



UNION GENERAL ORTHOPEDICS & SPORTS MEDICINE

AFFILIATE OF: UNION GENERAL HEALTH SYSTEM

Post-Op Instructions for Lisfranc Open Reduction Internal Fixation

Jacob B. Stirton, MD

DIET

- Begin with clear liquids and light foods (jello, soups, etc).
- Progress to your normal diet if you are not nauseated.

WOUND CARE

- Maintain your operative splint – clean, dry, and intact.
- It is normal for the foot to bleed and swell following surgery. If blood soaks onto the ACE bandage, do not become alarmed, reinforce with additional dressing.
- To avoid infection, NO immersion of the operative leg (i.e.: bath or pool) until six weeks after surgery.
- Please do not place any ointments lotions or creams on the incisions.
- Sutures are typically removed between 10-14 days post operatively.

MEDICATIONS

- A nerve block is typically administered by the anesthesia team unless the patient specifically requests otherwise. This will wear off within 24-36 hours. Patients commonly encounter more pain on the first or second day after surgery when swelling peaks.
- Some patients will require narcotic pain medication for a short period of time – I prescribe oxycodone which can be taken 1-2 tabs every 3 hours as needed for pain.
- To minimize the need for narcotics, I prescribe ibuprofen and Tylenol to be taken three times per day each for the first 2 weeks.
- Common side effects of the pain medication are nausea, drowsiness, and constipation. To decrease the side effects, take the medication with food. We prescribe a stool softener to help prevent constipation but be sure to drink plenty of water as well. If you are having problems with nausea and vomiting, we prescribe an antiemetic, Zofran. If this fails to resolve the issue please contact the office.
- Do not drive a car or operate machinery while taking the narcotic medication.
- Please avoid alcohol use while taking narcotic pain medication.



UNION GENERAL ORTHOPEDICS & SPORTS MEDICINE

AFFILIATE OF: UNION GENERAL HEALTH SYSTEM

- For 4 weeks following surgery take one aspirin 325mg tablet daily to lower the risk of developing a blood clot after surgery. Please contact the office should severe calf pain occur or significant swelling of the calf or ankle occur.

ACTIVITY

- You are non-weight bearing **in your splint** immediately after surgery. Use crutches for first 6 weeks after surgery.
- Elevate the operative leg to chest level whenever possible to decrease swelling.
- Do not place pillows under knees (i.e. do not maintain knee in a flexed or bent position), but rather place pillows under the foot/ankle.
- Do not engage in activities which increase ankle pain/swelling (prolonged periods of standing or walking) for the first 7-10 days following surgery.
- Avoid long periods of sitting (without leg elevated) or long distance traveling for 4 weeks.
- NO driving until instructed otherwise by physician.
- May return to sedentary work ONLY or school 3-4 days after surgery, if pain is tolerable.

SPLINT/CAST

- Keep clean, dry, and intact.

ICE THERAPY

- Icing is very important in the initial post-operative period and should begin immediately after surgery.
- Use icing machine continuously or ice packs (if machine not prescribed) for 20-30 minutes every 2 hours daily until your first post-operative visit – remember to keep leg elevated to level of chest while icing. Avoid frostbite to the skin by not using icepacks for more than 30 minutes at a time.
- You do not need to wake up in the middle of the night to change over the ice machine or icepacks unless you are uncomfortable.

EXERCISE

- Begin exercises 24 hours after surgery (straight leg raises, quad sets) unless otherwise instructed.



UNION GENERAL ORTHOPEDICS & SPORTS MEDICINE

AFFILIATE OF: UNION GENERAL HEALTH SYSTEM

- Formal physical therapy (PT) typically begins six weeks after surgery. A prescription and protocol will be provided at the first post op visit by Dr. Stirton.

EMERGENCIES

*Contact Dr. Stirton's office at 706-439-6858 if any of the following are present:

- Fever (over 101° F – it is normal to have a low-grade fever (<100°) for the first day or two following surgery) or chills
- Redness around incisions
- Color change in foot or ankle
- Continuous drainage or bleeding from incision (a small amount of drainage is expected)

*If you have any of the following emergencies that require immediate attention proceed to the nearest emergency room.

- Excessive nausea/vomiting
- Unrelenting pain or calf pain
- Difficulty breathing

FOLLOW-UP CARE/QUESTIONS

- If you do not already have a post-operative appointment scheduled, please contact our scheduler at 706-439-6858 to schedule.
- If you have any further questions please contact Dr. Stirton's office.