

SURGICAL INFORMATION SHEET

DIAGNOSIS

PROPOSED TREATMENT

Aims of Surgery

Surgery aims to restore the normal anatomy. This may involve aligning bone and stabilizing fractures/reducing dislocations through the use of internal implantable devices, such as screws or plates and/or application of external fixation devices, such as casts and splints. It also allows for wounds to be thoroughly cleaned and decontaminated, reducing the risk of infection.

Early fracture stabilization decreases pain, enhances recovery, enables earlier mobilization, improves functionality, and reduces complications such as bleeding, infection and fat embolism.

Side Effects and Complications

No surgery is without risk and no one can guarantee an incident free operation or anesthetic.

Risks can be related to the operation, the implanted device, the anesthesia, pre-existing medical conditions or medication.

Pre-existing medical conditions can be exacerbated by surgery and anesthesia. Alert your surgeon to any allergies you may have, if you are known with medical conditions or use any chronic medication (especially if you are on blood thinning drugs).

Allergic reactions (although uncommon) may occur in response to antibiotics, intravenous fluids, cleaning solutions or anesthetics. This may present as a rash, difficulty breathing, tight chest and dizziness. Pneumonia, pressure sores, urinary tract infection, DVT is a risk associated with all surgeries.

Deep vein thrombosis and pulmonary embolism (DVT and PE) including fat embolism.

Surgery increases the risk of developing blood clot (thrombus) in one or more of the deep veins of the body, most commonly affecting the legs. This can be very serious when a portion of the clot breaks off (embolizes) and travels to the lungs or brain, blocking blood flow. Similarly, fat from inside the broken bone or bone cement used by the surgeon during the operation can get into blood vessels and block circulation to vital organs – all potentially life-threatening complications. To reduce the risks of blood clots your surgeon may prescribe anti-thrombosis stockings or blood thinning medication. Alert your surgeon immediately should you notice swelling or redness of the calves or develop sudden shortness of breath, coughing or chest pain.

Bleeding, blood vessel damage, haematoma and blood clot formation

Some early, mild post-operative oozing from the surgical incision is normal, and not of concern. Very rarely a large collection of blood under the skin may need surgical drainage to reduce pain and prevent infection. Damage to a major blood vessel during surgery is exceedingly rare, but can be serious. When it occurs repair by a vascular surgeon will be needed. In very rare circumstances it can lead to gangrene and loss of the limb.

Bruising, swelling and compartment syndrome

Mild swelling and bruising is common, completely normal and usually self-limiting. Swelling can be reduced by keeping the affected limb elevated as much as possible. Even though some swelling is expected, severe swelling can result in compartment syndrome. This uncommon condition occurs when the pressure build up in a muscle compartment significantly reduces blood flow and oxygen delivery to the muscles and nerves, resulting in tissue damage. If you experience tense swelling, severe pain, numbness or weakness alert the surgeon immediately. Treatment may require removal of restrictive casts/splints and/or surgical release to lower the pressure within the swollen limb.

Infection

To prevent wound infection, the surgical site is meticulously cleaned and intravenous antibiotics are administered prior to surgery and sometimes continued for 24 hours post-operatively. Despite best efforts, infection can still occur. Most often this involves just the overlying skin and soft tissue, but infrequently it may extend to involve bone or even the implanted medical prosthesis. Mild infections usually respond well to a course of oral antibiotics and wound care. Rarely, if the infection is severe or if it extends to involve the deeper structure like bone or implanted material, treatment may necessitate re-operation to drain the infection and remove infected tissue, administration of intravenous antibiotics (given in hospital through a drip) and/or removal of the implanted prosthetic material.

Malunion, non-union and unsuccessful surgery

With or without surgery, bone healing may be delayed or incomplete, or the fractured bone may heal in an abnormal position leading to impaired function and deformity. This complication may require re-operation.

Peripheral nerve injury

Nerves may be inadvertently injured during surgery or when performing peripheral nerve blocks for pain relief. This may result in pain, motor weakness and abnormal sensation. Usually this is transient, but infrequently it may be persistent or even become permanent. Luckily this complication is rare.

Degenerative arthritis and chronic pain

Both trauma and surgery can lead to joint cartilage damage. This in turn may accelerate degenerative (wear and tear) arthritis resulting in chronic pain, joint stiffness, loss of function and reduced range of motion. This may necessitate future surgery and potentially even joint replacement at a later stage.

Implanted medical devices

Implanted medical devices may become displaced, malpositioned, fracture, become infected or result in persistent pain and discomfort. This may lead to re-operation, replacement or removal.

Recommendations

Use all medication as prescribed, elevate the affected limb as much as possible to reduce swelling, stop smoking to aid wound healing, and ensure any chronic medical conditions are optimally managed.

Red flag Signs and Symptoms

Contact the rooms immediately should you develop any of the following:

* severe pain that is not controlled by prescribed analgesia * continuous or prolonged oozing or foul-smelling discharge from the wound * sudden onset of shortness of breath or chest pain * coughing * redness or tender swelling of the calf muscles * fever * limb that is tensely swollen, cold or pale * prolonged (>48 hrs post-op) or new onset numbness, weakness or pins & needles * deformity

EMERGENCY CONTACT INFORMATION

Contact Numbers: 083 791 8343
072 818 3561

Email: admin@orthocapetown.com

NB: Afterhours or if unable to reach the surgeon, please report to the nearest emergency room.