ROBERT PETTIT, MD

Restoring Function. Maximizing Performance.

ORTHOPAEDIC SPORTS MEDICINE · BEACON ORTHOPAEDICS & SPORTS MEDICINE

CINCINNATI, OH · FORT THOMAS, KY

(513) 354-3700

FELLOWSHIP-TRAINED · BOARD CERTIFIED (ABOS) · MAKO ROBOTICS CERTIFIED · CINCINNATI REDS TEAM PHYSICIAN

POST-OPERATIVE PROTOCOL

Distal Femur Fracture — Retrograde Femoral Nail

Post-operative recovery instructions from Dr. Pettit and team

Office: 513-354-3700 · Direct Line: 513-441-5639

Your surgical care team: **Robert Pettit, MD** — Orthopaedic Surgeon · **Maria Dodd, PA-C** — Physician Assistant, surgical & post-op care

WOUND CARE

- An incision at the front of the knee (the nail is placed through the knee) plus small thigh incisions. Keep dressings clean and dry for 3 days.

WEIGHT-BEARING & KNEE MOTION

- Weight-bearing is set at surgery by fracture pattern: **often weight-bearing as tolerated with crutches or a walker, but protected weight-bearing if the fracture is comminuted — follow YOUR instruction.**
- **Knee motion starts early** — because the nail passes through the knee, regaining motion quickly prevents stiffness. Begin gentle bending and straightening as instructed.
- Expect soreness at the front of the knee; it improves as swelling settles.

PHYSICAL THERAPY MILESTONES

- Weeks 0–2: quad sets, heel slides for knee motion, ankle pumps, straight-leg raises when able, gait with prescribed weight-bearing.
- Weeks 2–6: knee range-of-motion progression (goal ~0–120° by 6 weeks), stationary bike when motion allows, weight-bearing progression per X-ray.
- Weeks 6–12: closed-chain strengthening, gait normalization, stairs.
- Month 3+: progressive strengthening and endurance; impact activity only after healing is confirmed.

A therapist-facing version of this protocol is available at robertpettitmd.com/pt-protocols/retrograde-femoral-nail.pdf — bring it to your first therapy visit.

PAIN CONTROL AND MEDICATIONS

You have been given a regional anesthetic block prior to your operation. This will wear off in the evening following your surgery.

1. **Pain Medication**: Tylenol 1000mg every 8 hours and, unless discussed otherwise, you have been prescribed a narcotic pain medication (Oxycodone 5mg) to take every 4-6 hours as needed.

   - DO NOT drive/use any heavy machinery, drink alcohol, make any life-changing or legal decisions (i.e. sign a will), or participate in activities that require a lot of physical skill, as narcotics may change your mental acuity. On rare occasions they may cause confusion or disorientation, we advise you to discontinue this medication should that occur.
   - Narcotics can be addictive. Dispose of any excess medication at a police/fire station.
   - Take a stool softener (e.g. Colace) while taking narcotic medication, as narcotics may cause constipation. If this does not help alleviate your constipation, you can try adding miralax or milk of magnesia. Please call our office if this regimen does not alleviate your constipation.
   - If you have any questions or concerns about narcotic strength medications, please contact us.
   - **Journavx (suzetrigine)**: If Journavx has been prescribed, take it in place of the Oxycodone. Start with a loading dose of 100 mg (two 50 mg tablets), then take one 50 mg tablet twice a day (every 12 hours) for two weeks. If you are not getting adequate pain control with Journavx, you may take Oxycodone instead. Do not take Journavx and Oxycodone at the same time, and avoid grapefruit while taking Journavx.

2. **Anti-nausea**: Zofran (Ondansetron): Take as prescribed if needed for nausea

3. **Anti-Inflammatory**: Unless contraindicated due to other health reasons, you have been prescribed a non-steroidal anti-inflammatory drug (Ibuprofen 800mg) for use postoperatively. If you have no personal history of adverse response to anti-inflammatories (NSAIDs), take as prescribed every 8 hours with food to help reduce swelling and pain. Do not take other NSAIDs (Advil, Aleve, etc) with Ibuprofen.

4. **DVT prophylaxis**: Please take one 81 mg baby Aspirin twice daily for 30 days following surgery to help minimize the risk of blood clot (extremely rare). If not able to take aspirin you will be prescribed Lovenox (40 mg daily injection) or Eliquis (2.5 mg Twice daily) for 30 days. If you are already on anticoagulation then you do not need to take additional medications.

Tylenol and Ibuprofen are the foundation for your pain control regimen

Example dosing: 1000mg Tylenol then 4 hours later 800mg Ibuprofen then 4 hours later repeat- every 4 hours alternate between Tylenol and Ibuprofen. Oxycodone as needed for breakthrough pain.

*You should not exceed 3,000mg of Tylenol or 3,200mg of Ibuprofen in 24 hours.

Bathing, skin care:

- Do not take a bath, swim, sit in hot tub, or otherwise submerge your operative leg for 6 weeks after surgery unless otherwise directed. If scabs still exist on your wound do not submerge until cleared with Dr. Pettit. b. Generally, after 2 weeks you may begin to get the foot/ankle wet by letting water flow over the leg. Dr. Pettit will confirm this in the office and the leg should not be placed in shower until this discussion. If you have pins outside the skin, keep the foot dry at all times until the pins are removed in the office.
- Do not place any lotions, ointments, cleaning solutions, Vitamin E, or any other topical items on the leg after surgery unless instructed. These may compromise the surgical outcome.

Physical therapy:

- If your procedure requires therapy, a prescription will be given to you at one of the office visits after surgery. Some surgeries do not require physical therapy and some require immobilization for weeks before starting therapy. This is normal and failure to maintain immobilization before discussed may compromise the outcome of surgery.

Travel:

- You will be restricted from traveling by air after surgery until you begin the weight bearing process. Failure to comply with this may result in blood clots causing medical and surgical complications. No prolonged car rides over 2 hour without stopping to stretch for at least 5 minutes. Please discuss any potential future travel plans with Dr. Pettit as changes to your treatment may be required.

Driving:

- Right leg: not until full weight-bearing, good knee control, and off narcotics — typically 6+ weeks. Left leg: sooner with an automatic when cleared.

Follow-up Appointment:

- Your first post-operative appointment will be scheduled 10–14 days following your surgical procedure. Typically dissolvable sutures are used during surgery, and do not need to be removed. If you do have sutures that need to be removed, this will occur at your first post-operative visit. If you do not have a post-operative appointment scheduled when you leave following surgery, please call 513-441-5639 to make the appointment.

****Signs & Symptoms to Immediately Report****

Call **911** and go to the nearest hospital if you are having chest pain or trouble breathing.

CALL THE OFFICE AT 513-354-3700 TO REPORT ANY OF THE FOLLOWING

- Persistent fever (101 or greater)
- Sudden increase in pain and swelling
- Wound redness or drainage
- Increased skin temperature around incision
- Deep calf pain and swelling
- Severe abdominal pain

SCAN FOR THE LATEST VERSION ONLINE

robertpettitmd.com/protocols/retrograde-femoral-nail.pdf

These instructions are general guidelines for Dr. Pettit's patients. Your individual instructions may differ — always follow the specific guidance given by Dr. Pettit and your care team, and call the office with any questions.