When can I return to full activity?

- You may be able to return to work as early as 3-5 days after your fracture repair, based on the physical requirements of your job.
- If you participate in sports or strenuous physical exercise, you should anticipate 3-6 months before being released to "full duty."
- Most people who have fracture repair feel "fully recovered" after 3-6 months.

When do I need to follow-up?

- **Schedule a follow-up appointment with your provider for 10-14 days after your fracture repair.**
- If you have any questions or concerns during that time, call Fremont Orthopaedics at (307) 332-9720. Option 2.
- For medical emergencies, call 911 or go to the nearest emergency department.

When do I start physical therapy?

- You should begin physical therapy as advised by your provider.

WHEN TO SEEK IMMEDIATE MEDICAL ATTENTION:

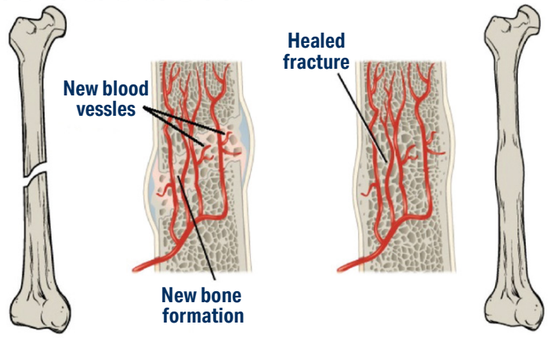
- If the patient becomes unresponsive, is extremely difficult to awaken, or has difficulty breathing • If you develop numbness or signs of poor circulation (blue/grey color or icy cold temperature) in your operative limb and these symptoms are not better after loosening your brace/dressing and changing positions
- If you experience severe nausea and vomiting and are unable to keep fluids down, fail to urinate for more than 8 hours, or experience dizziness or fainting
- If you develop a fever greater than 101.5°F
- If you develop severe tenderness or swelling in the middle of your calf
- If your pain cannot be controlled with the maximum amount of pain medication prescribed to you

FREMONT ORTHOPAEDICS PC

LANDER
815 E. Main Street • Lander, WY 82520
307-332-9720

RIVERTON
1223 E. Park Street • Riverton, WY 82501
307-856-7071

Upper Extremity Fracture Repair Postoperative Instructions



Fracture (Broken Bone) Healing Process

☐ **Open Reduction with Internal Fixation:** In this procedure, an incision is made in your skin to allow your surgeon to put the broken pieces of bone back together. This is usually done using a surgical plate and screws. The surgical plate and/or screws usually stay in place, and do not need to be removed unless they cause discomfort.

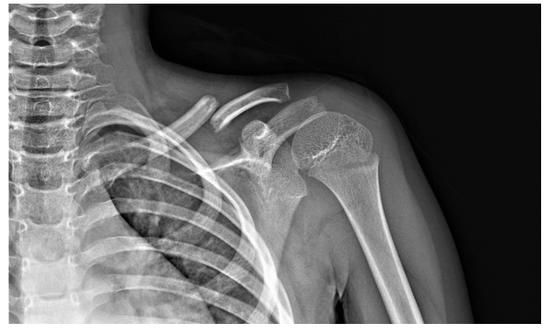
☐ **Closed Reduction with Percutaneous Pinning:** This procedure involves moving the broken pieces of bone back together, and holding them in place with pieces of wire that extend from the bone to the outside of the skin. Once your bone has healed, the pins are removed.

Patients may have these procedures performed while awake, or may be "put to sleep" before them. If you were not awake for your fracture repair, you received anesthesia, during which you were constantly monitored by an anesthesiologist or anesthetist.

Information About Your Fracture Repair Surgery

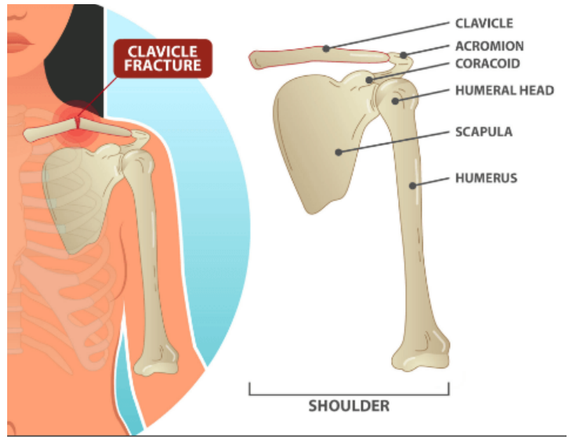
There are several types of fracture repair procedures, which all involve moving the broken pieces of bone back into healthy alignment, so that they can heal in a healthy shape. You underwent the following procedure:

☐ **Closed Reduction:** This procedure involves moving the broken pieces of bone back together without making any incisions (or "cuts") in the skin. In this procedure, the broken pieces of bone are kept in place using a cast or splint, which allows them to remain in healthy alignment while the fracture heals.



SUMMARY OF KEY ITEMS FOR YOUR RECOVERY:

- Keep your splint or cast in place until your provider removes it.
- Apply ice to your fracture site as directed.
- Do not lift, push, or pull with your injured limb until your provider clears you to do so.
- Use your splint, cast, or brace as directed and follow activity guidelines, as outlined below.



Post operative stabilization

☐ **Splint/Cast:** Casts and splints hold the bones in place while they heal. They also reduce pain, swelling, and muscle spasms

☐ **Sling:** Slings are used to ease pain, support healing and to protect your arm from further injury.

How do I use my sling?

- **Proper Placement** Ensure your elbow is comfortably nestled in the back of the sling and your wrist is supported.
- **Adjust t**he straps for a comfortable fit that supports the arm, but doesn't restrict circulation.
- **Remove** the sling only when instructed by your surgeon, typically for bathing, dressing, and prescribed exercises.
- 5. Sleeping:
- **Sleeping** with the sling is important to protect the shoulder and allow for proper healing. You may use a pillow to support your arm or elbow for comfort.
- **Follow** your surgeon's or physical therapist's instructions for exercises to maintain elbow, wrist, and hand range of motion

How do I take care of my splint or cast?

- The splint or cast that was placed on your fracture site consists of padding and hard splint or casting materials. This is intended to keep your bones from moving.
- Do not remove your splint/cast, but you may loosen the Ace wrap if it feels too tight. Your splint/cast should stay in place until your provider removes it.
- If you have a splint/cast, you may bathe or shower with your splint/cast covered with a plastic bag and tape or a commercially-made cast cover.
- Be careful not to get your splint/cast wet.

Can I use my injured arm after my fracture repair?

- You should minimize activity for the first couple of days after your fracture repair.
- **Do not lift, push, or pull with your injured limb until instructed to do so** by your provider. Your provider will discuss recommendations for activity progression at your postoperative visits.
- **You should ice and elevate your injured limb several times per day after your surgery.**

  ~ Never apply ice directly to bare skin. Do not use heat on your fracture site.

  ~ Begin moving your fingers immediately after your fracture repair.

  ~ Elevate your fracture site 12-20 inches above the level of your heart at all times except when using the restroom and eating for the first 72 hours after your procedure.

  ~ Apply ice to your fracture site for 30-40 minutes 5-6 times a day for the first three days after your fracture repair. You should keep applying ice 3 times a day for 2 more weeks, or until swelling decreases.

How do I take care of my incision?

- You may shower with your dressing removed once your provider tells you that it is safe to do so. Do not swim or submerge your operative site in a bathtub, hot tub, or hot spring until cleared by your provider.
- To wash your operative site, simply allow soapy water to run over the incisions. You may gently wash around your incisions, but do not vigorously scrub your incision sites.
- After washing, gently pat to dry your incisions with a clean towel. Once dry, you may apply clean, dry dressings.
- If you experience worsening pain, redness, or increased drainage from your incision site, contact your provider as soon as possible.

What should I eat and drink after my fracture repair?

- You may eat and drink what you feel like after your fracture repair, but it is very important to stay hydrated, so you should consciously increase your water intake.
- If you received anesthesia, you may experience nausea, so we recommend that you start with light foods such as soup, toast, crackers, water, or juice. If you are tolerating these foods, you may progress to a regular diet.
- Opioid pain medications often cause constipation, so eating a high fiber diet may help you to avoid this side effect.

What medications can I take?

How to Manage Discomfort After Fracture Repair

- You will experience some discomfort following your fracture repair, which is part of the expected healing process. Our goal is to help you maintain a mild level of discomfort that allows you to go about your daily activities, participate in rehabilitation exercises, and sleep at night.
- For the first several days after your fracture repair, it is helpful to take pain medication at regular intervals to keep pain at a tolerable level. This is more effective than allowing pain to become severe and trying to "chase it" back down to a tolerable level.
- **It is extremely important for you to ice and elevate your fracture site in order to reduce pain, swelling, and inflammation.**
- **For safety reasons, always take prescription medications as directed** and talk with your provider if you think your prescription needs adjustment.
- **You may need to take pain medication on a regular schedule for the first 1-3 days after fracture repair.** After that time, you can begin to decrease your pain medication by taking smaller doses and increasing the time between doses.
- You may use Tylenol (acetaminophen) instead of your prescription pain medication.

Precautions with Pain Medications

- **Pain medication should always be taken with food** to avoid an upset stomach. You may split pills in half to take a smaller dose if needed.
- **Nausea and itching may occur with opioid pain medications.** If you experience these side effects, you may want to decrease your dose of pain medication or stop taking it.
- **Constipation is a common side effect of opioid pain medications.** To avoid constipation, increase your fluid and fiber intake, and consider using an over-the-counter stool softener (such as Colace or Docusate).
- **Do not take more than a total of 3 grams (3000 mg) of Tylenol in 24 hours.** Exceeding this limit can be toxic to your liver and is very dangerous. Many pain medications also contain Tylenol (acetaminophen), and it is important that you do not take a combined total of more than 3000 mg of this medication per day.
- **Sedation is a side effect of all opioids.** Patients who become very sleepy while using pain medication should not take another dose until they become alert.
- **Do not drive or drink alcohol while taking opioid pain medications.** You should also avoid tasks that require judgment, coordination, or short-term

Additional Notes: