



Lower Extremity Trauma

Elevation

- Elevate your leg above heart level as much as possible during the first 2-3 weeks following surgery. This will help to minimize pain and swelling after surgery and will improve wound healing.
- Elevate your leg with folded blankets or pillows under your ankle. Do not place anything directly under your knee as this may increase risk of Deep Venous Thrombosis (DVT).
- Keep the ACE wrap on your lower extremity for at least 3 days. This will help to decrease pain and swelling.

Postoperative exercises/Activity

- Move your toes and foot several times per day (within the limits of your postoperative dressing) in order to decrease swelling and maintain mobility.
- Physical therapy may be prescribed during your first postoperative visit depending upon your specific injury and situation.
- Home exercises are integral to your recovery and restoration of function whether or not you are referred to formal physical therapy. Customized home exercises designed to fit your specific injury and circumstances will be reviewed during your first postoperative visit.

Activity Progression

- Weight Bearing Status: Toe-touch weight bearing on the affected lower extremity with assistive devices including crutches, scooters, and walkers.
- Activity advancement is tailored to the unique characteristics of each injury and the needs of each patient following surgery. While biologic healing requires time and there are some general guidelines, individual activity advancement depends upon a number of individual factors including preoperative fitness, injury characteristics as identified on preoperative imaging studies/physical examination, and intraoperative findings.

Bandage Care

- Some bleeding through the bandage is normal. Reinforce with more dressing if this occurs during the first 1-2 days following surgery.
- Keep the splint (if present) and bandage placed in the operating room clean and dry, and leave in place for 3 days.
- Unless specifically directed otherwise, you can remove the splint/bandages and shower 3 days after surgery. Keep the incisions out of the direct water stream and gently pat dry. Cover the incisions with band aids or other suitable dressing.
- Splint management: Beginning 3 days after surgery, you may come out of the splint for gentle Range Of Motion (ROM) exercises as tolerated for a few minutes at a time approximately 3-4 times a day (Unless specifically directed otherwise). Put the splint back on and secure with an Ace wrap when you have completed your ROM exercises.

Ice

- Ice helps to control pain and decrease swelling. It is particularly effective during the first 1-2 weeks following surgery. Place the ice on the part of your lower extremity that is not covered by a splint in order to be effective.
- Ice can be applied for 15-20 minute intervals up to 3-4 times per day as needed.
- Use a barrier between the skin and the ice pack to protect your skin.

Medications/Pain Control

- Local pain medication is injected into the soft tissues around your fracture and incision during surgery and lasts for approximately 4-6 hours.
- Take prescription pain medicines as needed for significant pain. It is common to take narcotic pain medication for a few days after surgery as this is typically when the pain is most severe. Some degree of pain after surgery is expected and has a protective function as it serves as a general guide to activity advancement. Take the pain medications as needed if you are experiencing moderate to severe pain. If your pain is manageable, stop taking the narcotics.
- It is OK to take nonsteroidal anti-inflammatory medications (e.g. ibuprofen, naproxen) for additional pain control unless specifically directed otherwise.
- Take the pain medication with food and water. Do not drink alcohol or drive while taking prescribed pain medication.

Diet

- Beginning the after day of surgery, drink plenty of clear liquids and eat nutritious foods. Adequate hydration and optimal nutrition are essential parts of your healing and recovery.

Blood Clot Prevention

- Best way to prevent blood clots is adequate hydration (drink plenty of water) and frequent movement of all 4 extremities.
- Unless otherwise instructed, take an enteric-coated baby aspirin (81 mg) daily for 10 days following surgery. This may lower the risk of a blood clot developing after surgery.
- Call the office if you notice excessive swelling or significant pain below your knee (Calf, ankle, or foot).

Common Complaints after Surgery

- Nausea/Vomiting is usually related to the anesthetic drugs used during surgery and resolves during the first 24 hours. Begin with clear liquids and light foods following surgery and advance as tolerated.
- Drowsiness is associated with anesthetic drugs and IV pain medications used during your surgery. This usually resolves within 24 hours.
- Constipation is a common side effect of narcotics and strong pain medications. Adequate hydration, a diet high in fiber, and over-the-counter stool softeners (Senokot-S, Colace) can help to minimize constipation.
- Low grade fever (< 100.5° F) can occur during the first 24-48 hours following surgery. Taking deep breaths and periodically sitting upright helps the fever to resolve and improves air flow through your lungs.

When to Call

Call us at 858.703.6964 if any of the following develop:

- Temperature > 101.5° F
- An increase in redness or cloudy drainage from the incisions
- Severe pain not adequately controlled with medications

- Excessive nausea or vomiting
- Chest pain or shortness of breath