

Ankle Fracture Post-Operative Instructions

Ice and Medications

- Ice Regularly
 - Please ice your ankle regularly (20 minutes ice on, 20 minutes ice off) during your awake hours for the first 3-7 days after surgery. You may place the ice over the splint.
 - Alternatively, you may use a bag of frozen peas on and around the ankle for 20 minutes on, 20 minutes off.
 - Local pharmacies (i.e. CVS or Walgreens) also sell over-the-counter *Cold Packs* that you may use.
- Pain Medication
 - You may have or have not received a nerve block prior to surgery. Regardless, you should continue to take pain medications as instructed. It is important that you stay on top of your pain control. After a few days, you should start to decrease the amount of pain medication you are taking. If you can decrease the medications sooner, this is encouraged but not at the expense of being in severe pain.
 - **Oxycodone/Acetaminophen 5mg/325mg (Percocet)* - Opioid Pain Medication**
 - Take as needed for pain.
 - You may take 1-2 tablets every 4-6 hours as needed. You may want to take this medication around the clock for the first few days to control your pain.
 - **Acetaminophen (Tylenol)**
 - After you decrease your use of opioid pain medication, you may transition to acetaminophen.
 - Acetaminophen comes in regular strength (325mg per tablet) or extra strength (500mg per tablet).
 - You may take this medication alone or with opioid medications. However, if you are taking Tylenol along with your prescribed opioid, you must CALCULATE how much acetaminophen you are taking. There is 325mg of acetaminophen already in each opioid tablet.
 - Example: If you take 1 Percocet tablet and need additional relief, you may take 2 regular strength (325mg) acetaminophen tablets or 1 extra strength (500mg) tablet with the Percocet every 6 hours.
 - Do NOT take more than 1,000mg in a 6-hour period. Do NOT take more than 4,000mg in a 24-hour period.
 - Do NOT take if you have liver disease.
 - **Tramadol 50mg (Ultram)* - Opioid Pain Medication**
 - Take as needed for breakthrough pain.
 - You may take 1 tablet every 6 hours as needed. This should only be taken if the other pain medications are not helping enough.
 - You should wean yourself off this medication as soon as possible.
 - **Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)**
 - For fractures, these medications are to be used sparingly. It is preferred that you use alternative medications. If pain is severe, you may add these to the above regimens for a few doses.
 - **Ibuprofen (Advil, Motrin)** – You may take up to 800mg every 6 hours. Take NO more than 3,200 mg in a 24-hour period.
 - **Naproxen (Aleve)** – if you prefer this over-the-counter NSAID over Ibuprofen, you may take this instead. DO NOT TAKE BOTH IBUPROFEN & NAPROXEN as this increases your risk for toxic side effects. Please take NO more than 1,500 mg of Naproxen in a 24-hour period.
 - Do NOT take if you have kidney disease, history of stomach ulcers, or GI bleeds



- Blood Clot Prevention
 - You may have also been given a prescription for **Aspirin 81mg**, which you should take twice daily with food to decrease the risk of post-operative blood clot formation.
- Nausea
 - A common side effect of general anesthesia and opioid medications is nausea. Ensure that you are taking your medications with food and drinking adequate amounts of water. If feeling nauseous, please take the prescribed **Zofran 4mg**, 1-2 tabs by mouth every 8 hours as needed.
- Constipation
 - Anesthesia during surgery, opioid medications, drinking less fluids, and decreased activity all contribute to constipation after surgery.
 - Ensure you are drinking adequate fluids and getting out of bed during the day
 - Over-the-counter medications are very effective for constipation. To treat constipation, take these medications in the following order as instructed on the label.
 - Miralax → Sennakot → Colace → Bisacodyl (Dulcolax) suppository → Fleet enema
 - Begin with Miralax. If Miralax does not help, you can add Sennokot and take both medications together. If these are not working, you can add Colace to your regimen, then Bisacodyl (Dulcolax), and a fleet enema one by one.
 - Medications used to treat constipation do not always work immediately. Try taking a few doses of each when you start each medication before moving on to the next option.

Splint / Dressings

- PLEASE, DO NOT TOUCH! You will have a splint on for two weeks after surgery. Do NOT remove the splint. Do NOT get the splint wet. The splint and your dressings will be removed at the first post-operative visit. Sutures will likely be removed at that time.
- You may sponge-bathe the extremity that you had surgery on while you are wearing the splint.
- Alternatively, when bathing, please place the splint in a garbage bag with a towel wrapped around the top. Tape the bag closed at the top... then keep the bag outside of the shower/tub.
- If the splint gets wet, use a hair dryer on cool to dry the splint. Please call the office during business hours if the splint becomes saturated.
- Please DO NOT BATHE, HOTTUB, OR SOAK/SUBMERGE THE INCISION IN WATER as this can increase the risk of infection. Wait one month from surgery or until you are directed to do so.
- Small amounts of bloody drainage, numbness at the incision site, swelling, and bruising are normal findings following surgery.
- Do not use bacitracin or any ointments under bandages

Activity

- Try to rest the first few days following surgery. Elevate the operative extremity above the level of the heart as much as possible after surgery. Generally, most patients will end up staying in the splint for at least the first 2 weeks following surgery and then be transitioned to a CAM boot.
- You may NOT place weight on the foot for at least the first 6 weeks after surgery, maybe longer depending on the circumstance. After that time, Dr. Tauberg will instruct you to slowly begin putting weight on the foot if the fracture is healing appropriately. Use crutches or a walker to help you get around. Use of an iWalk or leg scooter is ok if you would like to purchase one.
- **Sleep:** Try to keep your operative foot elevated on pillows and keep it straight. Avoid sleeping on the side of your foot if possible. You may want to arrange pillows to help keep your foot in an upright position.
- **Driving:** Generally, driving is not recommended for the first 4 weeks after surgery if you had your LEFT ankle operated on. If it was your RIGHT ankle, you will not be able to drive for at least 8 weeks, maybe more. Driving is NOT allowed while taking opioid medications.
- **Return to Work:** You may return to work once you are no longer taking opioid pain medication during the waking hours, and once you are comfortable performing your job. Typically, light office clerical work is permitted 1-3 days post-op if able to elevate your ankle. Return to work will depend on the specifics of your job.



- **Travel:** You are okay to travel (air or automobile) as a passenger as early as the following day after surgery. While you may experience pain and discomfort with travel, it should not be detrimental to your healing.

Physical Therapy

- You will be allowed to do basic ankle range of motion exercises starting 2 weeks after surgery
- Dr. Tauberg will provide you with a prescription for physical therapy that you will start 6 weeks after surgery. A therapy protocol will be provided for you at your first post-operative appointment.

Follow Up

- Please contact the office the next business day to set up and/or confirm your first post-operative appointment 10-14 days after your surgery.
- You will be seen by Dr. Tauberg for your first post-operative visit to review your surgical findings and to go over any questions you may have. You will have new x-rays taken at that time. If necessary, sutures/staples will also be removed at that time.

Questions/Concerns

- After surgery, you may experience swelling in the leg/ankle/foot, water/blood drainage from incisions, and bruising in the leg. These are expected. Continue icing your ankle and affected areas. Please take pain medications as prescribed and stay on top of your pain. Do NOT walk in your splint or place any weight on the foot until instructed to do so.
- Call the office immediately or go to your local emergency department if you develop a fever (temperature > 101.5°F), shortness of breath, excessive incision drainage, pus drainage from the incision, calf pain, difficulty breathing, or pain non-responsive to medications for over 48 hours.
- **If you are experiencing an emergency, please call 911 or go to your local emergency department**
- If you have any questions or concerns, please feel free to call the office at **412-283-0260**

**Due to the current opioid epidemic, our team by policy does not allow prescribing narcotic pain medication beyond 6 weeks postoperatively. If you do need a refill, please call during office hours. We will not write narcotic prescriptions during weekends or after hours. We certainly support and validate your post-operative pain, but we encourage realistic goals for weaning off pain medications by the end of week 2 or earlier to prevent side effects and addiction.*

If you require further narcotic pain medication beyond our policy guidelines, we can refer you to a pain management doctor. If you already have a pain management doctor, please visit them prior to surgery and post-operatively to have them manage your pain. By law, we cannot prescribe pain medication if you have a pain management doctor.

