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**POST OP WRIST FRACTURE** v1.1

You are recovering from reconstructive wrist 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 wrist fracture surgery. These are general guidelines, if you have any questions or concerns, please call our office: (404)-355-0743.

1. Keep your splint or cast clean and dry at all times. **DO NOT** get it wet. You may shower by covering your splint/cast 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 wrist -doing so may disrupt the repair. You may use a sling as needed for comfort but do not have to stay in the sling.
3. Strict elevation of your wrist 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 wrist, 30 minutes on/off as needed.
5. If you received a nerve block from anesthesia, your arm/hand may be numb and weak for up to 36 hours.
6. Postoperative bleeding is not unusual. Reinforcing your dressing with additional gauze pads can be helpful. If you have concerns about the amount of bleeding or drainage, please call our office.
7. Your postoperative therapy begins on the day of surgery. Initially, you should wiggle/flex/extend your fingers throughout the day. This will help to reduce finger/hand swelling, and also helps with preventing finger stiffness. Frequent finger flexion/extension can also help reduce the risk of blood clot.
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 recommend Dulcolax in pill form.
9. Intractable pain that does not respond to pain medication and/or worsening numbness in your thumb, index, long fingers, may represent an emergency situation known as acute carpal tunnel syndrome. If you experience this, contact our office or present to the ER immediately for evaluation.
10. Anti-nausea medication, such as Zofran, is often prescribed. Take this medication as needed.
11. You should take one 81 mg aspirin (baby aspirin) twice a day for 30 days to reduce the possibility of blood clots.
12. You should take 500mg of Vitamin C Daily after your surgery for 90 days.
13. 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.
14. Call your doctor's office for any fevers greater than 101.5 F and present to the Emergency Room for any chest pain, shortness of breath, intractable nausea/vomiting or pain, or any other concern.
15. Your follow up appointment is set up for 2 weeks after your time of surgery. Please call my clinical assistant, Sarah Williams ATC, if you do not already have an appointment: (404) 355-0743 ext. 1615.