
Post-op PATIENT Instructions: WRIST CLOSED REDUCTION & PINNING

Dressing: A dressing has been applied to your elbow to absorb any fluid/blood. Also, a splint has been applied for protection and is to be worn for the first two weeks following surgery until seen in the office. **The splint is NOT to be changed.** (Common instructions for splint/cast care have been attached to these instructions and should be followed). Soreness and bruising is expected for several days afterward.

Bathing: Showering is permitted following surgery, but the splint/dressing is **NOT** waterproof and needs to be covered and kept dry.

Ice: Ice is a powerful anti-inflammatory. Cold compression (“ice machines”) are important to reducing pain and swelling. Use liberally (20-30 min./session) but protect the skin from direct contact (and frostbite).

Activity: The wrist and fingers should be elevated higher than the level of your heart. Finger range of motion (gripping and straightening the fingers) to reduce swelling is highly recommended. Splints/casts limit reaction driving reaction time. NO Driving until your splint/cast is removed.

Pain: A local numbing medicine has been injected into the surgical site. This may provide temporary pain relief and typically wears off 4-6 hours after surgery. **Begin taking pain medications as soon as you BEGIN to experience pain!** These meds can take 45-60 minutes to start “working”. You do not want to play “catch-up” by letting your pain get out of control. Nausea, drowsiness, and constipation are common side effects of narcotics. **Adequate fluid intake and a stool softener obtained over the counter from your local pharmacy is important to minimize constipation.** Call the office if you are unable to tolerate your medication.

***NARCOTIC MEDICATIONS ALONE WILL NOT PROVIDE COMPLETE PAIN RELIEF. COLD COMPRESSION (ICE MACHINES), TENS USE, AND REGULAR TYLENOL AND ANTI-INFLAMMATORIES (ALEVE/IBUPROFEN, IF MEDICALLY OK) ARE CRITICAL PARTS OF YOUR PAIN CONTROL PLAN. REQUEST FOR NARCOTIC REFILL WILL ONLY BE ACCEPTED DURING BUSINESS HOURS. PLEASE GIVE 24-48 HOURS FOR MEDICATION REFILL REQUESTS TO BE ADDRESSED**

Precautions: Call the office (813)-754-1199 if you develop: temperatures >101°F, shortness of breath, chest pain, uncontrolled pain, marked redness/hives, persistent drainage, new onset numbness, significant incisional/calf swelling, or any other concerns. **Call 911 or report to the nearest emergency room with any concerns for medical emergencies**

SPLINT INFORMATION SHEET

INSTRUCTIONS:

A splint has been applied to allow your injured arm to heal. Splints never feel completely comfortable. However, by controlling your swelling, pain, and stiffness with ice, elevation and medications your comfort can be maximized.

Swelling: Is controlled by use of ice and elevation. Holding the arm overhead or elevating the arm **above the level of your heart** with finger pointed to the ceiling is recommended. Propping the arm on pillows can help.

Ice: Ice is a powerful anti-inflammatory that helps to control swelling and pain. Surrounding the splint with ice contained in a waterproof container wrapped in a towel is effective.

Stiffness: Early and frequent movement of the fingers helps to prevent swelling and discomfort. During arm splinting, shoulder and elbow motion may diminish and should be worked on regularly.

SPLINT CARE:

- **Keep the splint dry!!**
 - Covering with a waterproof bag while showering or in damp areas is recommended.
 - Your splint is **NOT** waterproof!!
 - Getting the splint wet can result in severe skin damage.
 - If the splint is damp, dry you skin with a hair drier (cool setting) for 30 minutes.
 - Call the office immediately if your splint is soaked through or skin maceration occurs.
- **NEVER insert ANYTHING under the splint!!**
 - This may result in scratching of the skin and infection!
 - Over-the-counter Benadryl can decrease itching.
 - Chafing/irritation can be reduced by smoothing with a nail file and taping rough edges.
- **Do NOT put weight on the splint unless specifically permitted to do so.**

CALL THE OFFICE WITH:

- Unanswered questions/concerns about the splint.
- Severe, unexpected, or persistent pain
- Numbness/tingling of fingers since the splint was placed (after the nerve block wears off)
- Persistent feeling of irritation under the splint
- Foul smelling odor from the splint
- Pus or blood from under the splint
- Fevers >101.5 F lasting longer than 24 hours
- Splint breakage.

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