



Dr. Nuelle Fracture Surgery Discharge Care Instructions

Your Recovery

Thank you for allowing us to help you with your injury. We hope that you had a good stay with us. These discharge instructions are meant to help remind you of how to help us provide the best care to you while you continue your recovery at home.

Follow-up care is a key part of your treatment and safety. Be sure to make and go to all appointments, and call your health care team if you are having problems. It's also a good idea to know your test results and keep a list of the medicines you take.

To contact your surgeon:

Monday-Friday 8:00-5:00

- Nursing/medication refill/General questions: 210-804-5995
- Appointments: 210-281-9595

Activity (Individual instructions based on surgery performed)

- **Non Weight Bearing Lower Extremity Instructions**
 - Do not put any weight on your injured leg. Use a wheelchair, walker, or crutches to help you walk or get around so that you do not put any weight on the affected leg. At your follow up clinic appointment, we will tell you when it is safe to start putting weight on your legs.
- **Non Weight Bearing Upper Extremity Instructions**
 - Do not put weight on your arm or through your arm. Do not lift or pull yourself up with your arm.
- **25 lbs Weight Bearing Instructions**
 - Do not bear more than 25 lbs of weight to your affected extremity. This means your foot should only rest on the ground for balance only. Please do not put any body weight on this leg as you may cause more harm to the injury. Your physical therapist should explain how to tell 25 lbs.
- **Partial Weight Bearing Instructions**
 - You may put half of your weight on your injured leg. Use a walker or crutches to help off-load half of your weight from the injured leg. Let pain be your guide and avoid doing too much. Weight bearing will progress as you heal.

- **Weight bearing as tolerated Instructions**
 - You may put full weight on your injured leg or arm as tolerated. Let pain be your guide. Rest as needed.

Wound care

- If you have a splint, you will not do any wound care. Keep your splint clean and dry; and leave in place.
- If you do not have a splint, you may remove the dressing as directed by your surgeon.
- Shower with the incision covered until you remove the bandage.
- You may shower and let the incision get wet with soap and water once your bandage is removed.
- Be sure to dry the area well before putting on a new bandage.
- Do not submerge the wound under water in a bath tub, hot tub, pool or any body of water like a lake or river.
- Do not put anything on the incision such as lotions or ointments unless directed by your surgeon. This includes triple antibiotic ointment or hydrogen peroxide.

Wound VAC instructions (if applicable)

A wound VAC is sometimes placed over the surgical incision to help the healing process and prevent infection. Most often, the wound VAC will stay on and be taken off in the clinic or by a home health nurse. The wound VAC may beep to alert you that something is not working. If this occurs, please see the trouble shooting tips below:

- Check to see if the battery is low. If it is, plug in the VAC and keep it plugged in until it is charged.
- If the VAC detects a leak, check the dressing to make sure it is intact. You may reinforce it with clear dressing, but do not remove it. Also check all connections in the tubing to ensure they are tight.
- If the VAC is full, it will need to be taken off. See instructions below. If this occurs before 7 days since the VAC was placed, call the office to let us know.
- If unable to correct the problem, call 1-800-275-4525

Removing the VAC:

- You will return to clinic 7 days after the wound VAC was placed for removal of the VAC and inspection of your incision.

Splint care (if applicable)

- If you have a splint, keep it clean and dry.
- When showering or taking a bath, cover the splint with a towel and then use a commercially available cast cover or a large trash bag and seal it at the top of the bag with a rubber band to minimize the risk of getting the padding wet.
- If you have pain because you feel that your splint is too tight or that there is a pressure area, the first thing to do is ice and elevate your arm or leg. If that doesn't improve how

it feels, please contact your surgeon as soon as possible.

External fixation (if applicable)

- If you have an external fixator in place:
 - Wash the area around each pin site with soapy water and a cotton swab. Push skin edges down around the pin, rinse with warm water and dry the area. Do not apply any ointments or hydrogen peroxide to the area.
- If you have a Taylor Spatial frame (rings around your leg), be sure to follow your prescription for adjusting the struts. If you have any questions, please contact us. Unless directed, you typically won't start changing the numbers until you are seen in clinic.

Diet

- Resume diet as tolerated. Drink plenty of water. Some patients have nausea during the first 24 hours after anesthesia. If you have nausea, drink only clear liquids and eat light foods (jello, soups, dry crackers, toast). When the nausea goes away, slowly add more foods to your diet. If nausea and vomiting becomes severe, please call our office.

Elevation

- Elevating the injured leg(s) or arm(s) is perhaps your most important tool to prevent pain and swelling. Raise the injured arm or leg to the level of your heart if you can while lying down. When sitting, please rest your leg straight out on a stool or chair.

Ice

- Place a towel over the splint or bandage. Apply a bag of ice or commercial ice pack to the area for 20 to 30 minutes or until your skin is numb. You may repeat applying the ice every 2-3 hours. Use ice as needed to control pain and swelling as you become more active. Try to avoid getting your splint wet.

Pain

- Pain is normal and expected after surgery. You will have pain. The goal of the pain medicine is to make your pain tolerable. You will not be pain free. Take pain pills only as prescribed.
- While often necessary for a short period of time after injury, narcotic pain medications such as oxycodone and hydrocodone are potentially very dangerous medications. They become less effective as your body becomes used to them, requiring more medication to be effective. This can lead to difficulty breathing, clouded judgment, slow reaction time and dependence on these medications, and if not taken as prescribed, they can even lead to death. You should never share these medications with others nor take their medications. You should avoid driving or operating equipment when taking them. These medications should be stored in a safe place. If your medication is stolen, you will need to file a police report if you would like to request a refill.
- Our policy is to not refill narcotic pain medication (oxycodone/hydrocodone containing

medication) beyond the 6 week office visit. You will receive prescription anti-inflammatories and recommendations for over-the-counter pain medications throughout the time you are being treated. However, if you are requiring narcotic pain medication after the 6 week refill, you will be referred to a pain management service. If you have been receiving narcotic pain medication from other providers for chronic pain issues, you will need to obtain your pain medication after the 6 week refill.

Important information about prescription refills: Notify us early if you need a refill. It may take up to 24 hours for your call to be returned. If you call after 5 pm on Friday, do not expect a call back until Monday morning. Leave the name and phone number of the pharmacy you use. The nurse will call you to ask you to rate your pain and to tell us what you have tried for your pain. **The nurse will need to speak to you, not a family member or friend, as it is not possible to properly assess pain through someone else.**

****Pain medications cannot be refilled on nights and weekends****

Medications

- **Calcium and Vitamin D:** Calcium and vitamin D support bone growth and strength. Take 500mg of calcium three times a day. Take this with meals to avoid upset stomach. Vitamin D is often combined with calcium, so check the label. Make sure you get at least 1000-2000 IU of vitamin D every day. If you take a multi-vitamin at home, please review how much calcium and vitamin D you are taking. The goal is to have you get 1500mg of calcium and 1000-2000 IU of vitamin D daily.
- **Vitamin C (ascorbic acid):** You may be prescribed vitamin C. Some patients who experience trauma followed by surgery develop a complex regional pain syndrome that results in an increased response to pain that is out of proportion to the injury. Studies have shown that taking 500 mg of vitamin C every day for 50 days after surgery may help to decrease inflammation, therefore preventing or halting regional pain symptoms. You may receive on prescription when discharged from the hospital. If you need to take for a longer period of time, this is an over-the-counter medication.
- **Ergocalciferol:** This is a once a week 50,000u vitamin D supplement. You will receive an 8 week prescription and you should complete it unless otherwise directed. This is in addition to the daily Vitamin D you will be taking.
- **DVT (Deep Vein Thrombosis or blood clot) Prevention** – Your injury and surgery put you at a higher risk for developing a blood clot. A blood clot can form in your legs or in you pelvis. In order to prevent this, we recommend taking a medication to prevent a blood clot. A prescription may be given to you **for one of the following:**
 - Aspirin 325mg by mouth twice daily
 - Lovenox 30/40mEq injection daily/twice a day
 - Xarelto 10mg by mouth daily

How can I help my bones heal?

- **Avoid caffeine:** Caffeine raises the amount of calcium loss through urine. This decreases the amount that is in your blood for bone building.
- **Don't smoke:** If you smoke, quit. Patients who smoke require a longer healing time and

are at higher risk of not healing, getting an infection, and having chronic pain. Smoking and chewing tobacco (nicotine) causes blood vessels to get narrow. Any form of nicotine is potentially detrimental to your bone and wound healing. This decreases blood flow to the healing bones. Nicotine use has been linked with chronic pain as well.

- **Avoid alcohol:** Alcohol interferes with the growth of new bone cells. Alcohol should particularly be avoided while using pain medication.

Home exercises

- The Physical Therapist may give you instructions with exercises to do at home. It is best to do these two times a day instead of one long session. Let pain be your guide to exercise, but recognize the difference between mild discomfort and pain.

Going back to work

- Returning to work depends on what kind of injury and/or surgery you have and what kind of work you do. Your doctor will discuss return to work and work restrictions during your office visit. We will provide you with instructions explaining what you can or cannot do while on the job. It will be up to your employer to work with you to maintain your restrictions or have you remain off work until you are able to return without restrictions.

Travel and hardware

- You do not need special identification to show airport security stating you have hardware. In the past, an identification card was widely accepted, but today they are not. If you should set off the alarm, notify security officers where you had surgery. Most patients get through airports with no problems.

When should you call for help?

Call your doctor now if you experience any of the following:

- Fever over 100.4°F (38°C) or chills
- Persistent bleeding
- Persistent nausea/vomiting
- Numbness, tingling, change in color, loss of sensation of affected limb
- Redness, swelling, or pus in surgical incision
- If your incision opens up
- Pain, swelling, or redness in the calf
- If your cast or splint becomes wet or too tight
- Any unusual symptom that doesn't seem right

Call 911 anytime you think you may need emergency care. For example, call if:

- You passed out (lost consciousness).
- You have trouble breathing.
- You have sudden chest pain and shortness of breath, or you cough up blood.