

TRAUMA PATIENTS INSTRUCTIONS FOR DR. GRONDIN (www.drgrondin.com)

Wetting your incision as in a shower is allowed **only after two weeks** to avoid infections. Casts should always remain dry until they are removed (usually at 6-12 weeks).

Elevating the injured body part helps pain relief, decreases swelling, and hastens recovery.

For upper extremities during sleep (or while lying horizontal) this means putting a pillow under your arm to keep the wrist slightly higher than the elbow and both slightly higher than the heart.

During the day (or when standing vertical) this means avoiding dropping the hand below the pant pockets level and keeping the hand more near the belly button level or heart level (a shoulder sling can help one do this).

For lower extremities this means not standing vertical for long periods of time (>15min at a time).

Sitting with the leg elevated on a second nearby chair/ottoman and sleeping with pillow under the leg to elevate it above the heart level. Generally speaking don't put a pillow under the knee and this leads to difficulty straightening the knee later on but put the pillow under the foot/calf area.

Ice or commercially available freezable gel bags placed on the operative dressing is very effective at relieving post-operative pain and diminishing swelling. Once no dressing is present, make sure to not put the bag directly on skin by wrapping the bag in a cloth or placing the bag over a T-shirt, to avoid frostbite. Apply at least 3 times a day for 30 minutes each time. Icing the area can be helpful for the first couple of months.

Pain medication will be given to you upon your discharge in case ice, elevation and acetaminophen are not enough: Take them only if you have pain.

The **narcotics** (ex. oxycodone/dilaudid) is usually needed on a semi regular basis for the first 1-4 days.

After this they can be useful to take before bed for the next 1-4 weeks if one has trouble sleeping due to surgical site discomfort. Stop or diminish taking the narcotic medication if you experience excessive nausea/vomiting or drowsiness/confusion or constipation lasting more than 2-3 days.

An **anti-inflammatory medication** (ex. advil/naproxen/celebrex) can be taken for 1-3 weeks after the surgery. Stop taking them if you have black or red stool or vomit, feel dizzy or excessively tired.

Smoking delays healing time (can double it or even prevent healing all together) and **should** kept to a minimum (1-2 cigarettes a day) or **avoided** all together during this time.

Your body reacts to injury/surgery by increasing its clotting ability for 2-4 weeks. Flying/long uninterrupted car drives are associated with increased clotting also (due to the low amount of body movement during the trips) so **should be avoided for the first 2-4 weeks.**

Flying should never be done with a circumferential cast on. The negative pressure in the airplane can cause the body to swell and become too big for the cast and this can in the worst cases lead to loss of the arm/leg involved.

Plates are usually made from stainless steel and completely accepted by the body and **don't need to be removed.** If they irritate the patient (rarely the case but this can happen), they can be removed in a second surgery but this must be at least 6-12 months after the original surgery to make sure the bone is strong enough.

No Weight bearing means no body weight on the leg but the weight of the leg itself can rest on the ground.