Post Op Instructions: Open Reduction and Internal Fixation of the Tibia

You have undergone open reduction and fixation of your tibia. Your postoperative recovery will take several months. This protocol is to guide you through the first two weeks and to describe the physical therapy that you will have during this time and as your recovery progresses.

WEIGHT BEARING
Apply as much weight as you can tolerate on the operative extremity.

SWELLING
Some degree of swelling of your foot and toes is normal. Elevating your leg above your heart can minimize the swelling. Try to keep your leg up elevated upon a few pillows consistently for the first 48 hours, and intermittently thereafter. Swelling can be further controlled by use of ice or cold therapy directly over the site of surgery.

BANDAGES/DRESSING/BATHING
Keep your dressing/splint/cast dry and in place until your post-op visit. You may bathe or shower, but keep the dressing/splint/cast dry, through use of a plastic bag (such as a clean garbage bag) as a cover. Secure it with tape above the dressing/splint to prevent getting it wet. When taking a shower, you should use a plastic chair or some other means of sitting, both for balance and to avoid placing any weight on your leg. Do not submerge the incision under water for the first several weeks.

FEVER
A low grade fever (less than 101°) is common within the first 3-5 days following surgery. If the fever is higher or lasts longer, or is accompanied by increasing pain at the site of surgery, you could have an infection. If this occurs, please call our office for advice.

BRUISING
Because bleeding from the surgical site cannot escape, it typically travels under the skin to the most “dependent” part of the extremity. An evolving bruising of the foot and/or toes, which can increase over the first few weeks, is normal, and will ultimately resolve.

ACTIVITY
For the first week try to minimize how much you’re up and about. The more your leg is “dependent” the greater degree of discomfort and this will also cause an increased amount of swelling. CPM (Continuous Passive Motion A CPM (Continuous Passive Motion) machine has been arranged to improve restoration of knee flexion (bending). The machine is set such that it gently and passively moves your knee through a range of motion, beginning at full extension (fully straight or zero°) to about 50° (about halfway bent). The CPM device should be comfortable and as a guideline, is increased by 10° each day. Small increases of 5° at a time, each morning and each afternoon, may be easier than increasing by the 10°. Use the CPM approximately 8-10 hours/day. You may use it in any comfortable combination (such as on for 3 hours, off for one hour, on for

another 3, etc.), until you have reached your 8-10 hour minimum. You may use it at night. Call the CPM rep with any questions.

MEDICATIONS

You were given one or more of the following medication prescriptions before leaving the hospital. If you need a refill on your medication, please call the office by early Friday morning to insure that you will have our medications over the weekend.

Narcotics (Oxycodone, Hydrocodone): Some patients do not like to take medications but if you wait until your pain is severe before you take the narcotic pain medication, you will be very uncomfortable. Try to stay ahead of your pain. Always take the medications with food and do not drive while taking narcotic pain medications. Narcotic pain medications can cause side effects, the most common of which is nausea and constipation. If this occurs, trying taking zofran or phenergan to control the nausea. Also you might need to temporarily use a stool softener to alleviate the constipation.

Non-Steroidal Anti-Inflammatory Drugs (Advil, Motrin, Naprosyn): We do not recommend taking NSAID medications until the fracture is completely healed.

Acetaminophen (Tylenol): The provided pain medicine narcotic will typically contain acetaminophen so be cautious when taking additional acetaminophen to control your pain. Daily intake of acetaminophen should not exceed 3500mg.

Anti-Nausea Medication (Phenergan, Zofran): Try to stay ahead of your nausea and take the medication as soon as you begin to feel nauseated.

Antibiotics (Keflex, Clindamycin, Levaquin): Depending on the procedure you may have been discharged home with a course of antibiotics, take them as directed.

Antithrombotic (blood thinners): Sometimes your history or procedure will call for the use of a medication to decrease your risk of blood clots. If so you will be provided a prescription for enteric coated aspirin or other antithrombotic agents.

Regional Anesthesia Injections: You may have been given a regional nerve block either before or after surgery. This may make your entire leg numb for 12-36 hours after surgery.

FOLLOW -UP

You should be scheduled for a post-op appointment within the 10-14 days following surgery, at which time we will review your surgical findings, post-operative program and answer any of your questions.

PHYSICAL THERAPY

Physical therapy will be started in the hospital, and as an outpatient will be continued in the first few weeks after surgery.

IN CASE OF EMERGENCY

In case of an emergency, please contact me (CurtisBush@texashealth.org) or my assistant Faye by phone 817-878-5300. If your call or email is after hours or on the weekend, your call will be patched through to the answering service and either myself, or one of my associates will assist you.