FOOT FRACTURE - ORIF

PROTOCOLS - DR. BERNARD BURGESSON

PRE-OP

After your consult with Dr. Burgesson, you will be contacted to book your surgery.

Around the time of your injury / surgery you will be contacted by OrthoRx, they will assist in ensuring you have all mandatory devices for your surgery and provide information regarding additional items that are useful for rehab and recovery.

DAY OF SURGERY

Do not eat anything the day of surgery.

POST-OP

CAST / BOOT

You will be non-weight bearing in a splint and cast for 4 weeks. Please bring your crutches/knee scooter with you to the hospital on the day of surgery.

You will transition to a tall walking boot at your 4 week follow-up appointment. Please be sure to bring your boot with you to the hospital for your follow-up appointments. You will remain non-weight-bearing in your boot.

While in your boot, we would also recommend a 20-30 mmHg compression sock.

WOUND

The surgical incision has been closed with sutures. Do not get the cast wet for the first 6 weeks. When showering, place a waterproof cover over the cast to avoid the cast and wound getting wet.

When showering is permitted, let soapy water run over the incision. Do not scrub the incision site. Pat to dry and avoid rubbing. Do not immerse the foot in water (bath, hot tub, pool).

Do not apply any lotions or creams on the wound.

Elevate your leg to heart level, especially during the first 2 weeks to reduce swelling and promote healing. Increased swelling due to poor elevation can delay suture removal and cause wound issues.

WEIGHT-BEARING

For the first 4 weeks you will need to remain non-weight bearing.

After 4 weeks you may begin progressive weight bearing in your walking boot. You may begin with 25% of body weight and increase weekly.

MEDICATIONS
You will be given a prescription for pain medication and Aspirin (blood thinner) on the day of your surgery.

Pain medication should be used regularly for the first 24-48 hours, when required for the first 1 to 2 weeks, followed by Regular Tylenol.

Aspirin should be taken for 14 days (unless you have an allergy to aspirin).

DRIVING
For right foot surgery you are not permitted to drive until you have completely weaned off the boot.

For left foot surgery, please contact your insurance company to see if you are permitted to drive.

Driving is not permitted while on narcotics.

WORK
Two weeks off work is recommended for initial recovery.

If you are able to get to work safely, and will be seated for the majority of the day, you may return to work after 2 weeks. This is assuming you are not taking narcotic pain mediation. From 2-8 weeks sedentary duties is recommended.

By 12 weeks you can gradually return to full duties.

FOLLOW-UP
You will have your first appointment 2-3 weeks after surgery in the Fracture Clinic.

Your next appointments will be at 7 weeks, 3 months, 6 months, then 12 months post operatively.

RECOVERY
It is normal to experience mild to moderate pain, numbness, or tingling for the first 2 weeks following surgery. Please come to the emergency department if you are suffering from severe pain.

You will get back to most of your activities by 6 months.

Swelling often remains for 6-12 months.

You are expected to experience a FULL recovery (no pain, no swelling, ability to walk, etc.) in 9-12 months.

PHYSIOTHERAPY
6 weeks after surgery you will be referred for physiotherapy.

orthoRx
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POST-OPERATIVE PROTOCOL TIMELINE

2 WEEKS

- Wound Check: Evaluation for possible suture removal
- Weight bearing: Continue non-weight-bearing (there are some exceptions)
- Cast: Transition to a fibreglass cast if appropriate

4-6 WEEKS

- Boot: Switch to tall walking boot
- Weight-bearing: Begin progressive loading starting at 25% of your weight and increase weekly
- Physiotherapy: May begin if recommended.

8 WEEKS

- Weight-bearing: Should be full weight-bearing in boot
- Footwear: Begin transition from boot to regular shoe
- Activity: Safe to resume non-impact activities

12 WEEKS

- Activity: Resume all normal activities

IMPORTANT FOOT/ANKLE POST-OPERATIVE INSTRUCTIONS

You have just undergone trauma or reconstructive surgery of the foot/ankle by Dr. Bernard Burgesson in the operating room at either the QEII Health Sciences Center, Dartmouth General Hospital, or Scotia Surgery. These instructions are very important to help you heal safely and get the best result.

BLOOD CLOT PREVENTION

- After foot or ankle surgery, there is a small risk of blood clots
- You have been prescribed one of the following:
  - Aspirin 81 mg twice daily, or
  - Eliquis 2.5 mg twice daily
- Take this medication exactly as prescribed
- Your surgeon will review whether to continue or stop it at your first follow-up visit.

ANESTHETIC EFFECTS

- You may feel tired, nauseous, or foggy for 24–48 hours after surgery.
- If you had a nerve block, your foot or leg may be numb or weak for several hours (sometimes up to 24 hours).
- Do NOT walk on the operative leg while the nerve block is active — this increases the risk of falling.
- Start your pain medication before the numbness fully wears off to stay ahead of the pain.

MEDICATIONS

- Some pain is normal after surgery. You may be prescribed:
  - Hydromorphone for pain
  - Vitamin C
  - Vitamin D
- Do not drink alcohol, drive, or operate machinery while taking narcotic pain medication. Narcotics commonly cause constipation — use laxatives or stool softening foods if needed.
- Stop the medication and call the office if you develop rash, breathing problems, confusion, or severe stomach upset.

ACTIVITY

- Do NOT put weight on your operated leg unless specifically told otherwise.
- Keep your leg elevated as much as possible, especially for the first 2 weeks.
  - **This is the most important part of recovery as it reduces pain and swelling.**
- Swelling, redness, or throbbing when your foot is down is normal and usually improves with elevation.
- Avoid strenuous activity, long periods of standing, or stair climbing.

Simple Exercises (While Resting)

- Wiggle and curl your toes.
- Tighten and relax your thigh muscles.
- Straight leg raises if comfortable.
- These help prevent stiffness and blood clots.

FALL PREVENTION

- You may feel unsteady, especially in the first 24 hours.
- Clear tripping hazards at home.
- Have someone help you move around if needed.

WOUND & DRESSING CARE

- Do NOT remove your bandage or splint.
- Keep it clean and dry until your follow-up visit.
- You may shower if the leg is fully protected with a waterproof cover.
- Some light staining on the bandage is normal.
- Call the office if:
  - Bleeding spreads or lasts more than 48 hours
  - The dressing feels very tight and does not improve with elevation
  - Your toes should look pink and warm and be movable (unless you have
  - pins)

DIET

- Start with liquids and light foods. Return to your normal diet as tolerated.

WHEN TO CALL/EMAIL (902-473-7137)

- Fever or chills
- Increasing swelling or numbness
- Severe pain not controlled by medication and elevation
- Increasing drainage or soaked bandage
- Any concern that worries you

Go to the Emergency Department if it is after hours or you cannot reach the office.

FINAL NOTE

- Most pain improves significantly within 48–72 hours if you stay elevated and take pain medication as directed.
- The first two weeks after surgery are the most important for avoiding complications.
- Protect your foot, rest, elevate, and follow these instructions carefully to give yourself the best chance of a smooth recovery.