

Upper Extremity Fracture

Patient Care Instructions

General Information

Depending on the extent of your fracture you may need either a closed (no incision) reduction or an open (incision) reduction. These procedures are done in the operating room and can be done under a sedation, regional block or general anesthesia. The type of anesthesia depends on the fracture and patient profile. For a closed reduction, the fracture is reduced by manipulation, and the bone is placed back into its correct anatomical position. You may or may not need special hardware to hold the fractured bone in place until healing is complete. If hardware is needed, once the fracture is corrected a Kirschner wire is then drilled through the bone to hold it in place. Open reduction surgery is done in the operating room under general anesthesia. An incision is made for direct visualization. The fracture is reduced to align the bone fragments and hardware is then inserted to secure the fracture. The most common type of hardware used are K wires, screws and plates. These procedures are done on an outpatient basis, please arrange for someone to drive you home.

Pre-Operative Guidelines

Smoking should be stopped a minimum of 4 weeks prior to surgery. Smoking should be avoided for at least 4 weeks after surgery as well. Smoking can greatly interfere with healing and lead to postoperative complications.

Do not eat or drink anything after midnight the night before surgery. This includes no water, gum or hard candy. Blood pressure and/or heart medications can be taken with a sip of water as directed by your prescribing physician.

If you take medication for diabetes, then confirm with your prescribing physician how to manage these medications prior to surgery.

If you are prone to nausea or motion sickness let your anesthesiologist know on the day of surgery. Medications can be started prior to surgery or during surgery to help improve your postoperative experience.

Post-Operative Care

You will be given pain medications, please take them as prescribed. You may take Tylenol only but do not exceed 3000 mg per day. The pain medication prescribed has Tylenol in it so it must be calculated into the daily dose. Do not consume alcohol while taking pain medication.

Take a stool softener/laxative, such as Colace, Biscodyl, or Milk of Magnesia, until bowels begin to function normally after surgery. A combination of anesthesia and pain medication usually makes this necessary for a few days.

Keep your arm elevated for the first 2 days after surgery.

You may resume a normal diet after surgery. Do follow a well-balanced diet and drink plenty of fluids.

Activity Restrictions

Walking is encouraged shortly after the operation. Light cardiovascular exercise can be gradually resumed after 3 weeks with all activities to be progressed over the next 3 weeks.

Do not lift anything heavier than 10 lbs. for 4 weeks.

Do not drive until you are no longer taking oral pain medications.

Limit the use of the operative hand and leave all dressing in place until you are seen in clinic.

Incision care

You will have sutures in place that will be removed in about 1-2 weeks.

You can shower after surgery but keep the dressings dry and they should remain in place for until instructed to be removed by your surgeon. You can use a plastic bag to cover the operative hand in the shower.

Once the dressing has been removed you can wash the incision with warm soapy water but do not submerge the incision in water. If desired, you may apply a dry dressing daily to the incision after showering.

Post-Operative Expectations

Nerve symptoms may take weeks or even months to resolve depending on injury. In some instances, not all symptoms resolve.

Pain around the incision should subside around 6 weeks or more.

You expect some slight bloody oozing from the suture lines and swelling of the incisions. Gauze may be applied if it is bothersome.

When to Call the Office

If you have increased swelling and or redness around the incision.

If you have severe pain not relieved by pain medication.

If you have any side effects from medication: rash, nausea, headache, vomiting.

If you have temperature over 101 F.

If you have yellow or green drainage from an incision or notice foul odor.

For medical questions please call 817-702-9100

Follow-up Care and Appointments

You will be seen approximately 1 week after your surgery. If for some reason you do not have an appointment scheduled, please call 817-702-9100.