

## **Post-Op Instructions Operative Fixation of Tibial Stress Fracture**

### **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. Barnes.

**EMERGENCIES** - Contact Dr. Barnes' office at (239) 334-7000 if any of the following are present:

- Painful swelling or numbness (note that some swelling and numbness is normal)
- Unrelenting 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
- Continuous drainage or bleeding from incision (a small amount of drainage is expected)
- Difficulty breathing
- Excessive nausea/vomiting

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