

Jason K. Lowry, MD FAAOS

FL2145921
T0188705

www.jasonlowrymd.com
www.arlingtonortho.com



ARLINGTON ORTHOPEDIC
ASSOCIATES, P.A.

LIFE IN FULL MOTION

Arlington Orthopedic Associates

800 Orthopedic Way
Arlington, TX 76015
p: (817) 375-5200
f: (817) 299-1789

2801 East Broad St
Mansfield, TX 76063

2001 N. MacArthur Blvd
Ste 630
Irving, TX 75061

DATE:

Dr. Lowry's Post-Op Instructions

Intramedullary Nail for Peritrochanteric Hip Fracture

Patient:

DX: Intertrochanteric Frx Subtrochanteric Frx Left Right

1. You will likely require discharge to an inpatient rehab or skilled nursing facility. There are many options locally from which to choose. Your case manager (social worker) will work with you & your family to find the best location to meet all your needs. Your accepting facility will have a detailed list of my instructions for you & they are required to confirm these instructions with my office when you arrive to their facility.
2. After your facility stay, you will then have Home Health PT & Skilled Nursing x 4-6 wks.
3. To decrease the risk of a blood clot, you will be given compression stockings & prescribed either Xarelto tablet or an injection of Lovenox SQ X four weeks. NOTE: If you were on an anticoagulant prior to surgery (ie - Plavix, warfarin, Eloquis), then that will serve as your blood clot prevention & you will NOT need a new medication.
4. To help your bones heal, you will be prescribed Vitamin D & Calcium supplements to take indefinitely. You will also need to have an updated bone density study within 60 days of your surgery, if one has not been performed in a year. You may also be referred to an Endocrinologist to manage your osteoporosis.
5. You most likely will have absorbable sutures placed under the skin with skin glue. Thus, there will be no sutures to remove. Staples or external sutures, if present, should be removed in 14 days and steri strips (without mastisol) placed.
6. Dressings: keep a sterile, island dressing (preferably an antibacterial material like Aquacel AG Surgical, Therabond, Primapore, etc) over all incisions for at least 2 weeks. These should NOT be changed unless there is >50% strike-through. If your facility does not have antibacterial dressings, then the next best option is to apply a thin layer of bacitracin ointment over the incisions with each dressing change. Your nurse will educate you on proper dressing management. Usually three incisions will be present.

7. Use your walker with only Toe-Touch Weight-Bearing on your leg for a minimum of 6 weeks. You will hurt the repair by walking on your leg too soon.

[PT instructions: TDWB w/ walker x 6wks; gait & transfer training]

7. The key for long-term fall prevention (& thus, fracture prevention) is Physical Therapy to improve your strength & your balance. You will need to use your walker until your Physical Therapist determines it is safe to transition to a cane.
8. Please make an appointment to see your Primary Care Physician within 30 days after your discharge from the hospital. I will do my best to communicate with their office keep them updated on your status.
9. Please make an appointment to see me 30 days after your surgery. At that visit, you will have XRays done in my office.

If you have any other questions or concerns please call my clinic.

A handwritten signature in purple ink, appearing to read "J. K. Lowry".

Dr. Jason K. Lowry, MD FAAOS