

## Femur ORIF

### Home Care Instructions

*You have undergone repair of your distal femur fracture, during which the two or more fragments have been fixed together using plates, screws and possibly wires. It is normal to experience some sharp pain. However, you will not move the knee before seeing us in the office for your first post-op visit. But with good healing and physical therapy, most patients regain all or most of their function. I ask that you try and adhere to the below recommendations to maximize the outcome you deserve!*

- Michael C. Russonella, D.O.

- Knee Immobilizer** Use crutches, as instructed. TOE-TOUCH-WEIGHT-BEARING to the affected extremity. Toe-touch weight bearing means that you should put enough force on your operative leg to balance yourself in situations where both hands are necessary. After surgery, you **MUST** keep the knee and leg straight. This aids in the healing process for the incision site and keep the hardware in place.
- Activity** Go home and rest today. If you received sedation or general anesthesia, you may feel tired and drowsy. Therefore, you should not drive a car, operate any machinery, drink alcoholic beverages or make any legal decisions for 24 hours. If this is your right leg, you may not operate a motor vehicle until otherwise advised. Doing so will place you in the legal category of an “impaired driver” in the eyes of the law. If you received a local anesthetic, you may feel numbness that should gradually wear off.
- Pain Medication** You will be given a prescription for narcotic pain medicine before you leave the hospital. Take this medication only if you need to relieve severe pain. Only take one pill every four hours with food. If your pain is not relieved by one pill, you may take two pills at your next dose. You may also use an over-the-counter medicine if you choose. If you cannot tolerate the medication, take Tylenol dosed according to the bottle recommendations until a different pain medication can be prescribed. Use caution when taking narcotic medications, because they affect your ability to drive and concentrate. Also take 2000mg Vitamin C until wound is fully healed. Avoid NSAID containing products (ie, Motrin, Ibuprofen, Celebrex, Advil) for the first 2-3 weeks. They may interfere with fracture healing.
- Wound Care & Showering** Keep affected foot elevated higher than the heart when possible. This will help greatly with swelling and pain. **DO NOT PLACE A PILLOW UNDER THE BACK OF YOUR KNEE** (i.e. do not maintain knee in a flexed or bent position). Pillows should be under the ankle which will keep the knee straight when elevating. You will feel a pull at the back of the knee when you perform this, this is normal. Keep the dressing clean and dry. If it becomes wet or soiled, report to the office for a dressing change. Leaving a wet or soiled cast in place can predispose to infection. Brace or splint will be removed, and dressing changed at your first post-op visit. **APPLY ICE NOT HEAT**. Heat will increase pain/swelling. You may shower once the dressing has been removed, unless otherwise directed by your physician. Do not use a hot tub, bath, or go swimming until the doctor clears you to do so.
- Return Visits** The office will call you to schedule your post-operative appointments.
- Emergency** Dr. Russonella’s staff is available 24 hours a day in case you experience any problems once you leave the hospital. The risk of infection is very low risk. Notify the office if you develop a fever >101°F, with unusual increase in pain, redness, and warmth. Report any pus or unusual drainage to our office immediately. It could be a concern if your incisions swell or have drainage. If you encounter any problems, please call our office.

**\*\* If you feel chest pain or shortness of breath, please go to the nearest ER for evaluation. Do not call the office or wait for an appointment; although extremely rare, this could be a blood clot in the lungs.\*\***