



575 South 70th Street
Suite 200
Saint Elizabeth Medical Plaza
Lincoln, Nebraska 68510-2471

Toll-Free (888) 488-6667
(402) 488-3322
Fax (402) 488-1172
www.nebraskaortho.com

Patrick E. Clare, M.D. - Emeritus
Ronald O. Schwab, M.D. - Emeritus
Donald J. Walla, M.D.
Thomas M. Heiser, M.D.
Daniel R. Ripa, M.D.

Robert W. Dugas, M.D.
David J. Clare, M.D.
James W. Gallentine, M.D.
Steve J. Volin, M.D.

Justin D. Harris, M.D.
Scott A. Swanson, M.D.
Daniel B. Cullan II, M.D.
Aaron M. Bott, M.D.

Joseph P. Mulka, M.D., Ph.D.
Sukchan Lee, M.D.
Dane C. Todd, M.D.
David P. Heiser, M.D. - consulting

Tibia Plateau Fracture Instructions

Dane Todd, MD

1. **Elevate and Ice** the knee for 72 hours after surgery. The knee should be at or above the level of your heart. Do not place any pillows behind the knee. Pillows should be behind the foot.
2. **Pain Control** – You will be sent home with a prescription for pain medication. Take it according to the instructions on the prescription. Pain can cause constipation, so be sure to drink plenty of fluids and use an over the counter stool softener (i.e. Miralax) to help prevent this. You may take Tylenol (acetaminophen) instead of the prescribed medication. However, make sure you do not take more than 3,000 milligrams (3 grams) of Tylenol (acetaminophen) in any 24 hour period. Wean off the pain medications as soon as possible after surgery.
3. **Dressings** – Keep your dressings on for 3 days after surgery. Then you may remove the dressings to shower. Please re-apply new gauze dressings over the wound. Do not use any ointment, creams, or lotions on the incision.
4. **Showering** – You may shower 3 days after surgery. Wash your incision gently with soap and water; do not scrub the incision. Pat the wound dry and apply new gauze. Do NOT take a bath or submerge your wound under water (i.e. pools, hot tub).
5. **Driving** – You may drive once you are completely off all pain medications and feel comfortable doing so. Make sure to leave yourself extra space and time to stop and avoid any sudden movements.

Questions please call: # 402-488-3322
Fax: 402-488-3336

Patient Name: _____

Surgery Date: _____

Surgery Performed (circled) Side (circled): Right Left
ORIF Lateral Tibia Plateau
ORIF Medial Tibial Plateau
Meniscus Repair

Weight Bearing Status (circled) –
Full Touch-down Partial (____%) Non

Notes: _____