

Post-Op Instructions Operative Fixation of Tibial Stress Fracture

Austin V. Stone, MD, PhD

DIET

- Begin with clear liquids and light foods (jello, soups, etc.)
- Progress to your normal diet if you are not nauseated

WOUND CARE

- **Remain in splint and non-weightbearing.**
- Please do not place any ointments lotions or creams on the incisions.
- Once the splint is removed **at least 7-10 days post operatively** you can begin to get the incision wet in the shower (water and soap lightly run over the incision and pat dry). NO immersion in a bath until given approval by our office.

MEDICATIONS

- Local anesthetics are injected into the wound at the time of surgery. This will wear off within 8-12 hours. Patients commonly encounter more pain on the first or second day after surgery when swelling peaks.
- Most patients will require some narcotic pain medication for a short period of time – this can be taken as directed on the bottle.
- Common side effects of the pain medication are nausea, drowsiness, and constipation. To decrease the side effects take the medication with food. We recommend a stool softener such as **Colace (docusate)** available over the counter and MiraLax (or comparable) if constipation becomes an issue. Be sure to drink plenty of water.
- If you are having problems with nausea and vomiting, contact the office to possibly have your medications changed.
- **Do not drive a car or operate machinery while taking the narcotic medication**
- Please avoid alcohol use while taking narcotic pain medication
- If you are having pain that is not being controlled by the pain medication prescribed, you may take an over the counter anti-inflammatory medication such as ibuprofen (600 – 800mg) or naproxen in between doses of pain medication. This will help to decrease pain and decrease the amount of narcotic medication required. Please take as directed on the bottle.
- For six weeks following surgery take one aspirin 81mg tablet daily to lower the risk of developing a blood clot after surgery. Please contact the office should severe calf pain occur or significant swelling of the calf or ankle occur.

ACTIVITY

- **Must use crutches to allow for only Toe-Touch/Heel-Touch weight-bearing for 6-8 weeks.**
- Elevate the operative leg to chest level whenever possible to decrease swelling.
- Do not place pillows under knees (i.e. do not maintain knee in a flexed or bent position), but rather place pillows under the foot/ankle.
- Do not engage in activities which increase pain/swelling (prolonged periods of standing or walking) for the first 7-10 days following surgery.
- Avoid long periods of sitting (without leg elevated) or long distance traveling for 2 weeks.
- NO driving until instructed otherwise by physician
- May return to sedentary work ONLY or school 3-4 days after surgery, if pain is tolerable

SPLINT

- Remain in splint until removal after the first post-operative visit.
- Avoid getting the splint wet (cover for shower).

EXERCISE

- Begin range of motion exercises 24 hours after surgery (knee range of motion, straight leg raises, quad sets) unless otherwise instructed.
- Discomfort and stiffness is normal for a few days following surgery. It is safe to bend your knee in a non-weight-bearing position when performing exercises unless otherwise instructed.
- Complete exercises 3-4 times daily until your first post-operative visit – your motion goals are to have complete extension (straightening) and at least 90 degrees of flexion (bending) at your first post-operative appointment unless otherwise instructed.
- Formal physical therapy (PT) typically begins after transition to full weightbearing. A prescription and protocol will be provided at the time of surgery unless deferred by Dr. Stone.

EMERGENCIES

Contact Dr. Stone's office at **859-218-3131** if any of the following are present:

- Painful swelling or numbness (note that some swelling and numbness is normal)
- Unrelenting pain or calf pain

- Fever (over 101° F – it is normal to have a low grade fever (<100°) for the first day or two following surgery) or chills
- Redness around incisions
- Color change in foot or ankle
- Continuous drainage or bleeding from incision (a small amount of drainage is expected)
- Difficulty breathing
- Excessive nausea/vomiting

If you have an emergency **after office hours** or on the weekend, contact the office at **859-323-5321** and you will be connected to our pager service. This will connect you with the Physician on call. Do NOT call the Center for Advanced Surgery or the Lexington Surgery Center. You can also call University of Kentucky Hospital at 859-323-5000 and ask for the operator to page the orthopedic resident on call.

If you have an emergency that requires immediate attention proceed to the nearest emergency room.

FOLLOW-UP CARE/QUESTIONS

- If you do not already have a post-operative appointment scheduled, please contact our scheduler at 859-218-3131 to schedule.
- Your first post-operative appointment will be scheduled with either Dr. Stone or his designated assistant for a quick wound check, physical therapy protocol and to answer any further questions you have regarding the procedure
- Typically the first post-operative appointment following ACL reconstruction is made for 7-10 days following surgery.
- If you have any further questions please contact Dr. Stone's office.