



Michael Pensak, M.D.

**530 Lakehurst Rd, Suite 101
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**2 Hospital Plaza, Suite 310
Old Bridge, NJ 08857
732-349-8454**

Post-Operative Instructions Ankle Open Reduction Internal Fixation

Your Post-Operative Bandages:

Your post-operative dressing has several layers you need to understand in order to properly care for your ankle for the two weeks following surgery. Your two incisions were closed with deep absorbable stitches and skin staples. Your staples are removed 10 to 42 days after surgery. For some incisions I will use skin stitches that dissolve on their own.

The first layer is gauze, the second layer is a large white fluffy dressing that is loosely wrapped around your ankle. Occasionally, there will also be a small amount of blood, which is nothing to worry about. The third and final layer is a plaster splint covered with a long ace wrap that was wrapped around your leg from the foot up to your calf. The ridged plaster will protect your fracture from re-injury. This splint is NOT strong enough to walk on - so please don't. While you can loosen the ace wrap after surgery, do not remove the splint without my permission.

Elevation & ICE:

One important goal following surgery is to minimize swelling around the ankle. The best way to achieve this is with the frequent application of ice and by keeping the leg elevated. This is most important the first 48 hours following surgery. It is important to keep the entire leg elevated on a couple of pillows. We follow the "one to four" rule - which means that for every hour your leg is down (like sitting in a chair or walking) it takes four hours to reverse the swelling.

Washing & Bathing:

You should be careful to keep the splint clean and dry following surgery. Once your splint is removed, and you have your walking boot, it is OK to shower directly over your Steri- Strips (they won't come off for several days). The splint is used for up to 2 weeks after surgery, so be patient, it will be a while before you get that shower. In the interim, take care to prevent the splint from getting wet while bathing, water will make the otherwise strong plaster soft and weak.

Once you begin showers, it is also OK to use soap on your leg and over the Steri-Strips. This shower should be quick. I would prefer that you do not take a bath until three weeks after surgery. You may not go into a swimming pool, lake, or ocean unless I specifically give you permission.

Walking & Crutches:



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I will restrict your activity and weight bearing after surgery. Before leaving the hospital you should have been taught how to use crutches or a walker. The goal is to not put any weight on the injured leg. Rarely is a wheelchair necessary. Several weeks after surgery you will be allowed to walk on the fractured ankle, however exactly when this is permitted is different for each patients and largely depends on the severity of the injury.

Physical Therapy

Your physical therapy appointment will be made for you after your first follow-up office appointment. It is important to start physical therapy within two to three weeks after surgery. The goal of physical therapy is to first assess how your ankle responded to the surgical procedure, therefore they will remove your dressing and look at your wound. They will re- introduce you to your ankle so that you feel comfortable with your surgery and aren't afraid to start doing things. Your therapist will start range of motion, gait, and strength exercises on your first visit.

Prevention of Blood Clots:

Blood clots can form in your legs after big operations such as ankle fracture surgery. We take several measures to minimize the chance of this serious complication. Beginning during your operation we put plastic pneumatic stocking on your legs. I use a baby aspirin (81mg) once daily when you leave the hospital as this has a lower likelihood of causing a bleeding complication for 2-4 weeks from your date of surgery.

Driving:

There are restrictions on driving after surgery and precautions that should be followed once your get back to your car. Don't rush things. When you first begin driving, do it with someone else in the car to give you feedback on how you are doing. Start in an empty parking lot, then short trips and gradually work your way up to long drives. You can consider driving roughly 8 weeks after surgery if you fully consider the following points:

First, for those who own cars with automatic transmission, if you had right leg surgery you will need more time before driving than those patients with left leg surgery.

Second, when you first start driving, you should have someone else drive you to an empty parking lot where you can safely practice. Only when you feel comfortable should you begin short trips around town.

Third, you should not drive if you are still taking significant doses of pain medication. Narcotics will slow your reflexes and dull your judgment.

Fourth, you should not drive until the pain in the leg has decreased to a tolerable level and the knee has more than 90 degrees of motion.



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Fifth, driving is easy, sudden and unexpected stopping is difficult. If you need to stop the car suddenly, pain may slow your reflexes as you reach for the brake pedal. Practice this in a safe setting before going out on the road.

Follow up appointment: _____

Medications:

I will usually recommend your rehab facility administer the narcotic Oxycodone rather than Percocet so that you can supplement with Tylenol on the side and not have to worry about excessive Tylenol consumption. Oxycodone is Percocet without the Tylenol. This medication should be taken every 6 hours at the dose prescribed. However, you may supplement with Ibuprofen and/or Tylenol every 6 hours, offset by three hours from the narcotic. For example, in a given 24 hour period, you would take Oxycodone at 6, 12, 18 and 24 hours and the Ibuprofen and/or Tylenol at 3, 9, 15, 21. This way, you have medication on board every 3 hours. I find that it leads to better pain relief. If you were ever told that you can't take non-steroidal anti-inflammatories which is the class of medication Ibuprofen belongs to, or that you can't take Tylenol, then simply stick with just the narcotic. Tylenol and Ibuprofen should be taken in accordance with the directions on the bottle.

Some patients, when taking the first few doses of Oxycodone, may experience nausea or an episode of vomiting. To prevent this, take the medicine with food and be patient while the medicine begins to work. Usually, after the first few doses the nausea will go away. This medication may also cause skin itching and a slight rash. If either of those happen please notify us but they will usually subside with Benadryl so long as you have no contraindications to taking that medication.

What to watch out for:

- Worsening pain despite taking pain medication
- Persistent drainage from the wound after surgery
- Foul smelling drainage
- Increasing redness, pain or swelling around the surgical site
- Fever greater than 101
- Unable to keep food or water down for more than one day

Who to call for questions or problems:

If you are having problems or there are questions you need answered then please call our office at 732-349-8454 and our staff will assist you. Our hours of operation for our phone room are as follows: Monday through Thursday 8:30am- 4:30pm and Friday 8:00am – 4:00pm.



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We realize that after surgery some problems or questions are urgent and cannot wait until normal working hours. Under these circumstances we have a service that will get the message to a doctor on call for our office by calling the main number 732-349-8454.

*****If an emergency were to occur please go to the nearest ER for immediate attention.**

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