



General Post-Operative Instructions
Compartment Release
Chronic Exertional Compartment Syndrome

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WOUND CARE:

- After surgery, your leg will typically be placed in a soft dressing. On some occasions, a splint will be used. This should be left in place until your follow-up appointment. Keep the dressing clean and dry. Do not stick anything into the top or bottom of the dressing.
- Skin stitches or staples will be removed at your first post-op appointment (usually about 2 weeks after surgery)
- You may take a shower or bath after surgery. The dressing needs to be kept clean and dry. Patients sometimes need a shower chair to help. Often, a bag is placed over the dressing to keep it dry.
- Do not submerge the wound in water (bath, pool, lake) until it has completely healed.

ICING/ELEVATION:

- Icing is an important part of recovery from surgery. It is used to decrease swelling and inflammation. Apply ice for 20 minutes every hour.
- You may apply ice over the top of the splint. Be sure not to let the splint get wet.
- Keeping your leg elevated above your heart will also help decrease swelling. This is one of the most important parts of recovery and pain control. Remember, "Toes above your nose."
- You are encouraged to gently move your ankle around several times per day. This will help prevent stiffness and will also help improve swelling. You are encouraged to 'draw the alphabet' with your foot.

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 (crackers). You may progress slowly to your normal diet if not nauseated.
- Patients are sometimes prescribed an anti-nausea medication after surgery. This can be used to treat nausea. If nausea or vomiting persists despite medication, call the office.
- Pain medication can also cause constipation. An over-the-counter laxative, high-fiber diet or fruit juice may be helpful.

MEDICATIONS:

- Most home medications may be resumed the evening of surgery or the following day unless specifically directed by your surgeon or primary care provider.
- Typically, patients are given a prescription for narcotic pain medication. Most commonly, this is hydrocodone + Tylenol (Norco) or oxycodone + Tylenol (Percocet). This should be used as instructed if pain is not otherwise well-controlled. Typically, patients require narcotic pain medication for around 2-5 days following surgery.
- Try to take pain medication with food to help decrease nausea.
- Prescribed pain medication may already have Tylenol (Acetaminophen) mixed with it. Do not take any other medications that include Tylenol while taking these pain medications. Taking too much Tylenol can cause liver damage.
- Taking medication prior to bedtime may help with sleeping.
- Do not drink alcohol or drive while taking narcotic pain medication (hydrocodone, oxycodone, dilaudid, etc.).
- Pain medication typically takes about 30-45 minutes to take effect.
- Some patients may receive a nerve block prior to surgery. This block lasts a different length of time in each patient, but typically lasts 12-18 hours. When you begin to feel some tingling in the extremity, the block is beginning to wear off. This is a good time to begin taking oral pain medication.
- Pain medication likely will not take away all of your pain. It is okay and expected to have some discomfort.
- Because of the risks of prolonged narcotic use, in most cases narcotic pain medication will not be prescribed after 4-6 weeks from surgery. Plan to wean narcotic use after surgery accordingly.

ACTIVITY:

- Crutches will typically need to be used for comfort initially after surgery.
- You will usually be allowed to bear weight as tolerated after surgery. This may be changed in some situations.
- Return to work depends on your job requirements, specifics of your surgery and pain/swelling levels. This can be discussed at your follow-up appointment.
- Physical therapy may be prescribed after surgery. This is an important part of your recovery and we encourage patients to attend all physical therapy appointments.
- Return to driving after surgery is okay once narcotic pain medication has been stopped and you are cleared by your surgeon. The length of time until patients are able to return to driving varies depending on the specific surgery and which leg is involved.

BLOOD CLOT PREVENTION:

- Though uncommon, blood clots (also called deep vein thrombosis or DVT) can occur after surgery. To decrease the risk of this problem, you should flex your ankle and toes up and down ten times per hour (when awake) for the first 4-6 weeks after surgery. You can do this inside your splint initially.
- When you are placed in the removable boot, you may take the boot off to move the ankle up and down.
- Elevation of the operative leg also helps decrease swelling and prevent blood clots.
- Most patients will be instructed to take 325mg aspirin daily for approximately 4 weeks after surgery. This may differ in certain situations.
- Be sure to let your surgeon know if you have a history of blood clots.

REASONS TO CALL THE OFFICE:

Please call the office for any of these concerns:

- Fever above 101.5°F
- Excess pain or swelling of the calf
- Excess drainage at surgical incisions
- Worsening pain in the operative leg not controlled with medication
- Excess nausea/vomiting
- Numbness in the operative leg
 - Some numbness can be expected initially after surgery if a nerve block was used
- Redness around the incision site
- Any other questions or concerns

FOLLOW UP APPOINTMENT:

- A post-operative follow-up appointment will be made for you at the time your surgery is scheduled for 2 weeks after surgery. If you do not have an appointment scheduled after surgery, please call our office.

