



Post Operative Instructions: External Fixator Application

WOUND & PIN SITE CARE

- Clean pin sites daily or as instructed (often 1–2×/day).
- Use sterile saline or prescribed solution (e.g., chlorhexidine if ordered).
- Remove crusting gently with sterile gauze.
- Apply clean gauze or leave open to air (per surgeon preference).
- Do not use ointments unless specifically prescribed.

⚠ WATCH FOR SIGNS OF INFECTION:

- Redness spreading from pin site
 - Increased pain or warmth
 - Pus or foul drainage
 - Fever > 101°F (38.3°C)
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ACTIVITY

- Follow strict weight-bearing instructions:
 - Non-weight bearing (NWB), partial (PWB), or weight-bearing as tolerated (WBAT)
 - Use assistive devices (crutches, walker, wheelchair) as instructed.
 - Elevate the limb when resting to reduce swelling.
 - Perform approved range-of-motion exercises to prevent stiffness.
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SHOWERING & HYGIENE

- Typically allowed to shower after a few days (confirm with surgeon).
 - Let water run over pin sites; avoid soaking (no baths, pools, hot tubs).
 - Pat dry with clean towel; do not rub pin sites.
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DEVICE CARE

- Do not adjust or tighten the fixator yourself.
 - Check daily for:
 - Loose pins or clamps
 - Broken parts
 - Skin pressure or irritation
 - Protect the frame from bumps or catching on clothing.
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WHEN TO SEEK IMMEDIATE CARE

- Severe, worsening pain not relieved by medication
 - Numbness, tingling, or loss of movement
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- Pale, cold limb (possible circulation issue)
- Sudden swelling or calf pain (possible clot)
- Fixator becomes loose or breaks

PAIN & SWELLING MANAGEMENT

Ice

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

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 162 mg daily as prescribed.
 - This is not for pain—it's to reduce the risk of blood clots (DVT/pulmonary embolism).
 - If you are at higher risk, you may be placed on Lovenox instead. If you are already on anticoagulation, you may have a different plan.

FOLLOW-UP CARE

- Local patients, continue open lines of communication with orthopedic office for management and definitive fracture treatment.
- Visiting patients, schedule a follow-up appointment immediately with a local surgeon where you reside to establish care to determine further management.

