



Upper Extremity Fracture Fixation

Post-Operative Instructions

WOUND CARE:

- After surgery, your arm will typically be placed in a splint/sling. This should be left in place until your follow-up appointment. Keep the splint clean and dry. Do not stick anything into the top or bottom of the splint.
- Skin stitches will be removed 1-2 weeks after surgery; the incision will be evaluated on your first clinic follow up.
- Patients are typically placed in either a removable brace or cast at the first clinic visit after surgery. This depends on the specific surgery and the patient.
- You may take a shower or bath after surgery. The splint/dressing needs to be kept clean and dry.
- Once you have been placed in a removable brace, you can remove it to take a shower or bath. Do not submerge the wound in water (bath, pool, lake) until it has completely healed. If you are placed in a cast, you will need to keep it dry.

ICING/ELEVATION:

- Icing is an important part of recovery from surgery. It is used to decrease swelling and inflammation. Apply ice for 20 minutes every hour.
- You may apply ice over the top of the splint. Be sure not to let the splint get wet.
- Keeping your arm elevated at or above the level of your heart will also help decrease swelling. This is one of the most important parts of recovery and pain control. This is only necessary if fracture is at wrist or elbow.

DIET:

- After surgery, some patients experience nausea. This can be related to anesthesia or pain medication. It is best to begin with clear liquids and light food (crackers). You may progress slowly to your normal diet if not nauseated.

- Patients are sometimes prescribed an anti-nausea medication after surgery. This can be used to treat nausea. If nausea or vomiting persists despite medication, call the office.
- Pain medication can also cause constipation. An over-the-counter laxative, high-fiber diet or fruit juice may be helpful.

MEDICATION:

- Most home medications may be resumed the evening of surgery or the following day unless specifically directed by your surgeon.
- Typically, patients are given a prescription for pain medication. Take this medication as instructed.
- Try to take pain medication with food to help decrease nausea.
- Some prescribed pain medication may already have Tylenol (Acetaminophen) mixed with it. Do not take any other medications that include Tylenol while taking these pain medications. Taking too much Tylenol can cause liver damage.
- Taking pain medication prior to bedtime may help with sleeping.
- Do not drink alcohol or drive while taking narcotic pain medication
- Pain medication typically takes about 30-45 minutes to take effect. Don't wait until pain is severe to take pain medication.
- Some patients may receive a nerve block prior to surgery. This block lasts a different length of time in each patient, but typically lasts 12-18 hours. When you begin to feel some tingling in the extremity, the block is beginning to wear off. This is a good time to begin taking oral pain medication.
- Pain medication will likely not take away all of your pain. It is okay to have some discomfort.
- Because of the risks of prolonged narcotic use, in most cases narcotic pain medication will not be prescribed after 6 weeks from surgery. Plan to wean narcotic use after surgery accordingly.

ACTIVITY:

- You will not be allowed to put any weight on the affected limb for approximately 6 weeks. This will vary from patient to patient and will be addressed at follow-up appointments. This is very important and allows healing of the fracture.
- Return to work depends on your job requirements, specifics of your surgery and pain/swelling levels. This can be discussed at your follow-up appointment.
- Physical therapy may be prescribed after surgery. This is an important part of your recovery and we encourage patients to attend all physical therapy appointments.
- Return to driving will be allowed once narcotic pain medication has been stopped and **you are cleared by your surgeon**. The length of time until patients are able to return to driving varies depending on the specific surgery and which leg is involved.

BLOOD CLOT PREVENTION:

- Though uncommon, blood clots (also called deep vein thrombosis or DVT) can occur after surgery. To decrease the risk of this problem, you should flex your ankle and toes up and down ten times per hour for the first 2-3 weeks after surgery.
- Some patients may be instructed to take aspirin daily for a period of time after surgery.
- Be sure to let your surgeon know if you have a history of blood clots.

REASONS TO CALL THE OFFICE:

Please call the office for any of these concerns:

- Fever above 101.5°F
- Excess pain or swelling of the calf
- Worsening pain in the operative leg not controlled with medication
- Excess nausea/vomiting
- Redness or drainage around the incision site

FOLLOW UP APPOINTMENT:

- A post-operative follow-up appointment will need to be made 7-10 days after surgery. If you do not have an appointment scheduled after surgery, please call our office. (936-560-2990)