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Post-Operative Instructions

1. Weight bearing status: Non-weight bearing on the operative extremity unless otherwise stated.

2. Activity: If you are in a splint or boot, it is OK to move your fingers and toes. This will help with swelling and decrease the risk of post-operative stiffness. Keeping your extremity elevated above the level of your heart for the first 24-48hrs will also be helpful for swelling and pain control. It is normal for your injury to continue to swell after surgery, especially if it has not been elevated during the day. Elevating at night should be helpful with this. Using ice can also help with swelling. It should not be applied directly to the skin as it can cause burns. Ice can be used for 20 minutes on, 20 minutes off fashion. It is normal for bruising to also get worse or move up/down the extremity after the surgery as your body deals with the swelling from the fracture/surgery.

3. Dressing: Please leave your dressing on until your clinic follow-up. Some minimal saturation of the dressing is OK. Please do not use any ointment under the bandage.

4. Driving: No driving during the first week after surgery regardless of the operative leg/arm or while on narcotic medications.

5. Showering: You may shower on postoperative day #2-3; however, do not wet the wound/dressing. Cover the area with tape and plastic wrap. Keep the wound dry at all times. Do not soak the incision in water or go swimming in the pool or ocean until 6 weeks post op.

6. Follow-up: You should already have a 2- week post-operative visit scheduled. If not, call the office: 512-485-0544. Sutures/staples will be removed at this time.

7. Concerns: If you develop a **fever** (101.5), redness or drainage from the surgical incision site, please call our office to arrange for an evaluation.

8. Pain medications: To minimize the amount of narcotic pain medications prescribed we utilize a multi-modal regime for pain management. This means that several different medications, each affecting a different pain sensation pathway will be prescribed.

1. **Meloxicam 15 mg:** Non-steroidal anti-inflammatory. Take once daily, helps with inflammation, swelling and pain.
2. **Tramadol 50 mg:** Weak non-addictive opioid Take every 6 hrs as needed for pain
3. **Oxycodone 5mg:** stronger opioid for pain that cannot be controlled with the above combination. Can be taken up to four times a day for breakthrough pain
4. **Aspirin 81mg daily:** Prevents blood clots. Take twice daily until prescription is complete
5. **Tylenol 500 mg:**This is not prescribed but OK to take in addition to medications above as needed. 2 tablets up to 4 times a day. Do not exceed 4 grams (4000 mg) per day.

Nerve blocks

Once you have minimal pain, usually a couple days after surgery, you can stop the tramadol and oxycodone. Meloxicam helps with swelling and discomfort and usually is helpful to take until your first post op appointment, as is Tylenol. Many surgeries are done with a nerve block, meaning you will have a numb extremity anywhere from 12-36 hours after surgery. Do not be alarmed if you cannot feel your operative extremity- that means the block is still working. You should take tramadol before you go to sleep the night of surgery, even if you are having no pain- this ensures that you have some pain medication in your system if the block wears off while you sleep. As soon as you feel tingling or increased sensation of any type, not just pain, in the operative extremity, you should take another tramadol and continue to do so every 6 hours until the block has completely worn off. The day after surgery you should start the meloxicam in the morning. Once the block has fully worn off and you have full sensation in the operative limb, you can determine how much pain medication you still need and eventually stop taking it as you become more comfortable. Usually you stop tramadol first (and oxycodone if you needed it), followed by meloxicam, and finally Tylenol. A lot of patients find it beneficial to take meloxicam until the first post op appointment as it helps with swelling and discomfort.

24-Hour Medication Schedule Sample- Adjust start time as needed

Time	Medication	Dose	Instructions

7:00 AM	Meloxicam	15 mg	Take once daily with food
7:00 AM	Aspirin	81 mg	Blood clot prevention
7:00 AM	Tylenol	1,000 mg	As needed
9:00 AM	Tramadol	50 mg PRN	If moderate pain
11:00 AM	Oxycodone	5mg PRN	Breakthrough pain
1:00 PM	Tylenol	1,000 mg	As needed
3:00 PM	Tramadol	50 mg PRN	If moderate pain
5:00 PM	Oxycodone	5mg PRN	Breakthrough pain
7:00 PM	Aspirin	81 mg	Second daily dose
7:00 PM	Tylenol	1,000 mg	As needed
9:00 PM	Tramadol	50 mg PRN	If moderate pain
11:00 PM	Tylenol	1,000 mg	As needed
11:00 AM	Oxycodone	5 mg PRN	Pain before bed
3:00 AM	Tramadol	50mg	Overnight breakthrough pain
5:00 AM	Oxycodone	5 mg PRN	Overnight breakthrough pain

Important

- Tylenol max = 4,000 mg/day
- Space tramadol and oxycodone apart (so you always have something strong in your system)
- Avoid ibuprofen/naproxen with meloxicam
- Use stool softener if taking opioids
- Avoid alcohol and driving while using opioids
- Use Zofran(ondansetron) as needed for nausea