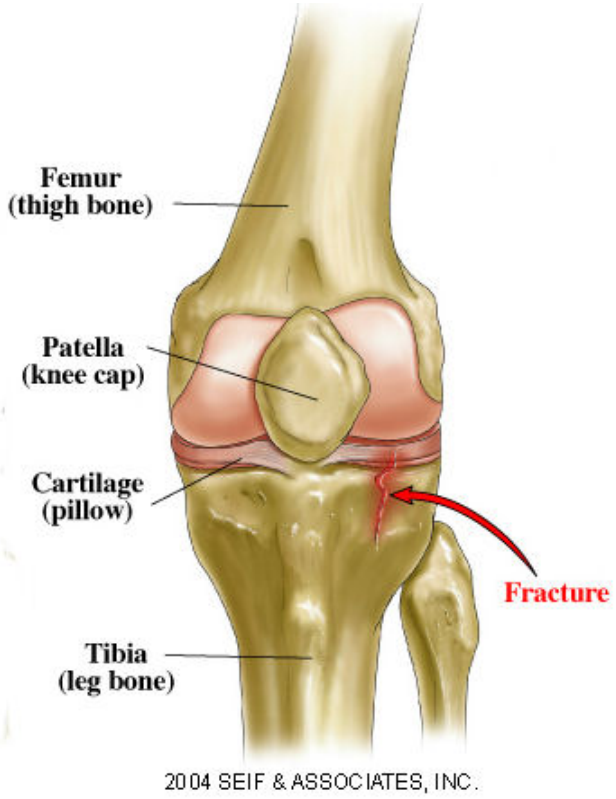
Tibial Plateau Fracture
Displaced (Adult) (Open Reduction)

You have a *fracture* (break in bone) of your tibial plateau. This is a fracture in the upper part of the large "shin" bone *(tibia)* in your lower leg. The plateau is the joint surface that buts up against the *femur* (thigh bone of your upper leg). This is what makes up your knee joint. *Displaced* means that a portion of the fracture is out of place from where the bone is supposed to be. Because this fracture goes into the knee joint, it is necessary that this fracture be fixed in the best position possible. This fracture must be fixed surgically. This means an operation must be done to get the bones into the best possible position for healing. Otherwise, this fracture can cause severe arthritis and marked disability over the years. This is likely to occur even with the best treatment. These fractures are generally diagnosed with x-rays. Often a CT scan is needed to identify the fracture fragments and the degree of displacement.



TREATMENT

Your fracture will be reduced (bones fragments are put back into position) and held in place with hardware (fixation devices). When your caregiver feels the fracture is healed well enough, you may begin range of motion exercises to keep your knee limber (moving well). This may be very difficult at first. It is necessary to follow the instructions of all your caregivers, your surgeon, and physical therapist following surgery.

RISKS & COMPLICATIONS:

All surgery is associated with risks. Some of these risks are:

- Excessive bleeding.
- Infection.
- Failure to heal properly resulting in an unstable knee.
- Stiffness of knee following repair.
- Need to remove the hardware.

LET YOUR CAREGIVERS KNOW ABOUT THE FOLLOWING:

- Allergies
- Medications taken including herbs, eye drops, over the counter medications, and creams
- Use of steroids (by mouth or creams)
- History of bleeding or blood problems
- Previous problems with anesthetics or novocaine
- Possibility of pregnancy, if this applies
- History of blood clots (thrombophlebitis)
- Previous surgery
- Other health problems

BEFORE AND AFTER YOUR SURGERY

Prior to surgery, an IV (intravenous line connected to your vein for giving fluids) may be started. You will also be given an *anesthetic.* These are medicines and gas to make you sleep. You may also be given regional anesthesia such as a spinal or epidural anesthetic. After surgery, you will be taken to the recovery area where a nurse will monitor your progress. You may have a *catheter* (a long, narrow, hollow tube) in your bladder following surgery that helps you pass your water. When you are awake, are stable, taking fluids well, and without complications, you will be returned to your room. You will receive physical therapy and other care until you are doing well and your caregiver feels it is safe for you to be transferred either to home or to an extended

care facility.

HOME CARE INSTRUCTIONS

- You may resume normal diet and activities as directed or allowed.
- Keep ice packs (a bag of ice wrapped in a towel) on the surgical area for twenty minutes, four times per day, for the first two days following surgery. Use ice only if OK with your surgeon or caregiver.
- Change dressings if necessary or as directed.
- If you have a plaster or fiberglass ***cast***:
  - Do not try to scratch the skin under the cast using sharp or pointed objects.
  - Check the skin around the cast every day. You may put lotion on any red or sore areas.
  - Keep your cast dry and clean.
- Do not put pressure on any part of your cast or splint until it is fully hardened.
- Your cast or splint can be protected during bathing with a plastic bag. Do not lower the cast or splint into water.
- Only take over-the-counter or prescription medicines for pain, discomfort, or fever as directed by your caregiver.
- Use crutches as directed and do not exercise leg unless instructed.
- Keep toes and ankles moving frequently if they are not immobilized in your splint or cast
- Keep your leg elevated above your heart as much as possible during the first 24-48 hours after your surgery
- **These are not fractures to be taken lightly! If these bones become displaced and get out of position, it may eventually lead to arthritis and disability for the rest of your life. Problems often follow even the best of care. Follow the directions of your caregiver.**
- Keep appointments as directed.

SEEK IMMEDIATE MEDICAL CARE IF:

- There is redness, swelling, or increasing pain in the wound.
- There is pus coming from wound.
- An unexplained oral temperature above 101° F (38.3° C) develops.
- You develop a bad smell coming from the wound or dressing.
- There is a breaking open of the wound (edges not staying together) after sutures or staples have been removed.
- You develop severe pain in the injured leg.
- You begin to lose feeling in your foot or toes. Especially if someone else moving your toes becomes increasingly painful
- You develop a cold or blue foot or toes on the injured side.

If you do not have a window in your cast for observing the wound, a discharge or minor bleeding may show up as a stain on the outside of your cast or caster splint. Report these findings to your caregiver.

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