



General Post-Operative Instructions Calcaneus Fracture, Talus Fracture, Pilon Fracture

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SPLINT/WOUND CARE:

- After surgery your operative extremity is placed into a bulky splint. This should be left in place until your first follow-up appointment. Make sure to keep the splint clean and dry.
- Elevate extremity above the level of your heart to minimize pain and swelling.
- Do not stick anything into the ends of the splint. A blow dryer on cool setting is suggested to assist if there is any itching or if the padding has gotten damp.
- After splint removal it is okay to get incision wet. Do not submerge incision in any type of water for 6 weeks. No ointment or lotion for six weeks.

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 such as crackers. You may progress slowly to your normal diet as tolerated.
- Pain medication can also cause constipation. An over-the-counter laxative, high-fiber diet or fruit juice may be helpful. Drink at least 8 glasses of water each day.

MEDICATION:

- Most home medications may be resumed the evening of surgery or the following day unless specifically directed by your surgeon.
- Patients are given a prescription for pain medication. Take this medication as prescribed; do not increase the dose without checking with your surgeon.
- Take pain medication with food to help decrease nausea.
- Taking medication prior to bedtime may help with sleeping.
- Do not drink alcohol or drive while taking narcotic pain medication.
- Pain medication likely will not take away all of your pain. It is okay and normal to have some discomfort.
- Remember to call before you run out of medication to allow time for approval for a refill.
- Take aspirin daily as directed until fully weight bearing.

ACTIVITY:

- Patients are non-weight-bearing for approximately 10 weeks after surgery and progress from there as directed. Using crutches or a knee scooter is recommended.

- Return to work depends on your job requirements and your recovery. This can be discussed at your follow-up appointment.
- Returning to driving after surgery varies per patient depending on the leg surgery was performed on. If surgery was performed on your left leg, it is okay to drive once narcotic pain medication has stopped. If surgery was performed on the right leg, you need to be cleared by your surgeon. This can be discussed with your surgeon during a clinic visit after surgery. Rule of thumb is generally when you are out of the boot you are able to drive.

REASONS TO CALL THE OFFICE:

Please call the office for any of these concerns:

- Fever above 101.5°F
- Excessive pain, swelling or hardness of the calf
- Excess drainage at surgical incisions
- Excess nausea/vomiting
- Extreme redness around the incision site. Some redness is normal
- Any other questions or concerns

FOLLOW-UP APPOINTMENTS:

- A post-operative follow-up appointment will be made for you at the time your surgery is scheduled for 2-3 weeks after surgery. If you do not have an appointment scheduled for after surgery, please call our office.
- Patients are to remain non-weightbearing for the first 10 weeks after surgery.
- The bulky splint and sutures will be removed at the first post-operative visit, still remaining non-weightbearing. X-rays will be obtained and a CAM boot will be fitted. Instructions of gentle range of motion exercises will be given as well.
- Patients follow up again 6 weeks postop for x-rays. Patients continue to be non-weightbearing, and do range of motion exercises. Light strengthening is instructed and physical therapy starts.
- Patients follow up in 10 weeks postop for x-rays. Patient's transition to weight bearing as tolerated in the CAM boot and continue strengthening and physical therapy.
- At about 14 weeks postop patients transition from CAM boot to regular shoe.
- Patients follow up again in 16 weeks for x-rays. Patients can increase activity and follow up as needed.