

Post Operative Instructions for Foot and Ankle Surgery

- 1.) **Pain Medicine:** Please refer to your specific discharge instructions. If you have had a block you may not be able to move your foot/toes for 12-24 hours after the surgery, sometimes longer depending on how quickly your body metabolizes the block medicine. Start taking your oral pain medication as soon as the block begins to wear off. **DO NOT GET BEHIND IN TREATING YOUR PAIN.** You will take more medicine trying to catch up than if you keep it under control. For the first 2-3 days there is an incisional burning pain. By two weeks postop, the majority of patients are completely off their pain meds. If you have had joint fusions or bone work, avoid anti-inflammatories such as Aleve or Advil, they may slow bone healing. Otherwise anti-inflammatory are fine unless you cannot take them for other reasons.

If you were written for Percocet (oxycodone 5mg/acetaminophen 325mg) you may take 1 tab every three to six hours as needed for pain. If you were written for Dilaudid (hydromorphone 2mg) one to two tabs every three hours, this is usually added to the Percocet if the Percocet is not enough. If you were written for methocarbamol 750mg, you may take one tab every 6 hours for toe/foot/leg/ back cramps or spasms. Make sure you are getting enough water. If you were written for ECASA 325mg, this is enteric coated aspirin for the prevention of blood clots. Lethargy, dizziness, and nausea are signs that you may be taking too much of the pain medication. Stop taking the narcotics, an overdose can cause you to stop breathing.

If you are experiencing constipation, it is usually due to pain medications, inactivity, and dehydration. Make sure you are getting enough fluids and fiber in your diet. Colace may be purchased from the pharmacy and taken three times a day with meals.

If you are experiencing itching or rashes, Benadryl or a topical hydrocortisone may help. Call and let the office know. If you are experiencing hives or swelling of the mouth or tongue, stop taking

the pain medications and call the office or your primary medical doctor immediately.

- 2.) **ELEVATE:** For the first two weeks after surgery ***Elevate! Elevate! Elevate!***. Swelling is tight achy and painful and stretches the incisions. The foot must be higher than the heart to drain excess fluid from the foot. If you have significant pain and swelling, try loosening the ACE bandage leaving the underlying dressing intact. The OR is sterile, the dressing is sterile, and the best way to prevent postoperative infections is to prevent exposure to germs.

- 3.) **ICE:** place bags of ice, frozen peas, or gel packs over the surgical area. For a thick postoperative dressing you may leave the ice on. For bare skin, 20 minutes on: 20 minutes off.

- 4.) **If you are nonweight bearing:** You may use crutches, a walker, a rolling knee walker (go to Google Images and type in rolling knee walker to see different types), or a wheelchair. Crutches should not be pressing into the armpits. Medical supply stores often sell additional padding for crutches. The rolling knee walker takes the pressure off of the wrists and shoulders, but is not always covered by insurance. Renting or purchasing off of E-bay or Craigs list are options. If you have knee pain from a knee replacement or arthritis, a rolling knee walker may not work for you. Nonweight bearing is usually 6 weeks after surgery, but may be extended to 3 months for diabetes, smoking, or poor bone quality.

- 5.) **If you are weight bearing as tolerated on your heel only:** You will be placed in a special shoe that shifts your body weight to your heel. It is advisable to wear a shoe with a lift on the opposite foot (clog, mule, boot) to balance out your leg length and prevent back pain.

- 6.) **Showering:** Double bag with two tall kitchen trash bags. Place one over the leg and tape it, and then a second bag over the first bag and tape the top bag an inch or so above the bottom bag. You may also purchase a waterproof cast bag at a medical supply store or pharmacy. After two weeks if the wound is sufficiently healed, you

may get the wound wet in the shower and pat dry. Do not submerge in a bath, hot tub, swimming pool etc. until the skin is completely healed. Do not rub soap into the wound. If you are nonweight bearing, consider getting a shower chair/stool and an elephant trunk attachment to your shower head or faucet.

7.) **Dressings:** After the postop dressing are removed, if your wound is intact you will only need daily dry dressing changes to protect the incision until the sutures have dissolved and the wound flattens out. Gauze pads, bandages, or bandaids are usually sufficient. Absorbable sutures are usually used unless there is concern about wound healing due to swelling, diabetes, steroid use, autoimmune medicines, or smoking. In this case we will remove sutures 3-4 weeks after surgery. Absorbable sutures usually dissolve within 4-6weeks time. If you have a pin in your toe, they are generally removed in the office at the 6 week visit.

8.) **WHEN TO CALL THE OFFICE:** If you develop fevers, redness around the wound, drainage from the wound (especially pus), or have increased pain (usually burning) around the wound. If you are diabetic and notice that your blood sugar levels are increasing. If you are having increased pain or swelling in the foot or the calf that is not related to activity or not elevating,

9.) **Postoperative follow ups:**

2 weeks visit: Initial operative dressing will be changed. Depending on your type of surgery, we often encourage home range of motion exercises to improve blood flow and decrease weakness and stiffness. These exercises will be shown in the office. You will be shown how to apply a light dry dressing. You will be allowed to shower if you have elevated and wound is intact and healing. **DO NOT SUBMERGE** your wound in water. Continue to sleep in the CAM boot or post op shoe unless advised otherwise.

6 week visit:

a.) if you have been nonweight bearing, you will be assessed for weight bearing status. You may be allowed to start

weight bearing for standing, or walking in your CAM boot.

- b.) if you have been in a heel wedge shoe, you will be assessed for advancement into a flat postop shoe. If you have pins in the toes or foot, they are removed at this visit.
- c.) If you are still having significant swelling, try wearing compression socks (pharmacy or medical supply store – off the shelf – the kind worn on airplanes), or using an ACE bandage. Compression socks come in mild, medium, and strong compression strengths. They do not require a prescription. The skin and soft tissues lose their elasticity with long term swelling and take longer to return to normal. Swelling produces a tight achy dull tired heavy sensation.
- d.) Physical therapy is usually started at this visit if indicated

10 week visit: if you have been walking in a CAM or postop shoe, you are usually progressed to a wide, comfortable, supportive cushioned shoe or sneaker. It usually takes several months after foot surgery for the swelling to resolve enough to wear dress shoes. No impact activity for 4-6 months after surgery unless told otherwise. Fusions and fractures usually show signs of healing on Xrays at this visit.

6 months visit: By this point usually all restrictions have been lifted with regard to sports and work. There may still be residual pain, stiffness, and swelling that should continue to resolve over the course of the postoperative year.

1 year visit: Usually the final visit. Unless you have had a very bad fracture or complication, after this point, only minimal improvement will be seen.

10.) **Work restrictions:**

***You are not allowed to drive with a CAM boot or cast!
You are not allowed to drive while taking narcotic pain
medications!***

Desk job: We recommend taking 2 weeks off work to rest at home with your foot elevated. However, if it is critical to return to work sooner, you may return after 3 days as long as you are off your narcotic pain meds, have a way to get to work, and can sit with your leg elevated at work.

Light duty: If you work on your feet (standing), you may be allowed to return to work 2-6 weeks after surgery with limitations on the amount of time you are allowed to stand, and the amount of weight you are allowed to carry. It takes a minimum of 6 weeks for bone to demonstrate early healing from fractures or fusions and 4-6 months before they are remodeled and strong enough for unrestricted weight bearing, impact type activities, and high heels (no more than 3 inches!).

Hard Labor: Expect 4 months before a full return to work. If light duty work is available, then restrictions as above.