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## Post-Operative Instructions Scaphoid Fracture Fixation

### **Bandages & Ace Wrap:**

Your post-operative dressing has several layers you need to understand in order to properly care for your hand and wrist during the 2 weeks following your surgery. Your incision was closed with fine sutures that need to be removed. The incision line is then coated with a thin film of antibacterial ointment, Bacitracin, followed by a non-adherent mesh gauze that is easily peeled away from the skin once your dressing is taken down in the office.

The more superficial layers of your dressing contain gauze that is loosely wrapped with cast padding and then bolstered by a fiberglass splint to give rigidity to your wrist as it heals. The outer most layer is a stretchy cotton material called Bias. I take extra care to put it on loosely. Call the office if you are having any problems with the dressing.

Occasionally, there will be a small amount of blood in this dressing, which is nothing to worry about, however if you see a lot of bleeding please call my office.

### **Washing & Bathing:**

You should keep the dressing clean and dry until I see you in the office following your surgery at which point you can start showering with gentle running water only. The wound may not get immersed in any still bodies of water (bath, pool, hot tub, lake, ocean, etc...) until 10-14 days after your surgery. Immersion in water prior to this can cause the wound to breakdown or get infected.

### **Motion, Ice & Elevation:**

It is extremely important that postoperative swelling is minimized so that your hand and wrist do not get stiff. To help prevent swelling it is important to frequently apply ice and keep your hand elevated above your heart level for the first 48 hours after surgery. An ice pack from a store or cubes from your freezer placed in a zip lock bag work well. These should always be wrapped in a small towel like a washcloth and then applied to the dressing, 10 minutes on the front and 10 minutes on the back. This should be done roughly once an hour while awake. Never leave the ice on for more than 20 minutes and if the cold sensation becomes painful remove it immediately.

Of utmost importance is that you wiggle your fingers by gently pumping your fist open and closed for about a minute or two every hour while awake. This helps keep your finger tendons and joints supple and minimizes scarring around critical structures in your hand. Additionally, this promotes circulation through your extremity which further diminishes swelling.

**NOTE:** When you wake up from surgery your fingers will be numb from the numbing agent I administer just prior to your surgery and at the termination of your case or from the regional block administered



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by the anesthesiologist. This will usually wear off by the end of the day. It is completely fine for you to move your fingers while they are numb.

**Hand Therapy:**

You will require hand therapy following your surgery. When you are seen at your first post-operative appointment I will decide when therapy should begin.

The goal of hand therapy is to first assess how your body responded to the surgical procedure. Your therapist will start range of motion exercises on your first visit. If they find anything unexpected they will let me know right away.

**Follow up appointment:**

We try to give all of our patients a follow-up office visit at the time we schedule your surgery. I will usually see you 7-10 days after surgery to check your wound, remove stitches and look for any excessive swelling.

**Follow up appointment:** \_\_\_\_\_

**Medications:**

I will usually prescribe 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:**



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- 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.

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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