

FRACTURES OF THE WRIST/FOREARM POST-OPERATIVE INSTRUCTIONS

1. Remain non-weight bearing on the extremity. You may use the affected wrist/arm to eat, drink and type. No lifting heavier than a coffee cup.
2. ELEVATE! ELEVATE! ELEVATE the hand above the elbow with the elbow above heart level to prevent swelling. If the hand is not elevated it will swell, which can cause pain and discoloration.
3. Place icepacks on the wrist/forearm 3-4 times a day (20 minutes on and 20 minutes off) for 3-4 days or until swelling subsides. DO NOT apply icepacks directly to the skin. Icepack should be applied on top of the splint without getting the splint wet.
4. Breathing exercise: coughing and breathing 5 times an hour for 2-3 days.

Wound Care

Keep the dressing clean and dry. When showering, protect the dressing with a cast cover (can be purchased at your local pharmacy or medical supply store) or with a trash bag. Place the bag over the splint and tape closed. The tape should be covered with a towel, then covered with an additional bag and taped once more.

Medications

1. ALWAYS TAKE WITH FOOD! Take pain medications as prescribed by Dr. Lan N. Nguyen. To best maintain an adequate level of comfort, patient should manage a regular schedule of pain medication for at least 24hrs post-operatively. Pain may not be eliminated, but will likely be tolerable.
2. Refills should ONLY be requested during office hours (Mon-Fri 8:30-5pm). Refill requests will not be directed to Dr. Lan N. Nguyen once the office is closed.
3. Pain medications can cause constipation. Use over-the-counter laxatives or stool softeners (i.e. Colace, Metamucil, Milk of Magnesia etc.) as needed until bowel function returns to normal.

Call the office IMMEDIATELY if:

Fever is greater than 101 degrees F, chills
Excessive redness, swelling, or drainage from incisions
Your fingers are not warm and pink, or if you have numbness in your hand for several hours.

Follow-up Appointment

Call the office at (858) 300-2280 to make an appointment to be seen within 10-14 days.

These instructions have been discussed with me and/or my representative. A copy of these instructions have been provided to me by Dr. Lan N. Nguyen and or/her staff.

Signature of Patient/Representative _____

Printed Name of Patient/Representative _____

Date _____