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## Distal Radius ORIF Post-Op Instructions

### 1. To set up prior to surgery:

Please set up hand therapy to begin 1-2 days after your first post-op appointment with Dr. Cardon, unless instructed otherwise.

### 2. Immediately after the operation:

- You will be placed in a removable splint with a small dressing over the incision site. You may remove the dressing after 3 days and wash over the incision with clean running water.
- The splint should be worn most of the time. It is ok to remove the splint for sedentary activities. For example if you are watching TV or reading. However, it is preferred that you wear the splint at night, and wear it when you are out and about. It is encouraged that you use your fingers for light activities and keep them loose.
- Expect bruising and swelling to occur in the fingers down to the forearm. Elevate the arm above the heart as much as possible for the first 3-5 days to reduce swelling and pain. You may place a couple of pillows underneath your arm/hand while sitting or laying down. Keep in mind bruising will take 14-21 days to resolve and 6 months for ALL swelling to subside. **See below for information on pain control.**
- It is common to experience *numbness* and *tingling* in the surgical area due to the numbing medicine (Marcaine®) that is injected at the end of the operation to help with post-op pain. This can last from several hours to 2 days after the operation.

### 3. At your 1<sup>st</sup> post-op appointment (10-12 days after surgery):

- The splint will be removed, your wrist examined, and new xrays taken. Sutures are absorbable so will not need removal. The medical assistant will demonstrate wrist ROM (range of motion/stretching) exercises to work on if hand therapy has not already been set-up.

**Note:** Many wound problems occur because the incision is kept too moist with ointments, lotions or waterproof coverings. It is better to keep the wound clean and dry. *This is important; almost all the wound problems I see are from well-intentioned patients over-treating the wound.* If your incision seems like it is always moist, it is ok to remove the Band-Aid for a few hours to let the incision dry out. Keep the incision covered when you are not in a clean environment (i.e. when you are out in public).

### Rehabilitation protocol:

Phase 1 (1-3 weeks)	Phase 2 (3-6 weeks)	Phase 3 (6 weeks and beyond)
Begin wrist ROM exercises but no strengthening yet. It is ok to remove the splint for bathing and exercises, but should be worn at all other times.	Wean from the splint as you continue with ROM exercises.	Strengthening may begin and you may <b>gradually</b> return to normal activities (i.e. yoga, sports...) as comfort allows, without restrictions.

(over)

## Pain control:

- Place an ice pack or a plastic bag with ice over the splint as needed to reduce the pain. You may do this as much or as little as desired. Many patients find this very effective in reducing pain.
- Most patients are given prescription of Norco® (hydrocodone), Percocet® (oxycodone) **or** Tylenol® #3 (codeine). One or two tablets can be taken as often as every 4 hours if needed. Anti-inflammatory medicines such as Ibuprofen (Motrin®, Advil®) or Naproxen (Naprosyn®, Aleve®) are often sufficient in controlling pain after the first couple of days. However, if you experience severe pain, you may take Norco® **or** Percocet® **or** Tylenol® #3 **AND** ibuprofen concurrently in the following alternating manner:

Take Norco®/ Percocet®/ Tylenol® #3 every 4 hours followed by 400mg Ibuprofen 2 hours later. Below is a sample schedule for taking these medicines:	
8 AM	Norco® (hydrocodone), Tylenol® #3 <b>or</b> Percocet®
10 AM	Ibuprofen 400mg (2 pills)
2 PM	Norco® (hydrocodone), Tylenol® #3 <b>or</b> Percocet®
4 PM	Ibuprofen 400mg (2 pills)

**Warning:** Take your medications with a meal or snack if possible. All NSAID medicines have risks of stomach irritation, bleeding or ulcers. NSAIDs should not be taken if you have history of stomach ulcers, bleeding disorders or if you are on a blood-thinner. Codeine, Norco® and Percocet® can occasionally cause nausea, vomiting and/or constipation. Do not take over-the-counter Tylenol when taking Vicodin®, Percocet® and Tylenol® #3 as these already contain acetaminophen. These medications can cause drowsiness and taking appropriate precautions is advised. Avoid drinking alcohol when taking these medications.

## Driving:

- You may return to driving as soon as you feel safe, comfortable and completely in control of your car. However, do not drive if you are taking narcotics or under the influence in any way.

### Contact Dr. Cardon at (510) 540-6800 if:

- You have severe pain upon stretching your fingers or severe/extreme pain and tightness in your forearm muscles when making a gentle fist and straightening the fingers. Some pain at the surgical site is normal.
- There is severe swelling above or below the splint. It is normal for surgery to cause swelling, especially in the fingers. However, if the swelling is excessive and appears to be restricting your circulation, you should contact Dr. Cardon.
- There is pus or foul odor from the dressing/splint. Or if you think that you are developing an infection.
- You develop a fever greater than 101°F for a couple of hours or more anytime after your surgery.

If you are unable to reach Dr. Cardon, you may need to go to the Emergency Room if your symptoms persist.