

Dr. Biswas' Finger Fracture Surgery Postoperative Instructions

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Dressing and Wound Care

- After surgery, you will be in a bulky dressing (bandage) with a plaster splint that covers your fingers, wrist and forearm. The splint is similar to a cast. The splint can not be removed and must be kept dry.
- When showering or bathing, cover the splint and your hand with a plastic bag to keep everything dry. The splint protects the incision and the surgical reconstruction, as well as lessen swelling.
- Elevate your hand above your heart as much as possible to lessen swelling and pain. Pillows and blankets under the arm are helpful when you go to sleep. Mild to moderate after surgery is common.
- If your incision is red, foul-smelling, or there is drainage coming from it during daytime hours, call us right away at 630.920.2350. Go to the emergency room or urgent care if this happens at night or on the weekend.
- Surgical incisions vary based on your injury. Most patients have several small pin sites or a small 2-3 cm incision over the back of the hand or finger.

Pain Management

- Metacarpal and phalanx fractures can be painful. You will receive a prescription for narcotic pain medicine. For the first 2-3 days, take the pain medication around the clock to stay on top of the pain control. After 3 days, take the medicine only if you need it. If your pain is mild, you make take Tylenol (acetaminophen) instead. It is important to know that even with pain medication, you can still experience some pain.
- Avoid taking Advil (ibuprofen) or Aleve (naproxen) as these medications can slow bone healing.
- If you have uncomfortable side effects from the pain medicine, please call the office at (630) 920-2350.

Driving

- Do not drive if you are taking narcotic pain medication. It is not safe. The medicine can make you sleepy and delay your reaction
- Once you are no longer taking the medicine, you may drive as soon as you can comfortably grip the steering wheel with both hands. It is generally best to avoid long drives until the initial dressing and plaster splint is removed.

Activity

- Right after surgery, you may begin gentle finger exercises of the uninvolved fingers. Your non-operative fingers and thumb will be free. However, you will be unable to move the fractured finger or your wrist because of the splint.
- You can use your hand for very light activities of daily living, such as eating, writing, typing, getting dressed, and brushing your teeth.
- Avoid any heavy gripping, pulling, or pinching with the thumb until your surgeon or therapist says you may do these things.

Follow-Up Plan

- When you leave the surgery center, you may have an appointment made with a Hand Therapist in around 3-7 days. Whether or not you have this appointment depends on your fracture.
- The Therapist will make you a custom brace to wear and will show you some gentle exercises to do.
- All patients have a follow-up appointment with the surgical team scheduled 10-14 days after surgery. At that visit: Your sutures will be removed and x-rays will be taken
- You will be placed into a cast or kept in your custom removable brace to protect your fracture as it heals.
- You will wear the cast or brace full-time (including night-time) to protect your fracture for 4 more weeks. The brace may be removed for showering and gentle active motion exercises directed by the therapist only. If you are placed in a cast, it must be kept clean and dry.
- At 6 weeks after surgery, the supportive brace should be worn with activities, but you may do light tasks, such as typing without it.
- If casted, the cast will be removed and you will transition to the custom brace and begin motion exercises.
- If you also have pins holding your fracture together, they may be removed in clinic at this point.
- Three months after surgery, you will not need to use any braces or splints to support your hand and fingers.

Results

- You will be limited for the first 4-6 weeks with pain, weakness, and stiffness in the hand and fingers. Most patients have minimal pain and good functional motion by 3 months after surgery.
- Your symptoms will continue to improve by working in therapy. It is important that you consistently work with your therapist.
- Patients usually have good strength and motion at 3-6 months, and continue to improve for up to 1 year after surgery.
- Most patients have no activity restrictions at 3 months after surgery.