



Mammoth  
Orthopedic  
Institute

**Tyler R. Williamson, MD**  
Mammoth Orthopedic Institute

Mammoth: Ph: (760) 924-4084  
Northern Inyo: Ph: (760) 873-2605

# ***Post Operative Instructions: Ankle Fracture ORIF***

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## **ACTIVITY**

- No weight bearing with your operative leg until permitted by your surgeon. Please use crutches to assist with walking.
- Do not engage in prolonged standing or walking for the first 7–10 days after surgery.
- Avoid long periods of sitting without elevating your leg and avoid long-distance travel for 2 weeks.
- You may move your hip and knee as much as you would like.

## **SPLINT**

- Keep the splint clean, dry, and in place at all times. Do not get the splint wet.
- If you are going to shower, protect the splint with a garbage bag, Saran wrap, etc., to keep it dry.
  - A sponge bath is recommended initially, especially since it is difficult to stand on one leg in the shower, particularly when using opioid pain medications.
- Do not stick objects down your splint, even if it itches underneath.
  - If you experience itching, you may “knock” on the splint—the vibration often helps relieve the sensation.
- Your splint will be removed at your first postoperative clinic appointment.
  - If you feel significant pressure points inside your splint before this visit, please inform Dr. Williamson’s care team.

## **DRESSING & INCISIONS**

- A small amount of red-tinged drainage on the dressing during the first 2 days is normal.
- Keep the dressing clean and dry; protect it while bathing or showering.
- Remove the dressing 4 days after surgery.
- You may apply Band-Aids to the incisions or leave them open to air.
- Do not apply Bacitracin or other ointments.
- Avoid soaking in pools, lakes, hot tubs, or the ocean until sutures are removed and the incision is fully healed.

## **PAIN & INFLAMMATION**

### Ice

- Apply ice wrapped in a dry towel 20 minutes at a time, several times per day for the first week, then as needed.

### Compression

- Use an ACE wrap or white stocking to reduce swelling.
- The white stocking should be worn for 5–7 days to help prevent blood clots and reduce knee swelling.

### Elevation

- Keep your foot elevated above heart level as much as possible for the first 3–4 days.
- Place a pillow under your calf or foot, not under the knee.

### Pain Medications

- Take your prescribed medications as directed.

#### Tylenol (Acetaminophen)

- First-line for pain.
- Take 1000 mg every 6–8 hours.
- Do not exceed 1000 mg per dose or 4000 mg per day (limit to 3000 mg/day if you have liver issues).
- Do not drink alcohol while taking Tylenol.

#### Methocarbamol

- Helps with pain and muscle spasms.
- Take every 6 hours as needed.

#### Oxycodone

- For moderate to severe breakthrough pain only.
- Use sparingly and wean off as soon as possible.

#### Common side effects include:

- Nausea: Take with food.
- Drowsiness: Do not drive or operate machinery.
- Itching: Benadryl may help.
- Constipation:
  - Use stool softeners (e.g., Senna-Docusate) or OTC options (Mineral Oil, Milk of Magnesia, etc).
  - Avoid bananas, rice, apples, toast, and yogurt (may worsen constipation).
  - Light walking helps stimulate bowel function.

#### Refills:

- If you think you will need a refill, you must request it during regular weekday office hours.

#### DVT PROPHYLAXIS

- Take Aspirin 162 mg daily for 6 weeks after surgery.
  - This is not for pain—it's to reduce the risk of blood clots (DVT/pulmonary embolism).
- If you already take aspirin or other blood thinners, make sure your surgeon knows, as your plan may need adjustment.

#### EMERGENCIES

You must have someone stay with you during the first 48 hours after surgery.

Call the clinic or the on-call orthopedist if:

- Drainage soaks the dressing, increases, smells foul, or if incisions become red, warm, or very painful.
- You develop a fever >101.5°F or chills.
- You experience leg or calf pain, swelling, or difficulty breathing.

#### FOLLOW-UP CARE

- Schedule a follow-up appointment at ~2 weeks postoperatively for a wound check, suture removal, and review of your surgery (if not already scheduled).