Keck Medicine of USC | Henry Mayo Newhall Hospital | Los Angeles General Medical Center

Sarah Blumenthal, MD
23929 McBean Parkway, Suite 205
Valencia, CA 91355
Office: (661) 600 1750

Patient Instructions After Lower Extremity Hardware Removal

Some patients who have previously undergone fracture fixation procedures may benefit from hardware removal. If this has been discussed, it is likely that you have persistent symptoms or hardware irritation now that the fracture has healed. These events may take place months or years after the injury. Recovery is typically much less difficult than the first procedure. Post op protocols will vary by particular body type, injury pattern, and patient factors.

Post Op Appointment:

Call the office to arrange your post-op appointments. The timeline may vary slightly but most patients will be seen by Dr. Blumenthal's Physician Assistant at **2-3 weeks after surgery**.

Weight Bearing Restrictions:

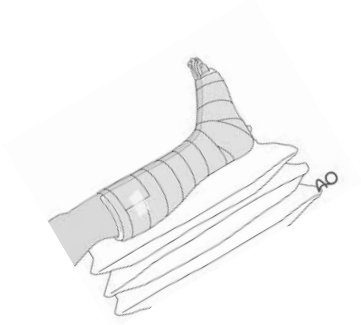
Weight bearing restrictions will be based on specific patient and fracture patterns. Most patients are allowed to weight bear as tolerated after surgery. **You may self-restrict based on comfort and pain**. It is not harmful to reduce your typical amount of weight bearing or activity for the first few weeks after surgery. Remember to take it easy as you recover. If you have particular instructions, they will be listed here: _____.

Orthotic:

Some patients who undergo hardware removal may be placed in an orthotic for a short period of time. This orthotic may be a stiff-soled boot or a hinged brace, etc. If Dr. Blumenthal recommended an orthosis for you, it would be discussed at the time of your scheduling appointment. At times depending on your swelling and incision location, some patients may be placed in a splint for a short period of time (typically 1-2 weeks). This splint is used to protect your soft tissues and incisions as the swelling subsides.

Swelling/ice:

Ice is strongly encouraged! Ice packs help reduce swelling, bleeding, and therefore pain. Just make sure to have a sheet or cloth between any ice and your incision. There is no ideal time frame. Typically "20 minutes on 20 minutes off" is quoted but as long as the ice is not directly on your skin, longer will not hurt you. If a splint is in place, ice will not really permeate through it.



Do not be surprised if the swelling goes up before it goes down. The calf and foot may become quite swollen. Keep your **"toes above the nose"** at home. Gravity is your best friend and your enemy! Having the leg in a dependent position will increase swelling and therefore pain. Crank the leg up in the area on pillows as high as you can.

Physical Therapy:

You may or may not require PT at a later date, but do not worry about formal therapy for the first few weeks after surgery. Formal therapy is typically not necessary after hardware removals.

Dressings:

Unless otherwise instructed, **post-op dressings will remain on until your first post-op visit. Cover your leg with a shower-proof bag, or use sponge-bathing of the rest of your body.** It can be difficult to keep surgical incisions dry. Some patients like to dangle their leg outside the shower. Others prefer waterproof bags which may be reusable or disposable. Look at convenience stores for supplies.

Some patients with small incisions are allowed to change their dressings and shower sooner. You will be instructed if that is the case. Otherwise, **assume you should keep your post-op dressings on and leave them alone**.

Sutures:

These will come out at a post-op visit typically 2-3 weeks after surgery. They are not dissolvable. Please do not worry if your incision appears raised – it will flatten out over time. The sutures are designed to evert the skin edges and promote optimal healing. **Your incision may be red and swollen;** this is normal. The red flag is if there is any significant wound drainage or bleeding that does not cease within the first few days after surgery.

Blood clot prophylaxis:

Typically your medications will be sent before your surgery. Depending on your surgery, your doctor may or may not recommend a medication for blood clot prophylaxis. Typically, if prescribed, patients are placed on baby aspirin twice a day (81 mg) for 2-6 weeks. Most patients with simple hardware removals do not need prophylaxis, or are placed on it for 2 weeks.

Signs of blood clot include shiny red skin on the calf, or calf swelling accompanied by increased tenderness and pain. Call the office if you are concerned, but realize that post-op swelling is also relatively common and quiet normal.

Pain Medications:

Acetaminophen, or Tylenol, is typically first-line for pain control; our preferred dosing is 1000 mg every 8 hours. This is equivalent to two extra-strength Tylenols every 8 hours. You will be given a narcotic (such as oxycodone or tramadol) for breakthrough pain. This medication should be taken every 4-6 hours. You may also supplement with ibuprofen, also known as Motrin. Ibuprofen may be taken at 600 mg (or three regular-strength tablets) every 6-8 hours. **Refills may take 24-48 hours to complete and authorize –** please do not call for refills on Friday as we may not be able to complete them before the weekend.

Bowel Regimen:

You may become constipated while taking narcotics. Take over-the-counter Miralax which is a powder you mix into water. Other options are medications such as senna or colace which are stool softeners. If you develop loose stools, these medications should be discontinued. If you develop severe or worsening abdominal pain, you may require assessment in the emergency department.

Showering:

You may get the incision wet AFTER your first post op appointment, whether or not you have sutures. Sutures are generally left in for 2-3 weeks but longer in high risk cases. Let water run over it and pat dry. DO NOT soak or scrub. Do not go into a hot tub / pool / lake / ocean for 6 weeks after surgery. DO NOT apply lotions or creams. If you are

going to be in direct sunlight, you SHOULD apply sunscreen to the incision (or cover it). It will be prone to sunburns. If there is any dry skin or scabbing – leave it alone! It will improve with time.

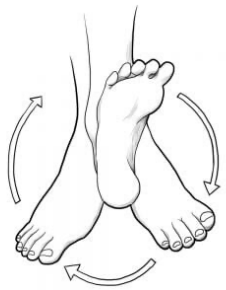
Questions/concerns:

Call the office at **661-600-1750** if you have any questions or concerns. During non-business hours, you will be re-directed to the USC call center.

Exercises to perform:

The below exercises are typically safe after lower extremity hardware removals. The key is to be **gentle** and **gradual**. You are not trying to win a race. Listen to your body. You do not need to over-do it.

<u>"Alphabet"</u>



Imagine drawing the alphabet with your foot and ankle. This may be cursive or standard block text. The key is to reconnect your brain to your ankle, and to begin working on range of motion. Run through the alphabet several times a day. You may keep your leg elevated on pillows while doing this.

<u>"Ankle Pumps"</u>

Ankle pumps will help keep your calf muscles strong while you are recovering. While lying down, move your ankles up and down and around in circles. Keep your knee extended.

<u>"Towel Stretch" or "Achilles Stretch"</u>

Use a towel or sheet around your foot. Try to line it up with the ball of the foot (i.e. closer to the toes) – this will increase the stretch. Gently pull upwards towards your body. You should feel a nice gentle stretch in the back of your calf. You may perform the same exercise on a step. Stand on a step and lean your heel off the back. Gently push down with your body weight.

Sarah Blumenthal, MD – Orthopaedic Surgeon | Keck Medicine of USC – 23929 McBean Parkway, Suite 205, Valencia, CA 91355
Office Phone: (661) 600 1750 | Office Fax: (323) 865 5489