



Jozef Murar, M.D.

1000 W. 140th St. Suite 201, Burnsville, MN 55337

P: (952)-808-3000 | **Fax:** (952)-456-7899

www.tcomn.com

Kelli Davis, Dr. Murar's Care Coordinator | P: (952)-456-7193

Ankle Fracture Open Reduction Internal Fixation Post-Operative Instructions

ACTIVITY

- Try and rest the first few days following surgery. When sitting or lying down be sure to keep your leg elevated up above the level of your heart to help decrease swelling.
- **Crutches** or a knee scooter are necessary for the first 6 weeks (and occasionally longer) to help provide support and aid in ambulation. Avoid putting any weight on the operative leg.
- You have been placed in a **short leg splint**. This will remain in place until your first post-operative visit. Please keep the splint clean, dry, and intact. If you need to take a shower, place a bag or saran wrap around the splint to keep it dry.
- Do your best to **elevate** your leg for the first 1-2 weeks after surgery. This will help decrease swelling and promote good wound healing for your ankle incision.
- Return to (sedentary) work or school 2-3 days after surgery if pain is tolerable. Return to heavy labor or excessive ambulatory activities will be determined by Dr. Murar.

DRESSINGS

- A large bulky compressive bandage/splint has been placed over your ankle. This dressing is designed to minimize swelling in the operative extremity (and should feel "snug").
- The splint is to be worn until your first post-operative visit. At that time you will be transitioned to a CAM walking boot.
- If you are experiencing significant pain and feel that the bandage is too tight, you may gently loosen the operative dressing by unwrapping and rewrapping the outside ACE bandage at any given time. Please do not remove the underlying white fluffy gauze.
- Keep your dressing/splint clean and dry until your first follow-up visit. If you wish to shower, plastic bags, saran wrap, and waterproof dressings can all be used to keep the area dry.

MEDICATION

- You have been prescribed one of the following **pain medications**:
 - Oxycodone – Please take 1-2 tabs every 4-6 hours as needed for pain.
 - Norco – Please take 1-2 tabs every 4-6 hours as needed for pain.
- In addition to narcotics it is advised that you take scheduled **NSAID (non steroidal anti-inflammatory)** and **Tylenol** (alternating) for the first five days and then as your pain gradually improves you will wean off the narcotics and take NSAID/Tylenol on an as needed basis. If you have been prescribed Celebrex do not take other NSAIDs (i.e. Advil/Aleve) in combination with this.
 - **Tylenol (Acetaminophen)** – take no more than 4,000 mg in a 24 hour period. Do not take if you have liver disease.
 - **Ibuprofen (Advil)** – take no more than 2,400 mg in a 24 hour period. Do not take if you have kidney disease, history of ulcers, or GI bleeds.
 - **Naproxen (Aleve)** – if you prefer this over the counter NSAID over Ibuprofen/Advil you may take this instead. **DO NOT TAKE BOTH IBUPROFEN & NAPROXEN** as this increases your risk for toxic side effects. Please take no more than 1,500 mg of Naproxen in a 24 hour period. Do not take if you have kidney disease, history of ulcers, or GI bleeds.
- You may have been given a prescription for **enteric coated Aspirin 81 mg** which you should take twice daily with food to decrease the risk of post-operative blood clot formation.
- You have also been given a prescription for **Senokot** to take 2 tabs daily as needed for constipation. Sedation during surgery, narcotic medications, decreased fluid intake, and decreased activity all contribute to constipation. Do your best to get up and walk as well as take in fluids. If you find that you are still constipated despite the Senokot medication, there are other over the counter medications that you can try: Miralax, Fleet enema, or bisacodyl suppository.
- If you have any side effects (i.e. Nausea, rash, difficulty breathing) from medication discontinue its use and call our office.

PHYSICAL THERAPY

- The need for outpatient physical therapy will be determined by Dr. Murar and discussed at your first post-operative visit.
- After two weeks your splint is removed and you are transitioned into a CAM boot. At that time you may remove the boot 3-5 times daily to work on gentle range of motion of the ankle and to prevent stiffness. However, formal physical therapy typically isn't initiated until the 6 week post-operative visit.

FOLLOW UP

- You have likely already been scheduled for your first post-operative visit. If you have not received an appointment please contact the office to schedule an appointment for 10-14 days after your surgery.
- You will be seen by Dr. Murar's Physician Assistant – Katie Peterson. Your first post-operative visit will include a review of your intra-operative findings, x-rays, and to go over any questions that you may have.
- Sutures will also be removed at that time.
- Call the office immediately if you develop a fever (>101.4), chills, excessive incision drainage, calf pain, or persistent lower extremity numbness.

- If you have any other questions or concerns please feel free to call the office.