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Post Op Instructions

Open Reduction Internal Fixation of the Wrist/Forearm

You have undergone open reduction and internal fixation of your wrist or forearm. Your postoperative recovery will take several months. This protocol is to guide you through the first two weeks.

SPLINT/CAST

Please keep your splint or cast on until your first post operative appointment at our office.

BANDAGES/DRESSING/BATHING

A light compressive dressing has been applied to your arm to absorb some of the fluid. You may remove the dressing on post operative day three and may leave the incision open to air. Incisions should remain clean and dry and should be covered with a waterproof bandage for showering. If present, leave the steri-strip tape across the incisions. If you are concerned about any redness or drainage of the incisions please call the office.

SWELLING

Some swelling of your arm is normal. Too much swelling can constrict your hand/arm within the postoperative dressing and this can result in excessive pain. Elevating your arm on a few pillows can help decrease the swelling. Try to keep your operative site above your heart as best as you can. Swelling can be further controlled by cold therapy over the surgical site. Flexion/extension of the fingers (opening and closing your hands) will also help to relieve swelling and prevent stiffness.

BRUISING

Some bleeding from the surgical site and subsequent bruising down the arm (and sometimes all the way to the hand) is normal, and will go away with time.

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.

ACTIVITY

Remember you are to be non-weight bearing with your surgical hand/wrist. This means no lifting at all. Please call our office if you have any questions regarding your restrictions. We encourage you to move all parts of the arm/hand that are not protected and immobilized by the post-operative splint/cast. This will keep your joints from getting stiff and will help to control swelling.

SLEEPING

Patients often find that they are more comfortable sleeping in an upright position following surgery. Whether this requires just another pillow or two, a triangular pillow or even a “Lazy Boy”-type recliner, you may find sleeping in this position more comfortable for the first few weeks. However, such position is not necessary to protect the repair; it is simply a matter of your comfort.

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): During the first two days you may occasionally take an NSAID tablet between doses of narcotic pain medication. Always take NSAID with food. Do NOT take NSAIDS if you have an ulcer or a history of problems taking NSAIDS.

Acetaminophen (Tylenol): The provided pain medicine narcotic will typically contain acetaminophen so do not take additional acetaminophen to control your pain.

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.

Regional Anesthesia Injections: You may have been given a regional nerve block either before or after surgery. This may make your entire leg numb for 12-36 hours after surgery.

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.

PHYSICAL THERAPY

Physical therapy will be discussed at your first post operative appointment in our office.

IN CASE OF EMERGENCY

In case of an emergency, please contact me (CurtisBush@texashealth.org). 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.