

Preparing for your fracture stabilization surgery

Preparations prior to your procedure

- Discontinue use of aspirin, NSAIDs** (ibuprofen, Advil, Motrin, naproxen, Aleve). These medications may cause increased bleeding during the operation or postoperative period. If aspirin is prescribed for cardiovascular reasons, please discuss with your physician.
- Obtain any preoperative labs, xrays, EKGs, medical clearance** if so advised by your surgeon or primary care physician.
- Stop smoking/tobacco use** or decrease use as much as possible. Smoking and nicotine use impair postoperative healing and increase risks of cardiopulmonary complications, including blood clot formation, during and after surgery.
- Ice and elevate** your injured extremity often to decrease swelling and inflammation. This is very important! Severe swelling and inflammation are a source of pain and may cause your surgery to be rescheduled. Never apply ice to bare skin. Elevate extremity 12-20 inches above heart level.

Arrangements for the day of surgery

- Nothing to eat or drink past midnight the evening prior to surgery**, unless advised otherwise. You may take daily medications with a sip of water only.
- Shower or bathe with a gentle soap the night before or morning of your surgery. Avoid harsh scrubbing, getting splints or casts wet, and **DO NOT** shave the injured extremity.
- Patients with diabetes, please do not take insulin or oral hypoglycemic agents the day of surgery.
- Wear glasses rather than contacts; leave jewelry and valuables at home. **Bring loose fitting clothes** that will fit easily over a bulky cast or splint. Wear **supportive shoes**, not flip-flops/heels.
- If you are discharged home after surgery, you will **NOT** be allowed to drive. **A responsible adult must be able to drive you home and accompany you through the night after surgery.** It is preferable that the adult who will serve as your primary caregiver accompanies you to the hospital the day of surgery so that the surgeon can communicate operative results and plan for followup care effectively. This person will also need to participate in discharge teaching by the surgery staff. Most patients have impaired memory of the postoperative time.
- In addition to your actual time in the operating room, you need to account for preoperative preparations, postoperative recovery, and discharge teaching. You should **anticipate spending the majority of your surgery day at the hospital.** Some patients will require hospitalization after surgery.
- If you are going home the same day, you will likely receive a prescription for pain medication. This prescription can be filled by the adult accompanying you while you are in the operating room.

Anticipating your rehabilitation needs after surgery

- Many patients go home the same day as their surgery. However, some patients may be admitted to the hospital overnight. This decision is made on an individual basis based on assessment by the healthcare team with input from the patient and family.
- You will be able to eat and drink what you feel like after surgery. We recommend that you start “little and light” as the anesthesia medications may cause your stomach to be upset. If you are tolerating light foods well you may progress to eating whatever feels good.
- Following surgery, we will want you to minimize activity and to ice and elevate your surgical limb.** This will help to control postoperative swelling and pain. You will want to have several pillows for elevation and ice in a form that will mold to your limb, i.e. blue gel ice packs or frozen bags of vegetables—no ice blocks.
- Return to work and school following these procedures is patient specific. However, you should **anticipate requiring 3-5 days of minimal planned activities after surgery.** During the entire time you are taking narcotic medication you should not drive, drink alcohol, or be responsible for tasks that require judgment, coordination, insight, or short term memory, i.e. operating heavy power machinery, childcare, legal/financial decision making.
- You will see the surgeon for **your first postoperative appointment 10-15 days following surgery.** You can schedule this appointment prior to your surgery.