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Radial and Ulnar Shaft 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.

You may ice once every hour for up to 20 minutes, as needed, in the first few postoperative days.

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

If pain becomes excessive or if you develop numbness or tingling, please call the office.

Activity

Non-weight bearing to the operative arm. No restrictions to elbow or wrist range of motion.

Do:

- Wear the sling for comfort if you had a nerve block. It is a good idea to wear it at night and when out-and-about to protect the arm.
- Perform active elbow, wrist, and finger motion exercises several times per day.
- Use the operative arm for light daily tasks.
- Follow your physical therapist's instructions.
- You may return to work with minimal use of the operative arm (ie desk work)

Do Not:

- Lift anything heavy with the operative arm

Wound Care

Unless otherwise noted, your surgical site was closed with all-absorbable sutures under the skin, with steri-strips over top to seal the incision. A large, sterile soft dressing was placed in the operating room.

- On day 3, remove the ACE wrap and gauze. Leave the steri-strips in place. They will fall off after several weeks. Redress with large band-aids or island dressings daily.

Some drainage is normal for the first few days postoperatively.

- Excessive drainage that does not slow down 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.

Medications

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

Aspirin 81 mg daily (4 weeks total)

- Helps prevent blood clots postoperatively



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Acetaminophen (Tylenol) 1000 mg every 6 hours

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

Gabapentin (Neurontin) 100 mg three times daily

- Works along with acetaminophen and celecoxib
- May make you drowsy
- Easiest to take with breakfast, lunch, dinner

Celecoxib (Celebrex) 100 mg twice daily

- Works along with acetaminophen and gabapentin
- Stay hydrated while on this medication
- Easiest to take with breakfast and dinner

Oxycodone (Roxicodone) 5 mg every 6 hours as needed

- Strong pain medication that can cause addiction
- Indiana law only allows prescription of 1 weeks' worth of narcotics
- Only use this as a last resort
- May cause nausea, constipation, drowsiness, altered mentation
- The goal is to completely avoid taking this medication

Docusate (Colace) 100 mg twice daily

- 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

- Remove dressing. Leave steri-strips in place.
- 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
- 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.