

Post-Op Instructions for Ankle Fracture Fixation

Jason R. Ferrel, MD

DIET

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

WOUND CARE

- Maintain your operative dressing in splint in place until your first postoperative visit.
- It is normal bleeding and swelling following surgery. If blood soaks onto the ACE bandage, do not become alarmed, reinforce with additional dressing
- Do not remove the splint. If there's an issue, please call our office.
- To avoid infection, keep surgical incisions clean and dry until your follow up appointment – you may shower by placing waterproof bandage (i.e. a large plastic bag) over the splint beginning the day after surgery. NO immersion of the operative extremity (ie: bath or pool).
- Please do not place any ointments lotions or creams on the incisions.
- If sutures are present, they will be removed **around 10-14 days post operatively**. After that, you can begin to get the incision wet in the shower (water and soap lightly run over the incision and pat dry). No immersion in a bath or until given approval by our office.

MEDICATIONS

- Local anesthetics are injected into the surgical leg around the time of surgery. This will wear off within 8-12 hours. Patients commonly encounter more pain on the first or second day after surgery when swelling peaks.
- Most patients will require some narcotic pain medication for a short period of time – this can be taken as directed on the bottle.
- Common side effects of the pain medication are nausea, drowsiness, and constipation. To decrease the side effects, take the medication with food. We recommend a stool softener such as Colace (docusate) available over the counter and be sure to drink plenty of water.
- If you are having problems with nausea and vomiting, contact the office to possibly have your medications changed.
- Do not drive a car or operate machinery while taking the narcotic medication
- Please avoid alcohol use while taking narcotic pain medication
- If you are having pain that is not being controlled by the pain medication prescribed, you may take an over-the-counter anti-inflammatory medication such as ibuprofen (600 – 800mg) or naproxen in between doses of pain medication. This will help to decrease pain

and decrease the amount of narcotic medication required. Please take as directed on the bottle.

- For 4 weeks following surgery take one aspirin daily to lower the risk of developing a blood clot after surgery. Please contact the office should severe calf pain occur, or significant swelling of the calf or ankle occur.

ACTIVITY

- **You will be non-weight bearing in the splint/boot**
- Elevate the operative leg "toes above nose" whenever possible to decrease swelling. You may remove the boot and wedges for elevating the extremity, careful not to move the ankle
- Do not place pillows under knees (i.e. do not maintain knee in a flexed or bent position), but rather place pillows under the foot/ankle. Do not move the ankle or perform any range of motion of the ankle.
- Do not engage in activities which increase pain/swelling (prolonged periods of standing or walking) for the first 7-10 days following surgery.
- Avoid long periods of sitting (without leg elevated) or long distance traveling for 2 weeks. If you are ambulating the boot with wedges must be worn.
- No driving until instructed otherwise by physician
- May return to sedentary work or school 3-4 days after surgery, if pain is tolerable

ICE THERAPY

- Icing is very important in the initial post-operative period and should begin immediately after surgery.
- Use ice packs (if machine not prescribed) for 20-30 minutes every 2 hours daily until your first post-operative visit – remember to keep leg elevated to level of chest while icing. This is a rough estimate of how frequently to ice, more or less is fine based on amount of swelling you notice in the toes and convenience.
- You do not need to wake up in the middle of the night to change icepacks unless you are uncomfortable

EXERCISE

- No range of motion of the ankle unless otherwise instructed. You may perform range of motion of the knee and hip 3-4 times daily.
- Discomfort and stiffness is normal for a few weeks following surgery. It is safe to bend your knee in a non-weight-bearing position when performing exercises unless otherwise instructed.
- Formal physical therapy (PT) typically begins a few weeks after surgery. A prescription and protocol will be provided at your first postoperative visit unless deferred by Dr. Ferrel. Call to make a physical therapy appointment at your desired location as soon as possible. Take the prescription and protocol to your first PT appointment.

EMERGENCIES

Contact Dr. Ferrel's office at 614-545-7958 if any of the following are present:

- Painful swelling or numbness (note that some swelling and numbness is normal)
- Unrelenting pain or calf pain
- Fever (over 101° F – it is normal to have a low-grade fever (<100°) for the first day or two following surgery) or chills
- Redness around incisions
- 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, contact the office at 614-545-7900 and you will be connected to our pager service. This will connect you with the Physician on call.

If you have an emergency that requires immediate attention proceed to the nearest emergency room.

FOLLOW-UP CARE/QUESTIONS

- If you do not already have a post-operative appointment scheduled, please contact our scheduler at 614-545-7958 to schedule.
- Your first post-operative appointment will be scheduled with either Dr. Ferrel or his designated assistant for a quick wound check, physical therapy protocol and to answer any further questions you have regarding the procedure
- Typically, the first post-operative appointment is 7-10 days following surgery for suture removal.
- If you have any further questions, please contact Dr. Ferrel's office.