



Post Operative Instructions: Ankle Fracture ORIF

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 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.
-

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).
-