What you need to know after a bone fracture

A fracture is a break in the bone. There are several types of bone fractures and different places in the body they can occur. Many fractures are repaired with surgery, called an open reduction (where the bone is put back into normal shape) and internal fixation (plates, screws, or rods are placed to hold the bone pieces in place). We want you to be aware of some common things that will happen after your fracture and what to expect when you leave the hospital.

Walking and Lifting after Surgery

If you have a leg fracture you may or may not be allowed to use that leg to walk. A physical therapist will teach you how to use crutches or a walker to help you walk and let you know how much weight to put on your leg. Over time as you are followed in your clinic visits, we will release you from these limits and advance your weight bearing (how much you can use the leg or arm).

Depending on your type of job, you may need to be off of work due to your injury. At each clinic visit, we will discuss if you are ready to return to work.

Here are some terms you might hear when we talk about how much you can use your leg or arm.

- Non weight bearing – absolutely no weight on the leg or arm.
- Toe touch weight bearing- you may rest your foot on the ground.
- Partial weight bearing – 50-75 pounds of normal body weight
- Full weight bearing- Normal walking
- Hip precautions- you have to be careful not to bend your hips too far and you are not allowed to cross your legs. You will be shown what you can and cannot do before you leave the hospital by physical therapy.

Occupational & Physical Therapy

- Physical therapy and occupational therapy (PT & OT) is very important to help your muscles and joints recover and to help your joints move more. Therapy helps strengthen your muscles which may be weak after your healing period. Your muscles may be weak because you have not used them very much.
- Therapy will also improve your stamina with walking and other activities.
- Doing physically therapy exercises at home is even more important to help you recover.

Pain control

- Take your pain medicine as directed. Refer to the attached information on your pain medicine.
- Avoid using ibuprofen and NSAIDs (Non-steroidal anti-inflammatory drugs). Ibuprofen can actually lengthen the time it takes for you to heal your broken bone.
Cast/Splint Care
Not everyone requires a cast or splint after surgery, but if you do be sure to:

- Keep your cast/splint dry.
- Do not remove your cast or splint. This will be done at your follow-up visit.
- If you have been given a removable brace or boot be sure to use it as directed.
- Refer to the attached information about cast care.

Wound Care
- If you don't have a splint or cast, leave your dressings in place for 2 days. Unless told differently, after 2 days you may wash around your incision with clean, soapy water. Do not soak your surgery incision in water and avoid getting it wet. You may need to sponge bathe if you can’t keep it dry while showering. Be sure to dry off the area around the incision well after bathing.
- After the second day, you do not need to keep your incision covered unless it has drainage. Apply a clean dressing every day if there is drainage. Always keep the area clean and dry.
- If you have a splint or cast, you need to sponge bathe in order to keep that area fully dry.
- Do not remove your stitches or staples. This will be done by clinic staff at your first post-operative appointment. You may take a bath or go swimming 3 to 4 days after your sutures are removed as long as you do not have any open areas on your wound.

External Fixator Care
An external fixator is a set of pins and bars that are placed outside the body to hold bone in place until a fracture can be fixed internally.
- Clean your external fixator pin sites with saline and hydrogen peroxide twice a day.
- Use a new cotton swab for each pin site.
- Be sure to remove the dried blood and dead skin around the pin with the cotton swabs.
- A small area of redness around each pin site is normal.
- It is OK to shower, but do not take a bath or put the pin sites in or under water.

Preventing Complications
- If your surgery recovery keeps you from being very active, you may be given a prescription for a blood thinner called Lovenox. It is important you take this medicine to prevent deep vein thrombosis (blood clots in the legs) and pulmonary emboli (blood clots in the lungs). Most patients only need the medicine for 6 weeks after surgery.
- It is important for you not to smoke. Smoking actually makes it take longer for your fracture and wounds to heal because the nicotine interferes with bone healing. Ask us about ways to help you quit smoking.
- You will need to come to the clinic for check-ups to check your bone and wound healing. Your first visit will be about two weeks after surgery and is to check the wound healing. Usually, no x-rays are taken at this visit. After that we will see you every 4-6 weeks. We will take x-rays of your broken bone at these visits to observe bone healing.
- If you are being treated without surgery, we may see you at different time periods.
- For the first 7 to 10 days, keep your arm or leg above the level of the heart when possible. This helps reduce swelling.
- You may also use ice packs to help reduce swelling and pain. Place a towel over your splint or leg/arm, then apply the ice.
Other questions

- You should not drive for several weeks, especially if your fracture is in a leg. You should not drive until you have regained all the strength in your injured arm or leg. You also should not drive while on narcotic pain medicine such as Percocet or Vicodin.

- Some people ask if they should take a vitamin. It is OK to take a daily multivitamin. You should eat a well-balanced diet to help the healing process. You should also make sure you get enough calcium and vitamin D in your diet.

Definitions

- Malunion - a bone that has healed in the wrong position
- Delayed union - a bone that takes longer than normal to heal
- Non-union - a bone that has not healed in the time frame expected.
- Callus - new bone growth

When to call

We are available by phone if you need to talk to us about a question or concern. Our phone number is (573) 882-6562. Please be aware that phone calls are returned within 24-48 hours (1 to 2 days) and returned in the order of most need. If you require urgent help you should go to the emergency room or an urgent care center. Be sure to let us know if you do. Also, call us if:

- You have a fever greater than 100.4 degrees; flu-like symptoms (chills, night sweats or body aches); or red streaks around the area of the incision.
- Your incision starts to open up.
- Your incision or pin site has an increase in the amount of drainage or if the drainage is yellow-green and smelly.
- You notice swelling, numbness, or increased pain that does not go away in the arm or leg where you had surgery.
- Cold or blue fingers or toes in the arm or leg where you had surgery.
- Your cast or splint becomes wet.
- Your pain medicine does not relieve your pain or you are going to run out of your pain medicine. Be sure to call one to two days before you run out of your medicine to allow enough time for us to refill the medicine.
- Signs of a deep vein thrombosis – redness, calf pain, fever, and extreme swelling of the entire leg that will not go down with elevation.

When to go to the Emergency Room

If you notice the following go straight to the emergency room, do not call the office first.

- Shortness of breath or difficulty breathing
- Chest pain.

An appointment has been made for you on:

Date ________________ Time __________

with __________________________________________

in the Orthopaedic Clinic located on the 1st floor of McHaney Hall. Call the Orthopaedic Clinic at (573) 882-8142 if you need to cancel or change your appointment date or time.

Additional instructions

Please refer to other education material provided:

- Post-operative pain management
- Cast Care: Helping Broken Bones Heal
- After a hip fracture
- Sprains and Fractures
- Crutches: Getting Around Safely
Questions:
You will likely have questions. Write down your questions here and keep this with you, so that the next time you see your doctor you can ask him or her your questions.

http://www.killgrove.org/ANT210/skeleton_wit
hpars.gif (Modified by Kelly Small, APRN)