

PIN SITE CARE AND REHABILITATION PROGRAM FOR FINE WIRE FIXATION

REHABILITATION PROGRAM

Recovery phase

0-2 weeks post-operatively

- Elevate leg
- Not to get wet – leg out of bath or plastic bag for showers
- Removal of sutures from any surgical wounds 10-14 days post-operatively
- Weight bear as tolerated (unless directed otherwise)
- Standard pin site care one week post-operatively
- XR two weeks post-operatively (frame may need adjusting at this stage)

Return to activity

2 – 12 weeks post-operatively

Commence range of motion exercises of knee and hip

- Patients can shower daily and get frame wet, but pat pin sites dry afterwards
- Standard pin site care weekly
- Clean frame weekly
- XR six weeks post-operatively

Frame removal

12 weeks post-operatively and onwards

- Generally frame removed and transition to boot or custom shoe 12 – 14 weeks post-operatively
- XR prior to frame removal

PIN SITE CARE – please contact Dr Touzell on 0484739550 during business hours or 0416847679 after hours if any concern about pin site infection – it is likely the patient may need oral antibiotics

Frequency

Weekly with no evidence of pin site infection

Daily to infected pin sites only

Frame care

Use saline-soaked gauze or cloth (not sterile) to clean entire frame weekly

4cm from pin sites – use saline-soaked gauze to wipe away from the skin

Pin site care – non-infected pin sites

Generally done after showering as skin is softer and easier to dress

Wash hands and apply gloves

Wet gauze or cotton ball with alcoholic chlorhexidine

Remove dressings over pin sites

Clean the cleanest pin sites first, and exuding crusted pin sites last

For each individual pin use a new piece of gauze/sponge

If scabs or crusts are tight on pin/skin interface, don't try to remove them unless infection is present

If pin sites are clean and dry, a dressing is not necessary.

Pin site care – infected pin sites:

Daily dressings to pin sites that are obviously infected

Carefully de-crust pin sites and exude any fluid

Clean carefully with chlorhexidine soaked gauze

Re-dress with gauze soaked in alcoholic chlorhexidine solution and ensure all pin site is covered

Document any pin site infection using the Santy criteria (below)

	Pain	Redness	Discharge	Swelling	General symptoms
Calm	May be painless. Only mild pain. Reduces after application of fixator.	Often none Sometimes a little Not spreading	Sometimes none Sometimes minor	No Swelling	No other issues
Irritated	Mild to moderate. 'Uncomfortable'	Some redness but not spreading. No hot or taut skin	'Weepy' Begins to weep when it has not before/ increased amount of discharge Remains the same consistency and colour as calm Can be persistent in specific pin sites Sometimes bleeding No odour Dressing changes more often	Swelling around pin site only- not spreading	Associated with: Skin movement around the pin Allergy to antiseptic Irritated with physical activity Itchy (owing to reaction/allergy) Dry flaky skin Does not respond to antibiotics May affect all pins sites or just one or two.
Infected	Severe Sudden Increased intensity Throbbing/stinging Joints nearby may be painful Unable to weight-bear Unrelenting on rest Poor response to analgesia.	Deep red Angry looking Spreading Definite borders Associated with heat	Increased Change in consistency Thick/ more viscous Unpleasant odour (not always) Change in colour Purulent (not always) Dressing changes much more frequent	Localised swelling around affected pin May spread May be severe	Feeling unwell Fever/pyrexia Taught shiny skin Loss of function/weight bearing Tired/lethargic Disturbed sleep Loss of appetite Responds to antibiotics