Foot and Ankle Fracture Surgery Post-op Guidelines

Ankle fractures are unfortunately quite common. But with good healing and physical therapy, most patients regain all or most of their function. I ask that you try and adhere to the below recommendations to maximize the outcome you deserve!

---Dr. J Toman

ACTIVITY:

- Go home and rest today
- If you received sedation or general anesthesia, you may feel tired and drowsy. Therefore, you should not drive a car, operate any machinery, drink alcoholic beverages, or make any legal decisions for 24 hours.
- If this is your right leg, you may not operate a motor vehicle until otherwise advised. Doing so will place you in the legal category of an ‘impaired driver’ in the eyes of the law.
- If you received a local anesthetic, you may feel numbness that should gradually wear off.
- Use crutches, as instructed. TOE-TOUCH-WEIGHT-BEARING to the affected extremity. The boot or cast is in place to keep the joint safe but does not allow for safe weight-bearing. This is not a ‘walking cast’. Toe-touch weight bearing means that you should put enough force on your operative leg to balance yourself in situations where both hands are necessary.
- Most patients are changed out to a boot at the first post-op visit.
- I will send you to physical therapy starting usually after your first post-op visit.

CARE OF PROCEDURE SITE:

- Keep affected foot elevated higher than the heart when possible. This will help greatly with swelling and pain.
- Keep the dressing/cast clean and dry. If it becomes wet or soiled, report to Cast Clinic for a change. Leaving a wet or soiled cast in place can predispose to infection.
- Cast/splint will be removed, and dressing changed at your first post-op visit.
- Apply ice, not heat. Heat will increase the pain/swelling

MEDICATIONS:

- Resume all medications as prescribed.
- Do not drive, make significant life decisions while taking narcotic medication; it will impair your abilities.
- Avoid NSAID containing products (ie, Motrin, Ibuprofen, Celebrex, Advil) or the first 2-3 weeks: they may interfere with fracture healing.
- The pain medication causes constipation; drink plenty of fluids, apple juice and prune juice as needed. If you do not have a bowel movement within 5 days drink ½ bottle of magnesium citrate, which is sold at the pharmacy.
• The pain medication prescribed is a large dose of Tylenol with a small dose of narcotic. If you cannot tolerate the medication, take Tylenol dosed according the bottle recommendations until a different pain medication can be prescribed.

• The narcotic component of medications such as Percocet, Tylenol #3 or Vicodin can cause itching. Should this occur, take over the counter Benadryl, and try to cut back on the narcotic medication.

• Take the antibiotics as prescribed if an implant (ie, plate, pins) were used in your surgery and you discharged the day of surgery.

• Take aspirin 325mg PO (Ecotrin) once daily starting today for one week; this will help prevent blood clots, which are a dangerous potential complication of any lower extremity surgery. After one week of full strength aspirin, start taking one baby (81mg) aspirin daily. If you cannot take aspirin, a different blood-thinner medication such as Lovenox or Xarelto will have been prescribed, and should not be taken in conjunction with aspirin.

It is critically important that you continue to take this medication until advised to stop by myself or one of my surgical colleagues.

If you feel chest pain or shortness of breath, this could be a very rare event called a pulmonary embolus (blood clot in the lungs). Should you experience these symptoms, present promptly to the nearest ER for evaluation.

DIET:
• Resume your normal diet as tolerated.

REASONS TO NOTIFY MD:
• Infection is rare after this procedure, but could be indicated by the following
  Redness or swelling at incision site
  Foul drainage from incision or bleeding through the bandage/cast
  Fever unrelated to a cold or illness
• If you develop numbness, tingling, pale, cold, or bluish color of toes, first try to unwrap or loosen the ace bandage around your cast, as there can be significant swelling with surgery. Elevating the foot also helps. If this is unsuccessful, please call the Clinic.
• Pain unrelieved by prescribed medication, or pain around your foot/ankle.

For any of the above problems, please call the SouthActive Orthopaedic Clinic promptly.

ADMINISTRATIVE:
• If you need paperwork accomplished, please give me the exact forms you need, and where they need to be sent (ie, fax number). Without this specific information, it is impossible for me to accomplish this necessary paperwork. It is unlikely that I will have time to fill any adjunct paperwork out on the day of surgery.

• Return to clinic on: DATE: _12-14 days_______TIME: _______
• LOCATION: See above