Postoperative Instructions: Intramedullary Tibial Nail

GENERAL

• Your surgery was performed through an incision at the front of your knee. It isnormal to experience some sharp pain in the knee when working on movingyour knee. You are not doing any damage by moving the knee and feeling thispain. There is also an incision on the inside of your ankle

• DIET

- Begin with clear liquids and light foods (jellos, soups, etc.)
- o Progress to your normal diet if you are not nauseated
- o Take Zofran prescribed to you if you develop nausea

WOUND CARE

- Maintain your operative dressing, loosen bandage if swelling of the foot and ankle occurs, or wrap your foot and ankle with an ACE wrap
- It is normal for the knee to bleed and swell following surgery if blood soaksthrough the ACE bandage, do not become alarmed reinforce with additional dressing
- Remove surgical dressing on the third post-operative day if minimaldrainage is present, apply dry gauze over incisions and change daily – youmay then shave around the wound as long as the wounds remain sealed witha large piece of gauze and tape
 - REMOVE THE ACE WRAP, GAUZE WRAP AND GAUZE. DO NOT REMOVETHE WHITE BANDAIDS (STERISTRIPS) ACROSS THE SKIN OR ANYSUTURE MATERIAL YOU NOTICE
- If you note increasing drainage on the gauze, increased redness around the wound (spreading), or milky drainage from the wound, please call the office
- To avoid infection, keep surgical incisions clean and dry you may shower byplacing a large garbage bag over your brace starting the day after surgery –NO immersion of operative leg (i.e.bath) and no water running over the wound
- If you are not using a brace, keep the incisions dry for 3 days and when youshower on day 3, keep the incisions covered with gauze to avoid direct impact of water with the wound, and change this after the shower

MEDICATIONS

- The incisions are injected with a medication that makes the area numb; however, this will wear off in 8-12 hours. We recommend that you start painmedications when you get home so that they are on board before this wearsoff.
- Most patients will require some narcotic pain medication for a short period of time this can be taken as per directions on the bottle and is given for amaximum of 6 weeks.
- Common side effects of the pain medication are nausea, drowsiness, and constipation to decrease the side effects, take medication with food – if constipation occurs, consider taking an over-the-counter laxative

- If you are having problems with nausea and vomiting, try the Zofranprescribed and contact the office to possibly have your medication changed(989-583-7450)
- Do not drive a car or operate machinery while taking the narcotic medication
- Ibuprofen 200-400mg (i.e. Advil) may be taken in between the narcotic painmedication to provide baseline relief, reducing the overall amount of painmedication required, and increase the time intervals between narcotic pain medication usage
- We recommend all patients take 325mg of Aspirin daily starting the day aftersurgery for 3 weeks to help prevent blood clots.

ACTIVITY

- Elevate the operative leg ABOVE chest level whenever possible to decreaseswelling. This involves lying completely flat with the leg elevated. The first 48hours is a balance between mobilization (which is encourage) and elevation(to be done whenever possible).
- **DO NOT PLACE A PILLOW UNDER THE BACK OF YOUR KNEE** (i.e. do notmaintain knee in a flexed or bent position). Pillows should be under the anklewhich will keep the knee straight when elevating. You will feel a pull at theback of the knee when you perform this, this is normal.
- Crutches are only for support the first 24-28 hours after surgery, feel free towalk without crutches as soon as you believe you can safely do so.
- Do not engage in activities which increase knee pain/swelling (prolongedperiods of standing or walking) over the first 7-10 days following surgery
- o Avoid long periods of sitting (without leg elevated) or long distance travelingfor 2 weeks
- NO driving until instructed otherwise by physician and no driving while takingnarcotics
- May return to sedentary work ONLY or school 3-4 days after surgery, if pain is tolerable

• ICE THERAPY

- o Begin immediately after surgery
- Use icing machine or ice (if machine not prescribed) every 2 hours for 20minutes daily until your first post-operative visit. Icing is a perfect time to alsoperform elevation.

EXERCISE

- IMMEDIATELY AFTER SURGERY: Perform straight leg raise and ankle pumpsdirectly after surgery. Try to do 100 of each, each day. This can be brokendown into 10 sets of 10 reps
- You cannot do too many ankle pumps (another good reminder is to do themduring commercials on TV)
- o Discomfort and knee stiffness is normal for a few days following surgery
- Formal physical therapy (PT) will begin after your first post-operative visit and the script is provided to you the day of surgery.

•EMERGENCIES**

- Contact Dr. Kerns at (989) 583-7450 if any of the following are present:
 - Painful swelling or numbness
 - Unrelenting pain
 - Fever greater than 101.5° at least 48 hours after surgery surgery) orchills

- Redness that is spreading around incisions
- Continuous drainage or bleeding from incision (a small amount ofdrainage is expected)
- Excessive nausea/vomiting
- Difficulty breathing/chest pain Consider going directly to theemergency room if this is persistent
- **If you have an emergency after office hours or on the weekend, contact thesame office number (989) 583-7450 and you will be connected to our pageservice – they will contact Dr. Kerns
- *Do NOT call the hospital or surgery center.
- **If you have an emergency that requires immediate attention, proceed to the nearest emergency room.

• FOLLOW-UP CARE/QUESTIONS

- You will receive a call within 48 hours of surgery to check on your status. Typically, this will be the night of surgery
- If you do not already have a postoperative appointment scheduled, pleasecontact the office during normal office hours (989) 583-7450 and ask forappointment scheduling.