ROBERT PETTIT, MD

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FRACTURE CARE · PREPARING FOR SURGERY

Preparing for Your Urgent Fracture Surgery

A Guide to Your Surgery

PROCEDURE	SETTING	ANESTHESIA	RECOVERY
Knee surgery	Typically outpatient — most patients go home the same day	General or regional — reviewed with anesthesia	Personalized week-by-week protocol


Cartilage defect on the femur — surgery stimulates a healing scar-cartilage patch over the damaged area.

01 A MESSAGE FROM DR. PETTIT

Thank you for the opportunity to take part in your care. Our number one goal, along with our team at Beacon Orthopaedics and Sports Medicine, is to improve your quality of life through our knowledge, skill, experience, and — most importantly — compassionate care. Urgent Fracture Surgery is a highly effective procedure, but we recognize that surgery can be stressful, and we hope to make this process as smooth as possible.

This guide is a resource to help you and your loved ones understand your upcoming surgery, prepare for the day of surgery, and know what to expect during your recovery. Please keep it with you up to your date of surgery and beyond. Our team is always here to answer your questions — please do not hesitate to contact us about anything.

Sincerely,
Robert J. Pettit, MD

02 ABOUT YOUR URGENT FRACTURE SURGERY

This packet covers surgery scheduled within hours to days of an injury — hip fracture fixation or partial replacement, rod (nail) or plate fixation of thigh, shin, or arm fractures, temporary external frames, and infection washouts. Unlike planned surgery there is no weeks-long runway, so this guide focuses on making the time we do have count.

Your surgeon will tell you the exact operation planned; the surgery-specific recovery protocol on this website then governs your rehabilitation.

03 IS THIS THE RIGHT PROCEDURE FOR YOU?

Fracture surgery is recommended when the break cannot heal reliably in an acceptable position on its own — because it is displaced, unstable, involves a joint surface, or because early surgery gets you moving faster and safer (hip fractures especially: surgery within 24–48 hours gives the best outcomes).

- Tell the team about **every medication** — especially blood thinners, diabetes medicines (including GLP-1 injections like Ozempic/Mounjaro), and heart medications.
- Nothing to eat or drink once instructed — anesthesia safety depends on an empty stomach.
- Say yes to the pain plan: nerve blocks are frequently used and reduce opioid needs.
- Arrange one practical thing now: who drives you home and helps the first week.

04 RISKS TO UNDERSTAND

Serious complications are uncommon, and we take specific steps to prevent each of these — but you should know them:

- Infection (surgical-site or deep) — antibiotics are given within the hour before incision
- Blood clots (DVT/PE) — prevention typically aspirin 81 mg twice daily for 30 days plus early walking

- Problems with bone healing (delayed union or nonunion) — smoking roughly doubles this risk; stopping now genuinely helps
- Hardware irritation that occasionally needs later removal
- Anesthesia risks, reviewed with you by the anesthesia team
- Stiffness of nearby joints — early motion, as instructed, is the antidote

05 IN THE WEEKS BEFORE SURGERY

— Complete your pre-operative clearance. Depending on your age and health, you may need lab work, an EKG, or a visit with your primary care doctor or cardiologist. Our surgery scheduler will tell you exactly what is required

— Review your medications with us. Blood thinners (such as warfarin, Eliquis, Xarelto, Plavix, or aspirin) and certain supplements may need to be stopped before surgery

— but never stop a prescribed medication without instruction from the prescribing doctor

— Stop nicotine. Smoking and vaping slow healing. Stopping even a few weeks before surgery improves your recovery

— this is especially important for tendon, ligament, cartilage, and bone healing

— Arrange a ride and a helper. You cannot drive yourself home after anesthesia. Plan for a responsible adult to drive you and to stay with you the first night

— Prepare your home. Set up a comfortable recovery area with everything within reach, clear tripping hazards and loose rugs, and stock easy meals. If you will use crutches, a walker, a sling, or a brace, practice with it ahead of time

— Fill prescriptions early. If Dr. Pettit sends pain medication or other prescriptions before surgery, fill them ahead of time so they are ready when you get home.

— Stop NSAIDs and blood thinners as directed

— Arrange a ride home and help for the first few days

— Follow fasting instructions before surgery

06 THE DAY OF SURGERY

Sandy Evans, our surgery scheduler, will give you your exact arrival time and location, and will tell you when to stop eating and drinking — generally nothing to eat or drink after midnight the night before, unless you are told otherwise. Take only the medications we tell you to take, with a small sip of water. Leave jewelry and valuables at home, wear loose, comfortable clothing, and bring your photo ID, insurance card, and this guide. Most of our procedures are outpatient, meaning you go home the same day. You will meet the anesthesia team before your procedure to review your anesthesia plan and answer any questions.

07 WHAT TO EXPECT AFTER SURGERY

Expect a dressing, sometimes a brace or splint, and a clear instruction about how much weight the limb may take — **that weight-bearing instruction is the single most important rule of your recovery**.

- Out of bed with help as soon as the team clears it — usually day 0–1; early mobility protects against clots, pneumonia, and deconditioning.
- Pain: scheduled acetaminophen as the base, a short opioid taper only as needed, ice, and elevation.
- Nutrition accelerates bone healing: protein 1.2–2.0 g/kg/day, vitamin D + calcium, vitamin C 500 mg daily for 50 days, and no smoking or nicotine — see the Perioperative Nutrition Plan on this site.
- External fixator patients: the frame is stage one; the definitive surgery follows once swelling settles. Daily pin-site care instructions are provided.

08 POST-OP QUICK REFERENCE

- **Weight-bearing / arm use:** Exactly as instructed for YOUR fracture — hip fracture patients usually walk (with a walker) the day after surgery; some fractures are strictly non-weight-bearing.
- **Blood-clot prevention:** Typically aspirin 81 mg twice daily for 30 days unless you are prescribed a stronger blood thinner.
- **Physical therapy:** Usually begins in hospital on day 0–1 and continues per your surgery-specific protocol. Every fracture surgery now has its written protocol at robertpettitmd.com under Surgery & Protocols — hip fracture fixation, hip hemiarthroplasty, hip/femur/tibia nails, humeral shaft, periprosthetic femur, and external fixators included.
- **Driving:** Not while on opioids; for right-leg and both-leg injuries, typically not until weight-bearing and reaction time recover.
- **Follow-up:** Wound check and X-rays at 10–14 days, then at intervals to confirm healing.

09 COMMON QUESTIONS

How soon is surgery?
For hip fractures, ideally within 24–48 hours — faster surgery means fewer complications. Other fractures are timed by swelling and soft-tissue condition.

Will the hardware come out later?
Usually not — plates, screws, and rods typically stay unless they cause irritation after the bone is healed.

When will I know the full plan?
Before surgery the team confirms the exact procedure, and afterward you get written instructions plus the matching recovery protocol on this website.

10 QUESTIONS & SCHEDULING

Once you and Dr. Pettit decide on surgery, **Sandy Evans**, our surgery scheduler, will handle your surgery date, insurance authorization, pre-operative clearances, and exact arrival instructions. **Maria Dodd, PA-C** helps manage your recovery — medications, imaging, and questions — throughout.

Surgery scheduling & direct office line: (513) 441-5639 · Main office: (513) 354-3700

SCAN FOR THE LATEST VERSION ONLINE

robertpettitmd.com/handouts/prepare/urgent-fracture-surgery.pdf

This guide is for general patient education and does not replace personalized medical advice. Always follow the specific instructions given by Dr. Pettit and your care team.