



THOMAS KREMEN, MD

ORTHOPAEDIC SURGERY AND SPORTS MEDICINE

UCLA DEPARTMENT OF ORTHOPAEDIC SURGERY

(424) 259-9856 OFFICE

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Discharge Instructions After Ankle Fracture

IMPORTANT INFORMATION

- After discharge, look at the list of discharge medications discussed and given to you by your nurse or physician. Take all medication exactly as prescribed and remember to look at the information sheets (provided by the pharmacy) for medication side effects of interactions.
- Become aware of the Danger Signals listed below
- DO NOT drink alcohol while you are taking pain medication.
- DO NOT operate machinery, drive a vehicle, sign legal documents or take responsibility for another person while you are taking pain medication.
- DO NOT return to work/school OR drive a car until you have been given permission by your physician.

Please read these instructions carefully:

Immobilization/brace:

- Ankle splint is to be worn at all times on the operative extremity

Medications:

- You have been given a prescription for pain medicine (example: norco, oxycodone or Percocet). This medication can cause constipation, thus taking a stool softener is recommended such as Colace, dulcolax or senakot. Use the pain medication as needed for the first few days, then begin to taper yourself off. You may take Tylenol (acetaminophen) in place of the narcotic medication, however this must be limited to less than 4000mg total per day. If you have liver disease then do not take Tylenol unless directed to do so by your Liver doctor or primary care physician.
- DO NOT take ANY anti-inflammatory pain medications (examples: Advil, Motrin, Ibuprofen, Aleve, Naproxen, Naprosyn). These medicines can inhibit the healing of your surgery.
- DVT (blood clots) prophylaxis: not recommended for routine ankle fractures with no prior history of blood clots

Other Instructions:

- **Weight bearing status: Non-weight bearing**
- DO NOT drive until cleared by an orthopaedic surgeon.
- If you are a smoker, it is recommended that you refrain from smoking in the postoperative period. Smoking cigarettes or other substances will inhibit healing of your shoulder repair. Nicotine gum is better than smoking cigarettes, however it still carries a risk of impaired healing.
- DO NOT rub or scratch the incision.
- It is best to not shower until after your first clinic visit after surgery. If you must shower, your brace and dressings must be covered by 2 separate waterproof covers or bags sealed above the brace and dressings. It is important to keep the incisions dry for the first 7 – 10 days. After 7-10 days and removal of your stitches in the office, you may shower normally, however, no submerging of the incisions in a bath, pool, lake, ocean or other body of water. When showering try not to have the stream of water directly on the incision. After showering, do not scrub the area dry, instead pat the area dry with a clean towel. Steri strips (white tape on sometimes placed on incisions) have a tendency to come off in the shower. Replace steri strips as needed for about 1 month to enhance scar appearance.
- Avoid prolonged sitting/standing/walking for the first 2 weeks after surgery. Alternate your positions.
- For the first 2 weeks after surgery keep your leg elevated at all times when you are sitting or lying down and try to lay down as often as possible. It is very difficult (almost impossible) to elevate your leg appropriately when sitting. The goal is to elevate the knee above the level of your heart as often as possible.
- You can expect to see some swelling in your foot and calf on the affected side. This is normal. Keeping your leg elevated minimizes this swelling. If the swelling does not improve with elevation of the knee, please call the office.
- Take your pain medication (oxycodone) as directed on your prescription. Do not wait until the pain is intolerable. It takes 30 - 40 minutes to feel the effects of the medication after swallowing it, so start taking the medicine when it begins to hurt. Consider taking the medication when your pain level starts to interfere with your ability to concentrate on what you are doing – reading a book, watching TV, carrying on a conversation.
- Eat your normal diet.
- Only return to work when you are specifically instructed to by Dr. Kremen. If you have a desk job you can return to work approximately 1 to 2 weeks after surgery. Consider returning for half days temporarily.
- No vigorous activities and keep the leg elevated as much as possible.

If you experience any serious problems or concerning symptoms please call our office at:

- Regular business hours: **424-259-9856**
- After hours/weekends: 310-206-6766 and ask to be connected with the doctor on call for the Sports Medicine Service.

Warning Signs. Call the office if you notice any of the following symptoms:

- Chills or fever over 101° F.
- Bleeding or fluid draining from the incision more than 5 days after surgery.
- Foul smell/cloudy drainage from the operative site.
- New numbness or newly discovered inability to move a specific muscle
- Increased pain
- Wound edges opening (dehiscence)
- Excessive redness at the incision site or swelling/puffiness around the knee/incisions
- Increasing pain, particularly in your calf muscle
- If you experience significant chest pain or shortness of breath, please call 911 and/or go to your local emergency room immediately as this may represent a life threatening emergency. Please call our office to keep us informed of any such events.

Please call 424-259-9856 to make a follow up appointment or to confirm that you already have a follow up appointment scheduled. You should be seen by Dr. Kremen approximately 10 to 14 days after surgery.

