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Post-Operative Guidelines and Frequently Asked Questions for Distal Radius Fracture surgery

This document will help you plan for your post-operative recovery course following surgery. Please read and retain this information for future reference. Many of the questions you may have later can be answered by referring to this information.

Post-Op Splint: Your post-op splint should be worn at all times. At your first post-op visit the splint will be removed and you will be transitioned into a removable splint. You will need to wear a splint for roughly the first 6 weeks following surgery. Do not shake hands, push open doors, or lift anything heavier than your cell phone with your operated arm until told otherwise by Dr. Kent.

Wound Care: Keep the site clean and dry as it heals\*. A hard splint will placed on your arm extending from your hand to your mid forearm.  You will be in this splint for the first two weeks following your surgery. You may shower whenever you wish, but DO NOT GET THE SPLINT WET. Get a Cast Bag from the drugstore/online which will keep it dry.  Otherwise, get a garbage bag and secure it with tape around your arm. Do not apply any gels or ointments to the incision.

\*It is normal to have small amounts of bloody drainage on the dressing especially the first 24-36hrs. You may develop swelling and bruising that extends from your fingers to your elbow. Do not be alarmed. This too is normal, and it is due to gravity pulling the bruising and swelling downward. Notify the office if you have any of the following: steadily increasing drainage on the dressing, pus-like or foul smelling drainage from any of the incisions, elevated temperature above 101° Fahrenheit, breathing difficulties, pain in your calf when you flex your foot up and down that is unrelieved by rest or elevation, or swelling in your calf, foot or ankle.

Pain Medication: Prescriptions will be electronically sent to your pharmacy a few days prior to your surgery. Please pick up all prescriptions BEFORE your surgery day if possible. You will receive two medications: one narcotic pain medicine (oxycodone or hydrocodone), and Ondansetron for nausea. You may also take Tylenol, and an anti-inflammatory medicine such as Ibuprofen or Aleve. Please note that narcotics will make you constipated, so a stool softener or laxative may be needed. Start taking your pain medication as soon as you start to feel pain or when you feel the nerve block wearing off. After that you will use the pain medication ONLY as needed. It is normal for pain to be worse at night. You should avoid taking pain medications on an empty stomach, as it will make you nauseous. Use the Tylenol and anti-inflammatory daily, as prescribed, to reduce the swelling and pain after surgery. Take medication as directed. Please call the office ASAP for a refill when your supply is low.

PLEASE DO NOT DRIVE WHILE TAKING THE PRESCRIPTION PAIN MEDICATION!

Pain medication may make you constipated.  Below are a few solutions to try in this order:  Also, if you are prone to constipation try these below.

A. Decrease the amount of pain medication if you aren't having pain.

B. Drink lots of fluids such as water.

C. Drink prune juice and/or eat dried prunes

D. Take Colace – an over-the-counter stool softener

E. Take Senokot – an over-the-counter laxative

If those don't work then:

F. Take Miralax – another over-the-counter stronger laxative.  Dosage as directed 2 x day

If they don't work call the office or if you have any questions on this please call us.

Cold Therapy: You may use ice on your wrist starting on the day of surgery, however, your splint must stay dry. I recommend using bags of frozen vegetables because they will not leak. Ice the area for 20 - 30 minutes at a time, then take a 30 minute break. Frequent cold therapy is encouraged as often as possible during the first few post-operative days.

Elevation: It is normal for the swelling in the wrist to follow gravity. Therefore, you may notice swelling and bruising in your hand or forearm. You should try to keep your hand above the level of your heart to prevent swelling in the hand and fingers. I recommend sleeping on your back with a pillow on your chest, and your operative hand/arm resting on that pillow.

Follow-up Appointments: 14 days, 6 weeks, 3 months.

Physical Therapy\*\*:  You may receive a physical therapy prescription at your first office visit after surgery. The first therapy session should be scheduled to start approximately 14 days after the procedure, and following your first post-op visit. PT typically lasts for 2-3 months after surgery depending on the type of procedure done by Dr. Kent.

\*\*These guidelines may be adjusted by Dr. Kent as you progress. Typical clearance for full activity occurs at 3-4 months following surgery.

Frequently Asked Questions: Wrist Fracture Surgery

1. What is the radius? The ulna?

 There are two bones in the forearm, the radius and ulna. The ulna acts as the fixed pivot point around which the radius rotates during pronation and supination (palm down/up rotation).

The radius is larger at the wrist and bears about 80% of loads placed on the wrist. The radius also serves as the articulation of the wrist joint itself. Most wrist fractures involve the radius alone. More often than not, ulnar fractures are small and do not require surgical fixation when broken.

2. What is done to my wrist during surgery?

 A 4-5 centimeter incision is made on the palmar surface of the wrist over the broken bone. Tendons, nerves, arteries, and veins are moved out of the way in order to expose the broken bone. The broken bone fragments are then put back together again. A small titanium plate is applied to the bone and held in place with metal screws. The body then heals the injury. Wrist fracture surgeries are typically short procedures (about 45 minutes), and patients return home the same day. I perform a plastic surgery wound closure with dissolving stitches buried beneath the skin, so no suture removal is necessary in clinic.

3. What type of anesthesia is administered?

 Typically, a regional anesthetic (i.e. nerve block) is administered that numbs the operative limb. These blocks are done using ultrasound visualization for precision. These regional blocks are supplemented with sedation to make you comfortable during the procedure. The surgery is then performed under general anesthesia. You and the anesthesiologist will discuss these issues in detail immediately prior to your surgery.

4. How long do I wear a splint after surgery?

 Please plan to wear a hard splint for about 2 weeks after surgery. Plan to wear a removable splint for an additional 4 weeks after surgery.

5. How long is the recovery?

 The typical recovery from wrist fractures is about 3-4 months. Patients will usually wear a splint for 6 weeks. Physical therapy begins around 14 days after surgery. We will let you know which time point is best for your individual recovery. Initially, we will limit your activities to allow for healing of your fracture. After six weeks, Dr. Kent encourages you to get back to a more normal activity and exercise schedule while adhering to the restrictions placed on your operative arm.

 Sample schedule of activities following wrist fracture surgery:

a. Weeks 1-2: No excessive sweating. Walking OK. Take it easy

b. Weeks 2-6: Exercise bike, walking a treadmill OK.

c. Week 6+: Running, elliptical, light weight work OK. Get moving.

Note: Operative limb exercises are based on PT limitations at any given time. No heavy weight lifting until, on average, 3-4 months post-op.

6. What are the risks of wrist fracture surgery?

 While very uncommon, infections do occur and are typically associated with poor wound healing. As such, we recommend keeping these wounds dry for at least 7-10 days after surgery. Please do not use ointments or other compounds on these wounds until instructed to do so by the staff.  Nicotine interferes with wound healing, so discontinuing smoking or vaping following surgery is recommended.

 Blood clots (DVT, deep vein thrombosis) occur rarely following all types of surgery. Your best bet in decreasing likelihood of a clot is to GET UP and MOVING following surgery. Moving your feet and ankles, ambulating, ranging your knee, doing leg lifts etc., all contribute to keeping the blood in your legs circulating. This in turn helps to prevent clotting. If you feel pain in your calf area, or note swelling there – immediately notify the office staff. A quick and painless test (ultrasound) can be arranged to see if you have a DVT. Again, these issues are rare, but if you do experience a clot, you will need to take a blood thinner (Warfarin, Coumadin) until the clot disappears.

 There are many nerves, arteries, and tendons around the wrist. Though very uncommon, temporary nerve dysfunction (muscle weakness, tingling, numbness) can occur following these procedures. These injuries are typically transient. However, permanent damage could occur.

7. Is there anything else that I need to do following surgery?

Plan to return to the office at 14 days, 6 weeks, and 3 months following surgery. These are quick visits designed to go over your progress and address issues germane to your recovery. The first postoperative appointment should be made when a date for surgery is confirmed.

Please note that Dr. Kent expects that you will have full range of motion following these procedures. Working diligently with your therapist will help ensure that you derive maximum clinical benefit from your shoulder procedure.