

Orthopaedic hardware (plates, screws, nails and other pieces of metal or implants) can be removed because the patient finds the hardware painful or irritating. In some cases, the hardware is removed because further surgery is potentially required in the future or because the hardware has 'done its job' and may be interfering with the movement of a joint. Less commonly, hardware can be removed because there may be infection in the bone.

During the surgery, your surgeon will try to use your old scars to make a new incision. Some or all of the hardware may be removed. Sometimes, screws may break or be very hard to find. In these cases, the hardware may not be entirely removed or larger incisions will be made.

After the hardware is removed, there is often a hole in the bone. For instance, after screws are removed, there is a hole in the bone where the screw was. This area of bone is now slightly weaker and could break more easily after a fall or accident. New bone will grow and fill in the hole during the months after surgery. You may be told to avoid high risk activities like contact sports for 1-2 months after the metal is removed to reduce the risk of a break through the screw holes.

This operation is performed in the operating room most commonly under general anesthesia ('going to sleep'). Sometimes, hardware can be removed under freezing (local anesthetic) or just freezing part of the legs or arm (block anesthetic). The surgery typically takes between 15-75min and you will usually be able to go home the same as the surgery.

Many patients wish to keep their metalware. The hospital policy is that this is not allowed because this metal has been in contact with your blood and there is a concern about potential spread of blood borne disease.

Going Home:

- Arrange to have someone take you home after surgery, even if you are taking a taxi

Bathing:

- Keep your dressings on, clean and dry until you see your surgeon for your follow up appointment 10-14 days after surgery. Cleanse around the area or use a plastic bag sealed with duct tape to keep the dressings dry.
- If the dressings get wet, soiled, change them
- If your wound does not have any fluid coming out of it, you may get the wound wet in the shower 5 days after surgery
- You may bathe 2-3 weeks after surgery, if the wound is healed and dry

Care of your Incision & Wound:

- Your wound may ooze fluid for 24-48 hours
- You do not need to change your dressings if you do not want to -- you can just leave them clean, dry and covered until your follow up appointment 10-14 days after surgery
- Buy either 'mepore' or waterproof 'aquacell' dressings
- Buy 'mepore' dressings at pharmacy. You must apply a new mepore dressing after each shower.
- Buy waterproof 'aquacell' dressing at One Bracing @ Rebalance^{MD}. You may shower with the aquacell dressing on and it does not need to be changed.

How to change your dressings:

- Wash your hands with soap & water before you take care of your wound
- Remove tensor bandage if present

- Throw out the white gauze bandages—the dressings will be stained with blood - and remove the white mepore dressings.
- Do not remove the Steri-Strips- small tapes that may be right on top of the wound. They will fall off themselves.
- Cover wounds with new dressing. Apply new ‘mepore’ or waterproof ‘aquacell’ dressing.
- After you change your dressing, put the tensor back on starting closest to the fingers or toes and then work your way up.
- The tensor band should be snug but not too tight. If the tensor is applied too tight (causes tingling or change in skin colour), loosen and reapply
- If the tensor is too loose, take it off and re-wrap it snugly

Smoking:

- Smoking causes problems with the healing of bones and tissues
- Not smoking or smoking less in the 3-6 months after surgery will reduce the chance of a problem with healing
- visit www.quitnow.ca for information about tools and medications to help you quit smoking

Activity:

- Most people are told to use their arm or leg as they tolerate unless otherwise directed by your surgeon
- Gradually resume normal activities like walking; recovery is gradual and it is normal to feel weak and tired for a couple of weeks after surgery
- Physiotherapy is usually not needed after this type of surgery.
- Your surgeon will tell you if you need physiotherapy

- Move all the joints in your limb frequently to avoid stiffness (unless otherwise directed)

Pain:

- Discomfort will be mild to moderate for the first few days and will gradually get better
- Use any pain medications as prescribed by your surgeon
- Gradually reduce your pain medications as your pain decreases

Swelling

- Expect swelling for a few weeks following the surgery.
- When resting, sit with the affected limb supported with pillows and elevated until there is minimal swelling

Icing:

- Apply ice packs or use a cryo therapy ‘ice machine’ to reduce pain and swelling
- Apply ice for 10-20 minutes, 4-6 times per day
- Never apply ice directly to skin

Return to Work:

- When you are able to return to work depends on:
 - the nature of your work and its physical demands
 - whether you are able to modify your job or work from home
 - how much pain and swelling you have after the surgery
 - the location and amount of hardware that is being removed
- Discuss this with your surgeon but expect to take off a minimum of 2-4 days for a ‘desk job’ and up to several weeks for physical work or a larger operation.

Healthy Eating:

- Start with clear fluids after surgery
- Gradually increase to a well balanced diet as your appetite allows
- Drink at least 6 cups of fluids daily

Going to the Bathroom:

- Changes in medications, activity and diet can cause constipation (hard, dry bowel movements)
- To avoid constipation, drink lots of fluids, eat high fibre foods such as prunes, fruits, bran, whole grains and vegetables
- Take a stool softener or laxative if needed. Ask your surgeon or pharmacist to suggest one.

Driving:

- Do not drive while taking pain medications
- Discuss with your surgeon when it is safe to drive
- If your ability to safely drive (e.g swerve sharply, perform an emergency stop) is impaired, your insurance may not be valid in the case of an accident

Your Medications:

- Resume your regular medications unless instructed otherwise by your surgeon

Supplies/special equipment:

- After leg surgery, you can use crutches, but this is usually optional. Crutches can be obtained from a medical supply store, some pharmacies or One Bracing @ Rebalance^{MD}

Follow Up Appointment:

- A post-operative appointment should be scheduled for approximately 10-14 days post surgery
- Call the office if you do not have an appointment scheduled
- Write down your questions for the surgeon before the appointment

Call your Surgeon if you have:

- Increasing pain or swelling that is not relieved by elevation, ice and pain medications
- Bleeding that continues even after applying direct pressure for 10-15 minutes
- Incisions that are red, puffy, hot or leaking fluid more than 48 hrs after surgery
- Fever greater than 38°C
- Signs of circulation problems (e.g coolness, change in skin colour, numbness) which is not relieved by rest, elevation and loosening a tensor
- Persistent nausea and vomiting
- Inability to pass urine for more than 8-10 hours
- Chest pain or shortness of breath that is unusual for you

If you cannot reach your Surgeon:

- Call your family doctor, go to a walk-in clinic or hospital emergency department

Non-emergency health information and services:

- HealthLinkBC www.healthlinkBC.ca
- Tel: 811 from anywhere in BC
- Tel: 711 for deaf and hearing impaired assistance (TTY)

The information in this handout is intended only for the person it was given to by the health care team. It does not replace the advice or direction given to you by your surgeon.