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Ankle ORIF Postoperative Instructions

General

A family member or caregiver may need to assist you for the next few weeks.

- Helps with basic movement and function
- Helps with household chores
- Helps ensure all medications are administered
- Helps provide emotional support for daily life and rehabilitation

Furniture may need to be rearranged to avoid tripping and falling.

In general, the more you are up and ambulating, the better you will do.

If you had a nerve block, the effects may last 24 hours.

Activity

Non-weight bearing to the operative extremity. Crutches used for mobilization.

Do:

- Use crutches or a walker at all times while up and moving around.
- Keep the splint clean and dry at all times.
- Frequently elevate the operative extremity above the level of the heart to reduce swelling.
- Follow your physical therapist's instructions.
- You may return to work with minimal use of the operative arm (ie desk work)

Do Not:

- Put weight on the operative extremity.
- Lie in bed all day

Wound Care

Unless otherwise noted, your surgical site was closed with non-absorbable sutures. A sterile, soft dressing and splint were placed in the operating room.

- Leave the dressing and splint in place. Dr. Baessler will remove it at your postoperative follow up appointment.

Some drainage is normal for the first few days postoperatively.

- Excessive drainage that does not slow down or saturates the splint after a few days is worrisome. Please call the office with any questions or concerns.

Some redness around the incision is also normal in the first week postoperatively.

- If the wound becomes progressively more red, swollen, or painful after several days, please call the office.



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Medications

Unless otherwise noted, you will be given prescriptions for the following medications:

Aspirin 81 mg daily (6 weeks total)

- Helps prevent blood clots postoperatively

Acetaminophen (Tylenol) 1000mg every 6 hours (2 weeks total)

- This high dose, combined with gabapentin and celecoxib, works very well for pain without the need for opioids
- Do not exceed 4000mg in a single day

Gabapentin (Neurontin) 100mg three times daily- breakfast, lunch and dinner (2 weeks total)

- Works along with acetaminophen and celecoxib
- May make you drowsy

Celecoxib (Celebrex) 100mg twice daily (2 weeks total)

- Works along with acetaminophen and gabapentin
- Stay hydrated while on this medication

Oxycodone (Roxicodone) 5mg every 4 hours as needed (1 week total)

- Strong pain medication that can cause addiction
- Indiana law only allows prescription of 1 week worth of narcotics
- Only use this as a last resort
- May cause nausea, constipation, drowsiness, altered mental status

Docusate (Colace) 100 mg twice daily (2 weeks total)

- This helps prevent constipation associated with oxycodone

Ondansetron (Zofran) 4 mg dissolved on tongue every 6 hours as needed for nausea

- For postoperative nausea

Showering

You may shower on postoperative day 3

- Leave the dressing in place. It seals the incision.
- Let water run over the incision. Do not vigorously scrub. Pat dry.

Do NOT soak or submerge under water (bath tub, hot tub, pool).

- Until wound is completely healed (usually around 6 weeks)

Driving

You may return to driving if:

- You are completely off narcotic pain medications
- Strength and reflexes are back to normal



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- Typically no earlier than 2 weeks postoperatively

Follow-up

Dr. Baessler will see you back in the office 2 weeks postoperatively for a wound check and suture removal.