

**Andrew Zogby, MD**

Orthopaedic Surgeon, Sports Medicine Specialist

332 Santa Fe Drive, Suite 110

Encinitas, CA 92024

azogby@coreorthopaedic.com

(760) 943-6700

**Post-Operative Instructions**

**Ankle ORIF**

1. The splint that is put on at the time of surgery remains on until your first post-operative appointment.
2. Use **ice** as much as possible for the first 7 days and then as needed for pain. Ice should not be applied directly to the skin as it can cause burns. It is okay to place ice on your splint but ensure that the splint does not get wet while icing.
3. You may **shower seated** on postoperative day 3; however do not wet the wound/splint. Cover the area with a trash bag and tape. Keep the wound/splint dry at all times, until your sutures are removed at your post-op visit. Do not soak the ankle in water or go swimming until advised by the doctor (usually between 4 and 6 weeks after surgery).
4. Keep your **leg elevated** with a pillow under your calf, NOT under the knee. Elevation only helps to reduce swelling if your knee is above the level of your heart. It is normal to have some swelling in your calf and foot in the first few days after surgery, but calf pain should improve in a few days, not worsen.
5. **Crutches** or a knee scooter are to be used at all times until the splint is removed at your first post-operative appointment at 10-14 days after surgery. You will be transitioned to a CAM boot at your first post-op visit and allowed to start ankle range of motion at that time. Typically, you will be NON-weight bearing on your operative ankle for 6 weeks total.
6. You should already have a **post-operative visit** scheduled. If not, call the office after surgery to make an appointment about 14 days after surgery.
7. You should already be scheduled to see a **Physical Therapist** after your first post-operative appointment which is usually 10-14 days after surgery. If not, call the Physical Therapy office today.
8. If you develop a **fever** (101.5), redness or drainage from the surgical incision site, please CALL (760) 943-6700 our office to arrange for an evaluation.
9. You will receive **prescriptions** for medication to be used after surgery: these may include a narcotic pain medication, an anti-inflammatory, and/or an anti-nausea medication, and/or stool softener.

* Tylenol (acetaminophen)
  + Take up to 975mg every 8 hours as baseline pain control. Can take on scheduled basis then as needed as pain control improves. Do NOT exceed 3000mg total in a 24 hour period, as this can cause damage to your liver. This is your baseline pain control.
* Narcotic Pain Medication: Oxycodone 5mg
  + Initially after surgery, you can take 1-2 tablets of the narcotic pain medication every 4-6 hours depending on your pain level. Once your pain is well controlled, you can taper off the medication.
  + Generally used for 1-2 weeks after surgery
  + May cause constipation and/or nausea
* Anti-inflammatory Medication: Meloxicam or Motrin/Ibuprofen
  + If you have any difficulty using anti-inflammatory medications or aspirin, or have a history of ulcer disease, do not use.
  + You may use over the counter ibuprofen (Advil) or Naprosyn (Aleve) instead of the prescription we give you, but do NOT take more than one NSAID at a time
* Anti-nausea Medication: Compazine or Zofran
  + If you have nausea after surgery, call the office so that we can provide appropriate medication.
* Stool Softener: Colace (Docusate)
  + The narcotic pain medication will cause constipation. Take stool softener as directed while taking narcotic pain medication unless you develop diarrhea

**Every patient is different: If Dr. Zogby gives you individual instructions (even if they are different from this handout), please follow them.**

**Phone: (760) 943-6700**

**\*\*If you have any questions, please feel free to call our office.\*\***