Mammoth Orthopedic Institute

Brian B. Gilmer, MD
Mammoth Orthopedic Institute

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

Post Operative Instructions: Trimalleolar/Bimalleolar Fracture ORIF

ACTIVITY

- **Do not bear weight on the operative leg until permitted by Dr. Gilmer**. Please use crutches to assist with walking.
- Do not engage in prolonged periods of standing or walking the first 7-10 days following surgery.
- Avoid long periods of sitting (without leg elevated) or long-distance traveling for 2 weeks.
- You may move your hip and knee as much as you would like.

SPLINT/BOOT

- Please keep the splint clean and dry.
- If you are going to shower, please protect the splint with a garbage bag, saran wrap, etc to keep it dry. We recommend a sponge bath initially, particularly because it is hard to stand on one leg in the shower, especially if you are on narcotic pain medications.
- We will remove the splint at your first post-operative clinic appointment.
- Do not stick items down your splint, even if it itches underneath! If you have itching, you can "knock" on the splint…the vibration from the knock can typically alleviate the itch.

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.
- 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.

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 325 mg twice daily for 4 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).