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Dr. Jildeh - Post Op Instructions: Trauma/Fracture

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- If you live locally or are staying in the area for several weeks, please call our team to make a post op appointment 10-14 days after your surgery for suture removal, range of motion assessment and incision check.
- If you live out of state or country, or are going home ASAP, please make a follow up appointment with your local orthopedic physician, 10-14 days after your procedure, so that your sutures may be removed. You should call the ortho physician of your choice ASAP to make this appointment. If you need to find one, we recommend using the AAOS.org directory.
- For some surgical procedures, we recommend starting physical therapy 2-3x/week for 6-12 weeks after surgery. If you have not already made PT appointments post op, please call the PT of your choice and do so ASAP. Please call us if you need a PT prescription or protocol. If you need to find a PT, use physicaltherapists.com for a city or state directory.

If you have any questions, please read this information in its entirety, and then call with any questions.

MEDICATIONS PRESCRIBED FOR AFTER SURGERY:

You may be given a paper copy for your post op prescriptions, or they may have been ePrescribed. Do NOT leave the hospital until you have picked up these medications.

FOR PAIN RELIEF:

- We recommend taking Tylenol for pain relief, however, use caution when taking **TYLENOL** or other acetaminophen products. Do NOT exceed more than **3000mg** of Tylenol per day.
- You have been provided one or more of the following pain medication after your surgery. Refer to hand-outs provided by pharmacy for more information. See last page for narcotic information.
 - a. **Norco 5 mg (hydrocodone 5mg and acetaminophen 325mg):** this is a short-acting medication for pain. You should take 1 or 2 tablets every 4 to 6 hours AS NEEDED. *If 2 tablets every 4 hours are not relieving all your pain please call our office.* THIS MEDICATION CONTAINS TYLENOL (each tablet= 325mg of Tylenol). Use caution when taking additional Tylenol. MAX TYLENOL DOSE PER DAY IS 3000mg.
 - b. **TRAMADOL 50mg:** This is a short acting medicine for pain that is still considered a narcotic, but is less potent. Take 1-2 tablets every 6 hours as needed for pain.

FOR NAUSEA:

- **ZOFRAN (Ondansetron) 4mg Tablet** - this medication is AS NEEDED for nausea or vomiting. Place 1 tablet under the tongue every 8 hours as needed for nausea. If you are not nauseous, you do not need to take this medication. Please call our office if you still experience nausea despite taking this medication.

FOR ANTI-COAGULATION (Blood Thinners):

You have been prescribed one of the following anticoagulation medications. This medication is taken to prevent a blood clot from developing, which is a possible complication after any surgery. This medication is required after all surgeries. You must finish the entire prescription of anticoagulation medication.

- **ASPIRIN 81 mg:** This is a mild blood thinner. Please take 1 tablet twice daily for 4 – 6 weeks: starting the day after surgery, no matter what kind of procedure you had. Finish the entire prescription bottle, even if you are feeling better.
- **ELIQUIS 2.5mg (apixaban):** Usually this blood thinning medicine is taken 2x per day for 4 – 6 weeks. Do not take aspirin while taking this medication. This is an oral medication for patients with a higher risk, such as those flying after surgery, those with a personal history of blood clots, cancer, or on certain types of medications.
 - Take Eliquis on the day before, the day of, and the day after your flight. Do not take aspirin on the days you take Eliquis, but resume the aspirin as prescribed after you finish the course of this medication.
- **LOVENOX 40mg(enoxaparin) injection:** This is a daily injection. Inject 40mg subcutaneously daily or the day before travelling. Do not take aspirin while taking this medication.

OTHER MEDICATIONS TO CONSIDER: (*you may buy these over the counter, without a prescription*)

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- ✓ **TYLENOL:** Some pain medications contain **Tylenol**, including Norco, Lorcet, and Percocet. Oxycodone and Dilaudid **DO NOT** contain **Tylenol**, and it is recommended to *add in Tylenol for pain control if needed*. This can be taken as 325-600mg every 4 hours. You may take Tylenol at the same time as oxycodone, or alternate it. The maximum dose for Tylenol per day is 3000mg.
- ✓ **MIRALAX, COLACE, SENNA OR DOCUSATE:** These are over-the-counter mild laxatives and stool softeners for prevention of constipation. We suggest beginning these the day after surgery if you are taking narcotics. Please call the office if you have not had a bowel movement for three days after your surgery.
- ✓ **BENADRYL:** Itching can be common when taking narcotics. Take this as needed for any itching symptoms. It may also be used with Melatonin for a sleep aid if you have any issues or discomforts with sleeping post op, as it may cause drowsiness.

DRESSING/BANDAGE CHANGES:

- Please wait until the first post-operative appointment and we will take off your dressing. These were placed using sterile technique in the operating room, and we prefer to maintain the sterile environment.
- Do not pull on any sutures that are visible.
- It is very important that you **leave the last layer of bandage on your skin**; this layer is made of “Steri-Strips”, which are the white pieces of tape adhered directly to your skin. These should stay on until your first post-operative appointment. You may not have steri strips placed during your surgery, in this case, take all the bandages off down to the sutures and recover the incision with an OpSite.
 - You may GENTLY clean around the Steri-Strips/incision with a warm washcloth and antibacterial soap to remove any dried blood, or solution used to clean your operative area prior to surgery. Do NOT scrub the incision area.
 - Do NOT put any oil, Neosporin, hydrogen peroxide, or lotion on your incision. After 3-4 weeks, we recommend using Mederma for scar minimization, found at most pharmacies.
 - Do NOT submerge your incision in any bath or hot tub for 3-4 weeks after surgery.
 - You may shower three days after your surgery. To shower, we recommend sitting down, or getting a camping chair or metal/plastic fold out chair to place in your shower (available at WalMart for <\$15. We also recommend getting a non-slip mat for your bath tub). Before you turn the water on, crutch or carefully walk into the bathtub, sit down on the chair in the shower, remove any brace/sling that you are required to wear (as they are not water proof), and while safely seated, allow the water to roll over your operative area, protected by the OpSites. Once you have finished bathing, pat the incision area dry, replace the OpSites as needed, and then put your sling/brace back on and stand up and crutch out of the tub area.
- You may notice suture/stitches on your incision, these may be black or they may be clear, like fishing line. These will be removed at your first post-op appointment, or if you are following up elsewhere, they may be removed by your physical therapist or another physician 10-14 days after surgery.
- Some signs to look for that may be of concern are an incision that is very red and very painful, leaking thick yellow or cloudy fluid, is still bleeding, or smells foul. Any of these symptoms with a high fever is reason to call our office.
 - Small amounts of clear fluid or dried blood is normal, as is bruising and discoloration.
 - For **tibial plateau fractures** after an Ex-Fix, your incisions may leak large amounts of yellow fluid, which is normal due to the yellow colored betadine we use to clean your wounds.
- **If you were given a NERVE catheter** pre operatively and you have any issues with it, including leakage, pump malfunctioning, catheter tip falling out, etc, then please call the phone number provided on your pump or call Acute Pain Services, contact listed on last page.

OTHER GENERAL SURGERY INFORMATION

ICE: Swelling and bruising is normal after surgery because there is bleeding associated with surgery. Continuous icing will help to decrease swelling and pain. It is normal for trauma patients to have significant swelling associated with their surgery, especially in the lower leg/foot for leg surgery and in the wrist and hand for arm surgery. Continuous icing and elevation of involved extremity will help decrease this swelling, although be advised it may take several weeks-months for it to resolve.

It is best to **ice at least 5-6 times a day for 20-30 minutes**. It is very important to always have a protective cloth layer between the ice and your skin. You may use ice bags, frozen wraps, frozen peas or a NICE or Game Ready unit (an ice/compression machine). If you have received a NICE machine and have any questions regarding its use, please call the number provided with the machine. You may use the NICE wrap around operative area when you are resting comfortably, but anytime up and about, take the ice wrap off and use your brace/sling as directed. We do not recommend using the compression feature until 3-4 days after surgery.

DRIVING: Please **do not drive** until you are evaluated in an physicians office after surgery. You are considered an impaired driver following surgery, and if you choose to drive, your insurance may not cover any accidents that occur. Absolutely no driving while taking narcotics or with weight bearing restrictions on your right leg.

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PHYSICAL THERAPY: This is dependent on your injury and specific procedure. You may be given specific protocol after your surgery (included in the white folder). Please begin therapy at a facility of your choice as soon as possible following surgery (within 3 days) and **bring the protocol with you to the visits.**

ACTIVITY RESTRICTIONS/BRACE/CRUTCHES/SLING: This is dependent on your injury and specific procedure. You may be required to use a sling, crutches, or a brace. **If you are placed in a sling/brace, it is extremely important to use as directed and make sure you always have the brace on when ambulating (walking). Following your surgery you may be weight bearing as tolerated, range of motion as tolerated.** It is important that you follow all instructions regarding activity restrictions as they are intended to promote healing and prevent complications. You may take the sling/brace off if you need to change the bandages, change clothes, or shower (be extra cautious!), or if you are sitting.

SIGNS AND SYMPTOMS OF COMPLICATIONS: Although complications are rare, the following are a list of concerns you should be aware of:

- **Infection** – increased pain not relieved with medication, fever, chills, redness, swelling or drainage from incision.
- **Blood Clot** – swelling, tenderness, or calf pain to touch or when you move your ankle up and down, shortness of breath and chest pain.
- **Compartment Syndrome** - any *severely* increased pain, swelling; especially common several hours to days after surgery, associated with numbness, tingling, cold/tight/pale skin, sometimes described as a “pressure-like pain”

REASONS TO CALL:

- Fever, chills or sweats
- Redness, swelling, or warmth around the incisions, non-clear drainage from the incision or increased pain in or around the incision (Ex-Fix patients – normal to have yellow discharge)
- Severe pain not relieved by medications with cool pale skin near surgical extremity
- Calf swelling, redness, painful to touch, or warmth
- Chest pain, difficulty breathing, or coughing up blood
- Inability to have a bowel movement after 3 days
- Inability to urinate after 1 day

If any of these concerns occur after-hours, please call the on-call physician, or go to your local ER!

NARCOTIC INFORMATION

Narcotics are a class of medication used for pain relief. These include the following medications:

(*More Potent*)---- **Hydromorphone/Dilaudid** ----**Oxycodone**----**Hydrocodone/Lorcet**----**Tramadol**----(*Less Potent*)

Narcotics may be necessary after surgery due to the pain associated with surgical procedures. Narcotics are prescribed to help provide *temporary pain relief*, starting the day of surgery. They are not intended for long term use. If you have been prescribed a narcotic, please read all information provided by the pharmacist and be aware of the side effects, drug interactions, and adverse effects associated with narcotics. Some of the most common effects are dizziness, nausea, vomiting, hypotension (low blood pressure), constipation, sleepiness, itching, headache, insomnia, nervousness, decreased appetite, rash, anxiety, euphoria, withdrawal symptoms if abruptly discontinued, dependency, abuse, addiction, respiratory depression, and shallow breathing. Never mix narcotics with any of the following: other opiates or narcotics, Benzodiazepines – Valium, Xanax, etc., or Alcohol.

Things you can do to prevent adverse effects:

- Ask your pharmacists if you are taking any other medications, if it is safe to do so with narcotics.
- Do not drink or take drugs while using narcotics. **Do not drive** or operate heavy machinery. Do not make any serious life decisions while taking narcotics, as your judgement is impaired.
- Narcotics are addictive and have a high abuse and overdose potential. Wean off of narcotics as soon as symptoms allow; try Tylenol extra strength instead.
- It is very common to have constipation with any narcotic use. Please try stool softeners and laxatives, such as Miralax, Senna, or Docusate as a first step in treatment.
- Take **Benadryl** for any severe itching associated with narcotics
- Use caution when walking around; take your time getting up from a seated position to avoid dizziness and falls.
- Take with food. Consider using **Zofran** if you have any nausea associated with narcotic use.

Appropriate Use of Narcotics:

Take 1-2 tablets every 4-6 hours. Start by taking 1 or 2 tablets with a small amount of food when you get home from surgery. **Set an alarm or write down when your last dose was.** After 4 hours, assess your pain level. If you have a lot of pain, take another 1-2 tablets 4 hours from last dose. If you have manageable pain or low pain, take only 1 tablet after 4 hours, or wait until 6 hours from last dose to take another tablet. If your pain seems manageable, then decrease to 1 tablet every 6 hours. You may also try switching to Tylenol instead of a narcotic. You may use Tylenol with the narcotics, but be aware of the dose of Tylenol, and **do not exceed 3000mg of Tylenol per day.**

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Some people may not need any narcotics after surgery. Some may only need 1 tablet just prior to Physical Therapy or to help them sleep pain free. Others may need 2 tablets every 4-6 hours for the first 3-5 days after surgery. *Judge your pain level throughout the day* and assess how much you will need on a personal basis. If you think you may need more medication, and are running low, please contact us 1-2 days before you run out of medication.

Consider weaning off of narcotics on a day by day basis, but do not get to the point where you have too much pain that they become ineffective. This is called a pain crisis, and usually occurs when a patient thinks they can suffer through extreme pain for an extended period and does not take any narcotics. If this occurs, it may be difficult for narcotics to cover the pain at that point, and you may need to go to the ER for IV pain control. Avoid this if at all possible by assessing your pain level throughout the day and staying on top of your pain medicine schedule.

Other Narcotic Information:

Once you have weaned off of narcotics completely for several weeks, consider *returning any unused medications to your local police department for disposal*. Do not flush them down the toilet or throw them in the garbage, as this can contaminate our water supply. *Keep narcotics locked and stored*, away from children especially. If you have any questions or concerns about Narcotics, ask your pharmacist or a member of our team.