

**DR. JAMES LOWE'S WOUND CARE & SPLINT & PIN INSTRUCTIONS**

**Days 2-5:** Leave the splint or soft dressing in place as instructed by Dr. Lowe. In most cases, you can remove the splint or soft dressing on the second day after surgery. Until you are told to remove your splint, shower daily with extremity covered with a plastic bag and tape to keep as dry as possible. It is OK if the splint or dressing gets a little wet.

**With permission**, remove the splint and clean wounds on the day you are instructed. It is best to clean wounds in the shower with soap and water, and avoid bathing or submerging the extremity. After cleaning the wound blot dry and apply a light dressing or Ace. Avoid antibiotic ointment unless instructed otherwise by the surgeon. If medical glue or tape has been applied to your wound there is very little care or dressing required. If you have pins, the pin sites should be cleaned with quarter strength peroxide and tap water using a Q-tip twice a day (if the pins are not covered by a splint).

It is essential to elevate the operated extremity above the level of the heart as much as possible for the first 48 hours and frequently for at least one week. At night place the extremity on two pillows and during the day keep the extremity at the level of the heart while sitting. Splints are usually uncomfortable, but you may loosen the splint by cutting sections of the wrap if not tolerable. Notify the physician if pain is severe and not controlled by medications. The swelling and discoloration peaks the third day and usually decreases over the next two weeks.

**Days 5-7:** If the wound is not covered or you have a removable splint you may begin to wear a light dressing and an Ace wrap to control swelling. Avoid antibiotic ointments to wound unless instructed otherwise and allow the wound to dry. Vaseline can be applied to extremely dry areas sparingly once or twice a week. Continue to wash your wounds at least once a day and if you have pins clean sites daily with quarter percent hydrogen peroxide and Q-tips.

**Weeks 2-4:** One half or all the sutures will usually be removed from the extremity in clinic if indicated. Apply other products such as Mederma, Silicone Sheeting, or Silicone Gel for the next several months or longer as instructed to decrease scarring. The longer you use these products after surgery, the better the final appearance of your scar. The swelling and discoloration around wound should be decreased.

**Weeks 4-6:** Apply Cetaphil, Neutrogena, or other over-the-counter moisturizer to wound site and massage the area two or three times a day if the wound is not covered by a cast. Most pins will be removed by the sixth week, but the pin care should be continued for at least one week after removal.

**Months 3-6:** The scar will be re-evaluated at this time. Usually, scar revisions will not be performed until six to twelve months after the last surgery, if needed.

**STRENUOUS ACTIVITY AND HEAVY LIFTING IS TO BE AVOIDED FOR AT LEAST 6-WEEKS. DIRECT SUN CONTACT ON THE SURGICAL SITE IS TO BE AVOIDED FOR 6-12 MONTHS. PLEASE USE A SUN SCREEN – SPF 25 OR GREATER WHEN IN THE SUN.**

**\*Call the office you have any questions or concerns, or if you are having any signs or symptoms of infection (redness, fever, or drainage). (405) 942-4300. JBL Rev. 1/1/14**