



Discharge Instructions for Lower Extremity Fracture Surgery

Splint Care:

- You will have a splint on after surgery. Keep splint on until your first postoperative appointment. The splint is not removable it serves the purpose of protecting the fracture that has just been repaired.
- It is very important to keep the splint dry. If the splint becomes wet, it can break apart and trap water against your skin/incision. If this happens, call the office immediately.
- Take sponge baths until your first post-operative visit.
- Sutures/Staples will be removed during your first post-operative appointment (10-14 days after surgery).
- You can shower the following day after the stitches/staples are removed - 2+ weeks after surgery. Do not scrub your incision. You may clean it with plain warm water, and gently pat it dry. Keep the area clean and dry. Cover your wound with a dry gauze bandage to prevent irritation and rubbing from the CAM Boot.
- Do not submerge in water until incisions are fully healed, this may take up to 6 weeks.

Activity:

- **Non Weight Bearing** with crutches / walker/ or wheelchair for at least 6 weeks after surgery with splint / CAM Boot on during this period.
- Crutches are recommended only if you have had proper crutch training by a physical therapy AND you have no issues with balance or stability.
 - *Crutch Adjustment:* The crutch length will be set at your height so that there are about two to three fingers between the top of the crutch and the armpit. The handgrip should be adjusted so that your elbow bends slightly in the standing position. Do not carry your weight in your armpits or lean on your crutches because this can put pressure on nerves.
 - *Crutch walking:* Raise both crutches and place them about 12 inches in front of your body. Advance both crutches and weak foot forward at the same time. Push against the hand grips as you shift your weight forward. End with your strong foot ahead of the crutches. Repeat the sequence.
- **No Driving** - No driving while in a splint / boot or while on narcotic medications. It may be 2-3 months before it is safe for you to drive. You must have full control of your leg, discontinue use of splint/boot, AND be off narcotic medications completely in order to drive.
- **Work** - Return to work may require a week or two for desk work, 10-12 weeks for standing work and over 3 months for heavy work.

Medications:

- Please use narcotic medications (Norco, Percocet) sparingly and slowly try to decrease the amount and frequency over the next two weeks.
- If you feel the narcotic pain medication is too strong, you may use acetaminophen instead. Avoid taking ibuprofen since it has been shown to delay bone healing.
- If you choose to take anything other than what was prescribed, please consult the pharmacist to ensure that you are not overdosing on a certain class of medication which can lead to severe kidney/liver damage.



- One of the side effects of narcotics is constipation. Be sure you drink plenty of fluids, and take a fiber supplement such as methylcellulose (Citrucel) or psyllium (Metamucil) or a stool softener like docusate (Colace).
- Please continue all medications that you were taking prior to your surgery in addition to the medications prescribed for post-operative pain. If you have questions regarding those medications that you were on prior to surgery, please contact your primary care physician.

Ice & Elevation:

- One important goal following surgery is to minimize swelling. The best way to achieve this is with the frequent application of ice and by keeping the leg elevated ABOVE the level of the heart.
- For the first few days after surgery, use ice over your dressing - please be mindful to keep a waterproof barrier between the ice and the dressing/splint.
- Use the ice for 20 minutes every hour for the first 3 to 4 days.

Follow-up Appointments:

- Your first post-operative appointment will be in 10-14 days.
- If you do not have these appointments set up, please call the appointment line
- If there is an emergency and you are unable to reach anyone in the office, please go straight to the emergency room.

When to call for help:

Call 911 anytime you think you may need emergency care. For example, call if:

You pass out (lose consciousness).

You have severe trouble breathing.

You have sudden chest pain and shortness of breath, or you cough up blood.

You have severe nausea or vomiting.

Call the office if:

You have pain that does not go away after you take pain pills.

You have a fever over 100.4°F.

You have loose stitches, or your incision comes open.

Your incision keeps bleeding 3 days after your surgery.

You have signs of infection, such as redness around incision or pus draining from your incision.