Banner. Sports Medicine

Banner New River Trails Sun City West Medical Center Thunderbird Medical Center

Post Operative Instructions: ORIF Ankle Fracture

Bandages, Splint & Ace Wrap:

Your post-operative dressing has three layers you need to understand in order to properly care for your ankle for the two weeks following surgery. Your two incisions were closed with stitches, which were covered with small white tapes called Steri-Strips. Your Steri-Strips should be left in place until your sutures are removed 10 to 12 days after surgery. For some incisions I will use stitches that dissolve on their own.

The second layer is a large white fluffy dressing that is loosely wrapped around your ankle. Occasionally, there will also be a small amount of blood, which is nothing to worry about. The third and final layer is a plaster splint covered with a long ace wrap that was wrapped around your leg from the foot up to your calf. The ridged plaster will protect your fracture from re-injury. This splint is NOT strong enough to walk on - so don't.

While you can loosen the ace wrap after surgery, do not remove the splint until your first post operative appointment 10-14 days post op.

Washing & Bathing:

You should be careful to keep the splint clean and dry following surgery. Once your splint is removed at your first appointment after surgery, it is OK to shower directly over your Steri- Strips (they won't come off for several days). The splint is used for up to 2 weeks after surgery, so take care to prevent the splint from getting wet while bathing, water will make the otherwise strong plaster soft and weak.

Once you begin showers, it is also OK to use soap on your leg and over the Steri-Strips. This shower should be quick. I would prefer that you do not take a bath until three weeks after surgery. You may not go into a swimming pool, lake, or ocean unless I specifically give you permission.

Banner. Sports Medicine

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Ice & Elevation:

One important goal following surgery is to minimize swelling around the ankle. The best way to achieve this is by keeping the leg elevated. This is most important the first 48 hours following surgery. It is important to keep the entire leg elevated on a couple of pillows.

Walking & Crutches:

I will restrict your activity and weight bearing after surgery. Before leaving the hospital you should have been taught how to use crutches or a walker. The goal is to not put any weight on the injured leg. Rarely is a wheelchair necessary. Several weeks after surgery you will be allowed to walk on the fractured ankle, however exactly when this is permitted is different for each patients and largely depends on the severity of the injury.

While the timing will vary, we always follow a set sequence of steps to normal walking:

- The first step is non-weight bearing in the splint.
- The second step is non-weight bearing in a walking boot.
- The third step is partial-weight bearing with one crutch in the walking boot.
- The forth step is full-weight bearing in the walking boot.
- The fifth step is full-weight bearing in a shoe with a brace.
- The sixth and final step is unrestricted walking and running.

Physical Therapy

It is important to start physical therapy within two to three weeks after surgery. The goal of physical therapy is to first assess how your ankle responded to the surgical procedure. They will re- introduce you to your ankle so that you feel comfortable with your surgery and aren't afraid to start doing things. Your therapist will start range of motion, gait, and strength exercises on your first visit. If they find anything unexpected, they will let Dr. McQuivey know right away.

Follow up appointment:

We give all of our patients a follow-up office appointment upon discharge from the hospital. Typically I want to see my patients in the office 10 to 14 days after surgery. Call the office for your appointment or if you have any questions.

Banner. Sports Medicine

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Medications:

I will usually prescribe four medications for the control of your post-operative pain, nausea, and blood clot prevention.

During surgery, I will often inject a painkiller, like novocaine, that will give some pain relief for several hours after surgery. It is important to begin to take your pain pills before this medicine wears off.

This first medication is a narcotic pain medication. This should be used every 4-6 hours as needed for pain. For some sensitive patients, when taking the first few doses you may experience nausea or an episode of vomiting. The best way to prevent this is to take the medicine with a little food, start with just one pill, and be patient while the medicine begins to work. Usually, after the first few doses the nausea will go away. If the nausea persists, it is possible that a similar response will occur with other narcotic pain pills. If you take a full dose of this medication for more than 4 or 5 days it can lead to constipation.

The second medication I prescribe belongs to the NSAID class. The advantage of this medication is that nausea is a very infrequent side effect and it can also be taken with the narcotic medication for even better pain control than any pain medication alone. This medication should be taken with food.

The third medication is an anti-nausea medication to help with post operative nausea and vomiting. Please take as needed.

DVT Prophylaxis – Prevention of Blood clot following surgery:

The risk of a leg blood clot following minor surgery is very rare. The majority of patients that suffer this complication usually have a prior history of a blood clot, or a positive family history of DVT. I recommend for patients with no prior DVT risk factors, to take one baby aspirin (81mg) once a day for 21 days following surgery.

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What to watch out for:

- Drainage or increasing redness around the incision
- Pain or swelling in your calf
- Fever greater than 101°

Who To Call for Ouestions and Problems:

If you are having problems or if there are questions you need answered, then please call our office at 623-876-3870 and our nurse will help you. We are open between 8:30 and 4:30 pm, Monday to Friday. Prescription refills are only done during normal working hours, and not on weekends.

If an emergency were to occur, you can always go straight to the emergency room for immediate attention.

Wishing you - All the Best,

Kade S. McQuivey, MD