



Curtis Bush, MD
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Post Op Instructions: Open Reduction Internal Fixation 5th Metatarsal Fracture

WEIGHT BEARING

After surgery you will be non-weight bearing on the operative leg until the first post-operative appointment at our office. You will need to use crutches, wheelchair, or a walker for the first several weeks. Please remain in the splint until that time. We will plan to transition you out of the splint and into a boot at the first office visit.

BANDAGES/DRESSING/BATHING

A light compressive dressing has been applied to your incision to absorb some of the fluid under the splint. Keep the splint dry. You may shower with the splint covered by a waterproof cover or bag.

SWELLING

Swelling in the operative leg is normal. The swelling can take up to three to four months to subside. As you become more ambulatory, the swelling may increase. Swelling can be further controlled by cold therapy or compression over the surgical site.

BRUISING

You may also develop some bruising around the incision site and the operated leg. The bruising will eventually go away as the body reabsorbs the blood.

FEVER

A low grade fever (less than 101°) is common within the first 3-5 days following surgery. If the fever is higher or lasts longer, or is accompanied by increasing pain at the site of surgery, you could have an infection. If this occurs, please call our office for advice.

MEDICATIONS

You were given one or more of the following medication prescriptions before leaving the hospital. If you need a refill on your medication, please call the office by early Friday morning to insure that you will have our medications over the weekend.

Narcotics (Oxycodone, Hydrocodone): Some patients do not like to take medications but if you wait until your pain is severe before you take the narcotic pain medication, you will be very uncomfortable. Try to stay ahead of your pain. Always take the medications with food and do not drive while taking narcotic pain medications. Narcotic pain medications can cause side effects, the most common of which is nausea and constipation. If this occurs, trying taking zofran or phenergan to control the nausea. Also you might need to temporarily use a stool softener to alleviate the constipation.

Non-Steroidal Anti-Inflammatory Drugs (Advil, Motrin, Naprosyn): We do not recommend taking NSAID medications until the fracture is completely healed.

Acetaminophen (Tylenol): The provided pain medicine narcotic will typically contain acetaminophen so be cautious when taking additional acetaminophen to control your pain. Daily intake of acetaminophen should not exceed 3500mg.

Anti-Nausea Medication (Phenergan, Zofran): Try to stay ahead of your nausea and take the medication as soon as you begin to feel nauseated.

Antibiotics (Keflex, Clindamycin, Levaquin): Depending on the procedure you may have been discharged home with a course of antibiotics, take them as directed.

Antithrombotic (blood thinners): Sometimes your history or procedure will call for the use of a medication to decrease your risk of blood clots. If so you will be provided a prescription for enteric coated aspirin or other antithrombotic agents.

FOLLOW -UP

You should be scheduled for a post-op appointment within the 10-14 days following surgery, at which time we will review your surgical findings, post-operative program and answer any of your questions.

IN CASE OF EMERGENCY

Please contact me (Curtisbush@texashealth.org) or call the office phone number in case of an emergency. If your call or email is after hours or on the weekend, your call will be patched through to the answering service and either myself or one of my associates will assist you.