

POST-OPERATIVE INSTRUCTIONS PROCEDURE: HAND FRACTURE OPEN VERSUS CLOSED REDUCTION; POSSIBLE INTERNAL FIXATION

- Pain Medication: You will be given a prescription for pain medication to be taken after surgery. This should be filled and ready for use when you return home from the surgery center/hospital. You should not drive, operate heavy machinery or participate in activities that require concentration while taking narcotic pain medications such as Percocet, Oxycodone, Oxycontin, Norco, Vicodin, or Tylenol with Codeine. You should take an over the counter stool softener while taking narcotic pain medications to prevent constipation.
- <u>Dressings</u>: Leave the dressing/cast/splint intact until you return for your post-operative visit. Keep the cast/splint clean and dry at all times. **Do not remove**.
- Activity: Keep upper extremity elevated to the level of the chest as often as possible. Do not use the hand for lifting, pushing, or pulling. May perform elbow range of motion exercises unless the elbow is immobilized or you have been told not to do so by your surgeon.
- Cold Therapy: Always make sure to apply a barrier between the cold pad and your skin. Apply ice to surgical area in a waterproof bag for 20 minutes each hour you are awake.
- Post-Operative Appointment: Please make a post-operative appointment to see your surgeon 10-14 days following surgery.
- <u>Prescription Refill Protocol</u>: You <u>MUST</u> give your physician <u>48 hours</u> notice for any medication refill. Many medications require a written prescription and cannot be called into a pharmacy. Prescriptions <u>will not</u> be filled over the weekend.
- When to call your surgeon:
 - Ocomplications after surgery are fortunately very rare. Call the office or be evaluated immediately in an emergency room if you have any of the following symptoms:
 - Persistent fever >101, chills
 - Increasing/worsening pain at the surgical site (especially not controlled with pain medications)
 - New onset numbness or tingling
 - Hives or new rashes
 - Shortness of breath of chest pain
 - Persistent nausea/vomiting
 - Increased drainage from the incision