

# Post Operative Instructions

## Open Reduction and Internal Fixation of the Wrist

*Michael E. Joyce, MD*

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### **Bandages & Ace Wrap:**

Your post-operative dressing has three layers you need to understand in order to properly care for your wrist for the two weeks following surgery. Your incision was closed with dissolving stitches, which were then covered with small white tapes called Steri-Strips. Your Steri-Strips should be left in place for 10 to 12 days following surgery.

The second layer is a large white fluffy dressing that is loosely wrapped around your wrist. Occasionally, there will be a small amount of blood on the dressing, which is nothing to worry about. The third and final layer is a plaster splint that is for additional protection of the surgical repair of your bones. We wrap the whole arm, not just the wrist, so that the ace wrap does not act like a tourniquet causing the hand to swell.

While you loosen the ace bandage if it is too tight, the splint should be left in place until it is removed by your doctor. You should notify our office immediately if you have increased pain, swelling of the hand, or numbness in your arm.

### **Washing & Bathing:**

You should be careful to keep the splint clean and dry. For quick showers, place your arm into a plastic bag and seal the end to your arm with kitchen plastic wrap (serran wrap).

The yellow discoloration you will find on your hand and arm is a long lasting surgical prep called DuraPrep. This is used because it kills bacteria on your skin hours longer than old fashion iodine surgical preps. This yellow discoloration will not come off with soap and water, instead you will need rubbing alcohol to remove it. This can be done the day after surgery unless it is causing your hand and arm to itch, then it can be removed sooner.

### **Motion, Ice & Elevation:**

One important goal following surgery is to minimize swelling around the wrist. The best way to achieve this is with the frequent application of ice and by keeping the hand and arm elevated. This is most important the first 48 hours following surgery. The ice pack should be large (like a big zip-lock bag) and held firmly around the wrist. It is important to keep the entire hand and arm elevated on a couple of pillows. We follow the "one to four" rule - which means that for every hour your hand and arm is down it takes four hours to reverse the swelling.

The tendons that move your fingers are found close the surgical site on your wrist. We do not want scar tissue to form that could stiffen your hand; therefore I want you to practice wiggling your fingers every hour. This will prevent hand stiffness.

### **Physical Therapy**

Your physical therapy appointment will be made for you after your surgery. It is important to start physical therapy after your splint and/or cast has been removed. The goal of physical therapy is to first assess how your wrist responded to the surgical procedure. They will re-introduce you to your wrist so that you feel comfortable with your surgery and aren't afraid to start doing things. Your therapist will start range of motion and strength exercises on your first visit. If they find anything unexpected they will let Dr. Joyce know right away.

### **Follow up appointment:**

We try to give all of our patients a follow-up office visit at the same time we schedule your surgery. Sometimes I find things, or do things, I didn't anticipate during your surgical procedure; therefore I may want to see you in the office sooner than originally planned.

Typically I want to see my patients in the office 10 to 12 days after surgery if they are going to physical therapy at HealthSouth, and 2 to 3 days after surgery if they are going to any other physical therapy facility.

### **Medications:**

I will usually prescribe two medications for the control of your post-operative pain. During surgery I will often inject a painkiller, like novocaine, that will give some pain relief for several hours after surgery. It is important to begin to take your pain pills before this medicine wears off.

This first medication I use is Vicodin (hydrocodone) which is a strong narcotic pain medication. It will begin to work within 15 minutes after taking it with a maximal effect in one to two hours. For some sensitive patients, when taking the first few doses of Vicodin you may experience nausea or an episode of vomiting. The best way to prevent this is to take the medicine with a little food, start with just one pill, and be patient while the medicine begins to work. Usually, after the first few doses the nausea will go away. If the nausea persists, it is possible that a similar response will occur with other narcotic pain pills, therefore we should try the Anaprox as the main medication to control your pain. If you take a full dose of this medication for more than 4 or 5 days it can lead to constipation. Normally, Vicodin is taken every 6 hours but if the pain is severe, it can be used every 4 hours.

The second medication I prescribe is Anaprox, which is a non-narcotic painkiller in the NSAID class. The advantage of this medication is that nausea is a very infrequent side effect and it can also be taken with the Vicodin for even better pain control than any pain medication alone. This medication should be taken with food.

Most patients will be given a calcium and Vitamin D supplement to aid bone healing. You can get this medication over the counter without a prescription. You need 1500mg of Calcium (a 500mg tablet three times a day), and 400 IU of Vitamin D (the amount in a typical daily multi-vitamin. Oscal-D 500 is one brand that contains what you need and should be taken three times a day.

Many patients end up taking the Vicodin at night and the Anaprox during the day. Whatever combination works best with you is fine with me.

**What to watch out for:**

- Pain that is increasing every hour in spite of the pain medication.
- Drainage from the wound more than 2 days after surgery.
- Increasing redness around the wrist
- Pain or swelling in your calf
- Fever greater than 101°
- Increasing pain with walking.
- Locking or catching within the wrist that is getting worse not better.
- Unable to keep food or water down for more than one day.

**Who To Call for Questions and Problems:**

If you are having problems or there are questions you need answered then please call our office at 860-652-8883 and our nurse will help you. We are open between 8:30 and 4:30 pm, Monday to Friday.

We realize the after surgery some problems or questions are urgent and can not wait until normal working hours. Under these circumstances please call 860-652-8883 anytime (24 hours a day, 7 days a week) and the doctor on-call, or myself will return your call. If you do not receive an answer within 20 minutes there may be a problem with the beeper so please call again.

If an emergency were to occur you can always go straight to the emergency room for immediate attention.

*Wishing you - All the Best,*

*Michael Joyce, MD*