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**Post-Operative Instructions**

**Tibial Plateau Fracture ORIF**

1. Remove the **dressing** on post-op day 5, or at your first Physical Therapy appointment. . Replace with clean Band-Aids or similar dressings to keep wounds clean and protect from friction/irritation.
2. Apply Band-Aids to small wounds & redress large wound. Please do not use any ointments under the bandage. If Band-Aid / dressing gets soiled or wet: gently remove, pat area dry, then redress site(s).
3. 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. Ice can be used in a 20 minutes on, 20 minutes off fashion. If you have a large bulky dressing in place, you may leave an ice pack on longer than 20 minutes. An ace wrap may be used to help control swelling. Do not wrap the ace too thickly or the ice will not penetrate.
4. You may **shower** on postoperative day 3 (72 hours after surgery); however do not soak/scrub or submerge the wound/dressing. Cover the area with tape and plastic wrap and pat dry after shower. Do not soak the knee in water or go swimming in the pool or ocean until wounds are fully healed, steri-strips are off and no more scabbing is present (usually around 4 weeks after surgery).
5. 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.
6. Keep the **post-op brace** on at **all times.** The brace should be locked at all times except in

physical therapy and when doing exercises. You may take the knee brace off when you

shower but cover the ace wrap with tape and plastic wrap.

1. **Crutches or walker** are to be used at all times for support. **You will remain non-weight bearing on the operative leg for 8-12 weeks depending on your specific injury and surgery. You may start knee range of motion as tolerated ASAP in and out of the knee brace, guided by PT.**
2. No **driving** during the first week after surgery regardless of the operative knee. Driving an automobile may begin when the brace is unlocked at all times (usually after 2 weeks) only if the operative knee is the **left**. If the operative knee is the **right**, driving usually begins 3-4 weeks after surgery. Driving a standard transmission usually begins at 3-4 weeks post-surgery regardless of the operative knee.
3. You should already have a **post-operative visit** scheduled. If not call the office after surgery to make an appointment 10-14 days after surgery.
4. You should already be scheduled to see a **Physical Therapist** within the first week after surgery. If not, call the office today! You will be given instructions for the therapist.
5. If you develop a **fever** (101.5), redness or drainage from the surgical incision site, please call our office to arrange for an evaluation.
6. You will receive **prescriptions** for medication to be used after surgery: these may include a narcotic pain medication, an anti-inflammatory, blood clot prevention (Aspirin) and an anti-nausea medication.
* 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 or Percocet
	+ 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
* Aspirin 81mg tablet
	+ Take every 12 hours (twice daily) starting the morning after surgery for 30 days. This is to prevent blood clots
	+ If you are already on other blood thinner medications please check with Dr. Zogby and your primary care doctor prior to starting Aspirin
* 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.
* Anti-nausea Medication: Zofran
	+ If you have nausea after surgery, call the office so that we can provide appropriate medication.

**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.\*\***