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POST OP ANKLE FRACTURE RECONSTRUCTION v1.1

You are recovering from ankle fracture surgery. The following instructions are to help make your recovery as rapid and successful as possible. This information is designed to answer some of the most frequently asked questions regarding what to expect and what to do after foot & ankle fracture surgery. These are general guidelines, if you have any questions or concerns, please call our office: 24/7, (404) 355-0743

1. Keep your splint or cast and dressings clean and dry at all times. **DO NOT** get it wet. You may shower by covering your splint/cast/dressings with a cast cover (available at local drug stores) or by using a plastic garbage bag and some tape.
2. **DO NOT** put any weight on your operative foot - doing so may disrupt the repair. Use crutches, walker, knee-walker, wheelchair or other assistive device without placing weight on your operative leg.
3. Strict elevation of your foot above heart-level is recommended whenever possible during the first 72 hours after surgery. This is critical to reduce pain and swelling.
4. You may apply a bag of ice to your ankle, 30 minutes on/off as needed, although the padding of your splint may prevent the coolness from penetrating down to your surgery site.
5. If you received a nerve block from anesthesia, your leg may be numb and weak for up to 36 hours. Remember to start taking your pain medication, as instructed, once you are home and able to eat and drink. This will make sure there is pain medication in your system ready to treat any pain that may result when the nerve block or locally administered numbing medicine at the incision wears off.
6. Postoperative bleeding is not unusual. Reinforcing your dressing with additional gauze pads can be helpful.
7. Your postoperative therapy begins on the day of surgery. Initially, you should wiggle your toes throughout the day. Also, contract the muscles in your calf from time to time throughout the day. Perform straight leg raises several times throughout the day. This will help reduce the risk of blood clot and help with swelling.
8. Postoperative pain is common but should be controlled by the prescriptions given to you. Narcotics frequently cause itching and this can be treated with a non-drowsy over-the counter antihistamine (Zyrtec, Allegra, Claritin etc...) or Benadryl if needed. Narcotics will also cause constipation. If you are using a narcotic pain medication, it is recommended that you take an over-the-counter stool softener twice daily, such as Colace or MiraLAX. If you have not had a bowel movement in 2 days, you should use a laxative of your choice to help facilitate a bowel movement. We often recommend Dulcolax in pill form.
9. You should take one 81 mg aspirin (baby aspirin) twice a day for 6 weeks to reduce the possibility of blood clots.
10. You should take 1000mg of Tylenol (2 extra-strength tablets), AND 400mg Advil (2 tablets/capsules Ibuprofen) **AT THE SAME TIME**, with food, every 8 hours for the first 5 days after Surgery. Use your narcotic prescription for any breakthrough pain.
IMPORTANT: Do not take Tylenol if you have a history of liver disease or allergy. Do not take Advil or other NSAIDS if you have diabetes, kidney disease, are on a blood thinner, or have a history of gastrointestinal ulcers.
11. Call your doctor's office for any fevers greater than 101.5 F or any other concerns. Present to the nearest Emergency Room for any chest pain, shortness of breath, intractable nausea/vomiting, or pain.
12. You will be seen in the office 2 weeks after your surgery. Please call my clinical assistant – Sarah Williams ATC if you do not already have an appointment: (404) 355-0743 ext. 1615