Foot and Ankle Post-op Instructions

This packet includes information on what to expect during and after your surgery. If you have any questions or concerns, please contact our office.

<table>
<thead>
<tr>
<th>Surgery Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Surgeon</strong></td>
</tr>
<tr>
<td><strong>Nurse Practitioner</strong></td>
</tr>
<tr>
<td><strong>Surgery Scheduler</strong></td>
</tr>
<tr>
<td><strong>Appointments</strong></td>
</tr>
<tr>
<td><strong>Triage (medical questions)</strong></td>
</tr>
<tr>
<td><strong>Post Op Appointment</strong></td>
</tr>
</tbody>
</table>

In most cases, as long as your recovery is going well, you will see the nurse practitioner, Sarah, for your post-op follow up appointments. She works closely and exclusively with Dr. Maloof and will keep him involved with any post-op problems or concerns.

For any urgent questions, concerns or emergencies after hours or on the weekend please contact the office immediately at (757) 827-2480 to contact the on-call doctor or report to Sentara Careplex Emergency Room.

Paul Maloof, MD
What to Expect on the Day of Surgery

After you check in on the morning of surgery, the nurses will bring you to the pre-operative area where you can change into a hospital gown. The nurse will review your chart and confirm what type of surgery you are having and the operative body part. You will meet the anesthesia team and they will review your chart and ask you some questions regarding your health and answer questions you have about anesthesia. When it is time for surgery you will be wheeled into the operating room.

Your surgery will typically take from 1-3 hours once you are in the operating room, depending on the type of surgery. After your surgery you will be brought to the recovery room. Once you are awake and feeling well and it is safe, we will let you go home. You will need someone 18 years or older to bring you, stay with you during the surgery, and take you home. Typically, your leg will be numbed for surgery and will still be numb when you go home, so you will need to take care getting into your home.

You will typically be discharged from the hospital with your leg in a splint or cast, or sometimes a soft dressing. Remember to keep the dressing clean and dry. You will be given discharge instructions and a time to come to the clinic for your first post-operative visit, typically 2 weeks after your surgery.

→ You should not put any weight on your foot or ankle when you are discharged from the hospital (unless specifically directed). Go home and keep the foot and ankle elevated above your heart.

→ Start your pain medications right away, while your leg is still numb.

What to Expect the First Two Weeks After Surgery

You have just had surgery and you are on the road to recovery. You should be home resting with your foot elevated to reduce swelling, decrease pain, and allow your wounds to heal. We will see you in clinic usually two weeks after your surgery to make sure you are doing well.

→ If your post-operative splint feels too tight or you feel painful rubbing in the cast, let us know right away.

We know you will have many questions about what you can and can’t do following surgery, so we have attached further instructions about what you need to do in the post-operative period as well as common questions that people have after surgery.

We have included our contact information should you have any questions or concerns. Our office is available to respond to your questions Monday-Friday at (757) 827-2480.
Post-op Foot and Ankle Discharge Instructions

This section includes information about your postoperative course and some common questions that patients have after surgery. It is intended to support any instructions given both verbally and in writing at the time of your discharge from the hospital. If there is anything that is unclear, please contact our office at (757)827-2480.

MEDICATIONS

PRESCRIBED MEDICATIONS

Pain: You will be given pain medication that contains narcotics. These prescriptions will usually be given to you at the time of your surgery. In some cases, the prescriptions may be given at your pre-op appointment and dated to be filled the day before your surgery. Do not take them until AFTER surgery.

Do not drive while taking narcotic pain medication!!!!

Nausea: Narcotic pain medication commonly causes nausea. Try to take this medication with food. You will also receive a prescription for medication for nausea to take if needed (Phenergan/promethazine or Zofran/ondansetron). If the nausea/vomiting is very severe, the pain medication may need to be changed.

Constipation: People typically experience constipation with narcotic pain medication. Be sure you are drinking plenty of fluids to stay hydrated. You will also receive a prescription for a stool softener (Colace/docusate) to help with constipation.

Aspirin: You may receive a prescription for aspirin or another medication to lower your risk of developing a blood clot while you are recovering and not walking on your leg. Take this medication daily as prescribed, even if you don’t have pain.

Vitamin D: For some surgeries, you will be prescribed a high dose vitamin D supplement to help you heal. Do not take any additional vitamin D supplements until you have completed the prescribed course.

OVER THE COUNTER MEDICATIONS

Tylenol: You may take Tylenol (acetaminophen) up to 1000mg (2 extra strength tablets) every 8 hours with your prescription pain medications. We usually use pain medications that do not contain Tylenol.

Do not exceed 4000 mg of acetaminophen per day from all sources.

Benadryl: You may take Benadryl/diphenhydramine 25mg 1-2 pills every 8 hours for itch if needed.

Vitamin C: You may take vitamin C 1000mg daily to aid in healing after your surgery.

NSAIDS: Do Not Take NSAIDS (Aleve, Ibuprofen, Advil, etc.) for usually 6 weeks after your surgery unless otherwise directed by Dr. Maloof. Regular use of these medications could slow your healing for some types of surgery.

After your surgery, you should resume all prescription medications you were taking before surgery unless you are instructed otherwise.
**ACTIVITY**

**Rest!**

After your foot or ankle surgery, your activity level will be decreased while you heal. We would like you to **keep your foot elevated above your heart for the first four days**, as this will help reduce your pain and swelling. Wiggle your toes if possible.

The effort on your part to rest and elevate your foot will make a difference on the length of time it will take for the swelling to go down, and for your wounds to heal properly. Elevation is extremely important to avoid compromising the blood supply to your foot or ankle. When your foot is down it will swell, which will increase your pain, put increased pressure on your surgical wounds, and delay your healing.

**Bearing Weight**

Your restrictions for weight bearing on your operative foot will be explained before your surgery and written on your discharge papers from the hospital at the time of surgery. **It is very important to adhere to your weight-bearing limitations to allow your foot and ankle to heal properly.** Below are explanations of the restrictions regarding weight-bearing. They may change throughout your recovery at your follow-up office visits.

- **Non-weight bearing**: You are to put NO weight whatsoever on your foot. When using crutches or a walker your foot should not touch the ground, except when you are standing still. Then it may rest on the ground without any body weight.
- **Partial/Protected weight bearing**: You can put partial weight on the foot using an assistive devise such as crutches. Use the crutches to protect yourself from putting your whole weight on the foot.
- **Heel-only weight bearing**: Usually, this status is used in conjunction with a special shoe which will help you to put weight only on your heel. You may bear your body weight on your foot, as long as it is on the heel only. You cannot safely walk long distances but can heel weight-bear in your home.
- **Weight bearing as tolerated**: You may put your body weight on your foot (typically in a prescribed boot or shoe) as long as you tolerate the pain. If it hurts, then put less weight on the foot and progress more slowly.

*If you had a regional (nerve) block for your surgery, your foot and leg will be numb at first. Before your surgery, plan how you will get into your home and up steps when you leave the hospital.*

**Mobility**

Before your surgery, we will help you make arrangements for assistive devices to get around while you are non-weight bearing. These may include crutches, a knee scooter, a walker or a wheelchair.

**Driving**

You should **NOT** drive with a cast, splint or boot on your foot and ankle. It may be a legal issue if you are in an accident. **If you are taking narcotic pain medication you should not be driving.** Studies have
shown that it takes at least 9 weeks to return to safe driving following surgery for a right leg ankle fracture, and other foot/ankle surgeries may take a similar time to return to safe driving.

**POST-OPERATIVE DRESSING**

The purpose of the surgical dressing is to keep your wound and the surgical site protected from the environment. The dressing helps to prevent infection, reduce swelling and promote healing of your incision. Most of the dressings will also have a post-operative splint that will help hold your foot and ankle in a corrected position to allow the surgical site will heal properly. **You cannot bear weight on this splint, and you cannot allow your dressing to become wet or soiled.** Take special care to keep the splint and dressings dry and clean, especially with rain or snow and when bathing. You can protect the splint with a commercially available cast protector. Alternatively, you can try a garbage bag and duct tape, but be aware this method may not fully protect your cast. Shopping-type plastic bags are not effective for protecting your cast. If your dressing becomes soiled, wet or damaged, please contact the office right away.

Leave the dressing in place unless you are directed otherwise. It will be removed at your first post-operative visit.

**Let us know right away if you are in a splint or cast and develop any of the following symptoms:**

- Splint feels too snug or tight
- Painful rubbing or pressure develops beneath the splint
- Continued coldness or notice a whitish or bluish discoloration of toes
- Pain, numbness or continuous tingling of the splinted toes
- Severe, increasing pain within the cast or splint

**FOLLOW-UP APPOINTMENT**

Typically, your first follow up appointment will be scheduled for 2-3 weeks after your surgery. **Leave your dressing/splint in place until this appointment.**

If you have any questions or problems prior to your scheduled appointment, please call the office at (757) 827-2480 and ask to connect to triage (extension 583 and 584).
Common Postoperative Questions for Foot and Ankle Surgery

1. How much pain will I have after surgery?

Pain is expected after any type of surgery. You will be sent home following your surgery with adequate pain medication. It is very important to take your pain medication on a scheduled basis for the first few days after surgery to avoid unnecessary pain from waiting too long to take your medication. Start your pain medication before the surgical block wears off so your pain will already be under control. Post surgical pain usually improves after

It is important to realize that the pain medication is to make you comfortable, but you will still experience some discomfort from surgery as your body heals.

Please monitor your pain level after surgery as well as any adverse reaction to the medications, especially signs of allergic reaction such as hives. If you experience trouble breathing or swelling of the mouth or tongue, this could be a serious allergic reaction. Call 911 or go to the emergency room.

2. How active can I be after surgery?

Once you are discharged from the hospital you will NOT be able to put weight on your foot and ankle (unless otherwise instructed). Remember you will likely be in a postoperative cast or splint that is not made for walking on. Return to weight bearing and activities is determined on an individual basis based on the type of surgery you have had and your individual healing. You will get further instructions on weight bearing before surgery and at each follow up appointment. For the first two weeks you will need to rest and elevate your leg, and your activity level will be limited by swelling, pain and medication. After that, you can participate in any activity you feel up to as long as you follow your weight bearing restrictions and keep your dressing/cast/splint clean and dry. You may need to elevate the foot periodically while you recover.

Please remember DO NOT WEIGHT BEAR UNTIL YOU ARE TOLD TO DO SO. Failure to follow these instructions could injure your foot or ankle, slow your recovery and cause increased pain.

3. When can I bathe after my surgery?

Immediately after surgery, you will be taking pain medications, resting, and immobilized in a splint that cannot get wet. During this period, it is best to sponge bathe. If you do not have a cast on the side of surgery (or after it is removed), you can get the foot or ankle wet after your sutures or staples are removed unless we ask you to keep it dry. Do not scrub the foot or ankle near the surgical site. Simply let the water run over the surgical site to rinse, and gently dry your foot and ankle when you get out of the shower. If you take a bath do not submerge the foot or ankle that had surgery in the tub until all of the wounds are completely healed. You should also avoid pools and hot tubs during this period.

If you have a splint or cast on your leg it is very important not to get the cast wet. After your two week follow up, if you are placed in a cast you may opt to protect the cast in plastic and shower using a shower chair.

Do not apply any creams or lotions near your incisions until they are COMPLETELY healed.