

This surgery involves the application of an external fixator placed into one of the lower limbs of your body.

When you have your surgery, you will be put under analgesia and feel no pain and when you wake up there will be a lot of people there to help you along the way.

- Your pain control will be managed by a special team of pain specialists. You will have patient controlled analgesia (PCA) where you will be able to adjust your own dose of pain medicine. This is delivered either via an intravenous or epidural catheter. Once taken off (PCA) you will be given oral pain medication to control your pain.
- You will be seen in the hospital by a variety of health care professionals Your Orthopaedic doctor and residents, physician's assistant, medical doctor, nurses, therapists, and a social worker for discharge planning. You will start your training with a physical therapist and learn how to walk and exercise with the fixator. It is important that you put weight on the operated leg (the fixator / frame will protect and support your leg).
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- Lengthening / Adjustments, Pin Care and Physical Therapy:
- Begins days after surgery and continues until the length or full correction is achieved. One of the team members will teach you how to do adjustments of the fixator and give you a schedule.
- Fixator adjustments are typically performed 3-4 times per day All of your dressings will be removed and pin care will be started; you will be taught a pin care routine by the nursing staff:
- Clean pin sites with a mixture of sterile saline and hydrogen peroxide and dip a sterile cotton tipped applicator into the mixture.
- Using sterile cotton tipped applicator; you will clean around and away from the skin of each pin.

- Always when cleaning your pins move away from the skin. Doing other wise could cause a pin site infection.
- Use a new cotton tip for each pin site; never use the same cotton tip for more than one pin site as this could cause a pin site infection.
- Clean each pin site routinely 3 – 4 times per day.
- Wrap white gauze bandage around pin sites. White rolls of gauze bandage are readily available at most drugstores.
- You will be given prescriptions for pain medications, antibiotics and for physical therapy. You will get a 10 day supply or oral antibiotic to prevent pin infections.
- You can recognize a pin infection by increased pain, redness, drainage of pus, fever, or chills. If you develop a pin infection., call your physician as soon as possible.
- Eat a well balanced diet including protein and calcium to encourage bone growth.
- A Physical Therapist will come to see you and help as well.

Physical therapy sessions: The most important of this task for you during this phase is to follow the schedule and do the exercises your Physical Therapist show you, this will help prevent joints from getting stiff. While you may need to elevate the leg to prevent swelling, walking and weight-bearing as tolerated is encouraged as prescribed by your doctor.

Physical therapy will help maintain mobility and prevent stiffness of the knee or ankle is done 3 times per week. Physical therapy can be done at a local facility or you may find a physical therapist that makes house calls. Exercises should be done at home as your Physical Therapist prescribes.

You will be followed routinely by the Orthopaedic surgeon that did your fixator surgery and he or she will do follow up X-rays and watch your care.

Please let all of your team know if you are in pain as they are there to help you through this process.

The website and all written materials are regularly reviewed by members of the Scientific and Medical Advisory Board of the MHE Research Foundation.

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