

Ankle Fracture

General Post-Operative Instructions for Ankle Fracture

The Number To Call For Any Problems Or Questions Is: 503-214-5200

Anesthesia:

You will feel a little off for a day or two after the anesthetic. During that time you should not drink alcoholic beverages, make any important decisions or engage in any potentially hazardous activities. It is very common to be slightly nauseated and you should start with a light, low fat diet until your appetite comes back.

Bathing and Wound Care:

It is not unusual for some blood to show through on the dressing. If bleeding seems to be continuing after the first 12 hours and the area is larger than 2 inches or so, please call the office.

The splint and dressing should cover the wounds and support the leg but should not feel overly tight or uncomfortable. If it seems too tight you should call the office or go to the ER if it is after hours.

The splint is not removable. Leave it in place and keep it dry until seen in the office.

Pain Management:

A long acting local anesthetic is injected into the ankle after surgery and usually wears off 6-12 hours later. As it wears off your ankle will begin to hurt more.

The interval for taking pain medication, as noted on the bottle, is a minimum interval. You should not take the medication more frequently than that. You may take the medication less often than on the prescription if you are not in pain.

You have been prescribed a narcotic pain medication. This medication should be taken to relieve pain, not to prevent it. You should not set your alarm clock to remind you to take your pain medicine, nor should you take it on a set schedule even if you are not hurting, as this can result in overdosing of the medication.

If you do not have trouble with ulcers or stomach pain, and if you do not have kidney problems, you may also take an anti-inflammatory medication in addition to or instead of the narcotic medicine. An average sized adult may take three 200 mg ibuprofen (Advil/Motrin) every 8 hours, or Aleve two tablets twice a day, with food for a period of two weeks.

Activity

Elevation and Ice:

Elevation is the best way to decrease your pain and swelling. It only counts as elevation if your ankle is above your heart. Sitting in a chair with your foot on the coffee table is not enough. Ice is important to apply often the first three to four days at a minimum. The ice will penetrate the cast even though you may not feel the cold.

Weight Bearing:

You are not to put any of your body weight on your ankle. It is ok to rest the foot on the ground but do not shift any of your body weight onto it.

Driving:

If your injured ankle is on the left and you have a car with an automatic transmission, you should be mechanically able to perform the functions associated with normal driving.

If your right ankle is the injured one, you are not able to use your right leg to push on the brake or accelerator and are thus not mechanically able to perform the functions associated with normal driving.

You should be mechanically able to do the things needed to drive. We cannot tell you what would happen if you did something that hurt and led to your losing concentration etc. You must make your own determination as to whether you are safe to drive.

You cannot drive if you are taking narcotic pain medication.

Follow Up:

If you did not have your post op appointment arranged prior to surgery, you should call the office to arrange for an appointment that works for you. You need to be seen within the next 7-10 days.

Some Reasons to Call:

Fever greater than 101.5 (it is very common to have a low grade fever the first night or two after surgery)

Redness or swelling that is spreading from the edges of the incisions

Pain that is out of control or worsening and not relieved by rest, elevation, ice and pain medication.

Chest pain, shortness of breath

If You Think That You Have An Urgent Problem That Needs To Be Seen Right Away, Then Go To The Emergency Room.