3-4 days after surgery, if pain is tolerable.

ICE THERAPY

- Begin immediately after surgery as needed.
- Be careful not to get splint wet.

****Emergencies****

- Contact Dr. Haro or Nicole Fava PA-C at (843) 654-8868 or by email HaroPA@southeasternspine.com if any of the following are present:
 - Painful swelling or numbness
 - Unrelenting pain
 - Fever (over 101° – it is normal to have a low grade fever for the first day or two following surgery) or chills
 - Redness around incisions
 - Color change in wrist, hand or lower extremity
 - Continuous drainage or bleeding from incision (a small amount of drainage is expected)
 - Difficulty breathing
 - Excessive nausea/vomiting
- ****If you have an emergency after office hours or on the weekend, call (843) 654-8868 and you will be connected to our on call service. Do NOT call East Cooper Hospital or the Surgery Center.**
- ****If you have an emergency that requires immediate attention, proceed to the nearest emergency room.**

Follow-Up Care/Questions

- Nicole Fava, PA-C (Dr. Haro's Physician Assistant) will call you on your first day after surgery to address any questions or concerns. If you have not been contacted within 48 hours of surgery, please email HaroPA@southeasternspine.com or call (843) 654-8868
- If you have additional questions that arise at any time, whether for Dr. Haro or Nicole, please send an email to HaroPA@southeasternspine.com or call (843) 654-8868.
- If you do not already have a postoperative appointment scheduled, please contact the scheduling office during normal office hours.