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## Distal Radius Open Reduction Internal Fixation Post-Operative Instructions

### ACTIVITY

- Elevate the arm at all times to help reduce swelling and pain. Using several pillows, maintain the arm above chest level especially when sitting & sleeping at night.
- You may apply ice packs to your hand and wrist to help with pain and swelling as well (20-30 minutes four times per day).
- Wiggle your fingers regularly. Gently open and close your fist to maintain digital flexibility and motion. You may use your opposite hand to assist in these exercises.
- Please avoid high force/resistance grasping using your operative hand as well as lifting objects greater than one pound for a period of one month following surgery in order to prevent wound complications.
- You may develop bruising around your forearm and elbow. Do not be alarmed - this is normal following surgery. If you develop significant arm swelling, redness, or tenderness, you should contact our office promptly.

### DRESSINGS

- A large bulky compressive bandage/splint has been placed over your wrist. 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 or your first hand therapy appointment, whichever comes sooner. At either appointment you will then be transitioned over to a removable wrist splint.
- 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 have 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. 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.

## HAND THERAPY

- Formal outpatient hand therapy will be initiated approximately 7 days after surgery. At that appointment they will remove your splint, initiate gentle wrist range of motion, and transition you into a removable, custom wrist splint.

## 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 you may have.
- Sutures will also be removed at that time if necessary.
- Call the office immediately if you develop a fever (>101.4), chills, excessive incision drainage, calf pain, or persistent hand numbness.
- If you have any other questions or concerns please feel free to call the office.