



Post-Operative Instructions:

Jones Fracture Closed Reduction Percutaneous Fixation

Diet:

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

Wound Care:

- Maintain your splint, you may loosen the ACE bandages around the splint if you feel as if the splint is too tight.
- Your splint is to stay on until your first post-operative visit
- To avoid infection, keep your dressing and wound clean and dry – you may shower by placing a large garbage bag over your splint, starting the day after surgery – NO immersion of the operative leg in water (i.e. bath). DO NOT GET YOUR SPLINT WET. If your splint gets wet, you will have to come in to get it changed.

Medications:

- Pain medications were injected into your wound and ankle during the surgery – this will wear off in 8-12 hours.
- Most patients will require some narcotic pain medications for a short period of time – these should be taken as directed on the bottle.
- Do not take additional Tylenol while taking Percocet.
- Common side effects of pain medications include nausea, drowsiness, constipation – to decrease these side effects, take with food – if constipation occurs, consider taking an over the counter laxative.
- If you are having a problem with nausea and vomiting please take one of your anti-nausea medications – Zofran. If still having issues please call our office for a possible medication change.
- Do not drive a car or operate machinery while taking narcotic medication.
- Ibuprofen 600 mg may be taken in between narcotic pain medication to help smooth out the post-operative “peaks and valley”, reduce overall amount of pain medications required, and increase the time interval between narcotic medication usage.

Activity:

- You are to be NON-WEIGHT BEARING on your operative leg.
- Elevate the operative leg to chest level whenever possible to decrease swelling.
- Do not place pillows under knees (ie do not maintain a knee in a flexed or bent position), but rather place pillows under foot/ankle.
- Use crutches to assist walking – you are to not place any weight on the operative leg unless otherwise instructed by Dr. Keller.
- Do not engage in activities which increase pain and swelling (prolonged standing or walking) over the first 7-10 days after your surgery.
- Avoid long periods of sitting (without your leg elevated) or long distance traveling for 2 weeks.
- No driving if your right foot is operated on until instructed by Dr. Keller. If your operative foot is the left foot you may drive once off opiate pain medications.
- May return to sedentary work ONLY or school in 3-4 days after surgery, if pain is tolerable.

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Ice Therapy:

- Begin immediately after surgery. Place a large bag of ice over your splint. Avoid getting your splint wet.
- Use Ice every 2 hours for 20 minutes daily until your first post-operative visit – remember to keep your ankle elevated to the level of the chest when icing.

Exercise:

- Formal physical therapy (PT) may be discussed during your first post-operative appointment.

Emergencies:

- Contact Dr. Keller if any are present:
 - Painful swelling or numbness
 - Unrelenting pain
 - Fever (>101) or chills. It is normal to have a low-grade fever after surgery.
 - Redness around the incision
 - Color change in toes
 - Continuous draining/bleeding from the incision (small amounts are completely normal)
 - Difficulty Breathing
 - Excessive nausea.

***If you have an emergency please contact Dr. Keller before going to a hospital or emergency room.

Follow-up Care/Questions:

- Please contact Katharyn Chernicky, Dr. Keller’s assistant at 248-659-0190. OR email Dr. Keller at RKeller@DL-Ortho.com.
- If you do not already have a post-operative appointment, please call and schedule by calling 248-650-2400 and asking for appointment scheduling.