



# *Post Operative Instructions: Femoral Fracture Nail*

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## **ACTIVITY**

- Weightbearing as tolerated- use crutches when ambulating.
- Avoid long periods of sitting (without leg elevated) or long distance traveling for 2 weeks.
- Range of motion of the hip, knee and ankle as tolerated.

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## **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.
- Keep the dressing intact until your first post op, if the dressing becomes soiled prior to that scheduled appointment, contact the clinic for a dressing change.
- 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.

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## **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

- The white stocking will help decrease swelling, and should be worn for 5-7 days to prevent blood clots and decrease swelling.

### Elevation

- Keep your foot elevated above heart level as much as possible for the first 3–4 days.
- Place a pillow under your foot, not under your knee.
- Avoid pressure under your heel to help reduce the risk of ulcers.

### Pain Medications

- Take your prescribed medications as directed.

#### Tylenol (Acetaminophen)

- First-line for pain.
- Take 500-650 mg every 6–8 hours.
- Do not exceed 1000 mg per dose or 3000 mg per day.
- Do not drink alcohol while taking Tylenol.

#### Anti-inflammatory

- As needed for postoperative swelling

- Do not take after fusion or with surgeries at risk for nonunion.

#### Opioid

- 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.
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#### **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.
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#### **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  $>101.5^{\circ}\text{F}$  or chills.
  - You experience leg or calf pain, swelling, or difficulty breathing.
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#### **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).
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**EXERCISES** – When you are comfortable and ready you may perform each exercise 2-3 times a day; it may help to take pain medication 20-30 minutes prior to the exercises and to apply ice after the exercises

NO hip flexion past 90 degrees (for 4 weeks post-op), NO internal/external rotation past 30 degrees (for 4 weeks post-op), NO extension past 20 degrees (for 4 weeks post-op), NO straight leg raise (for 4 weeks post-op), and NO trunk flexion past 90 degrees (bending over to touch toes, lifetime)