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# How to Prepare for Orthopaedic Foot or Ankle Surgery:

## Planning for your Surgery

1. Try to clear your schedule for the days following surgery. It is important to elevate your operative leg above your heart for the first 7 to 10 days after surgery. This is often not feasible in a work environment. The more the foot is down the more difficult as you may have in terms of healing the incisions and prolonged swelling in the foot.
2. Please plan on having someone stay with you the night of surgery. Some patients can have a delayed reaction from their anesthetic and it is important to have someone there to assist you if you should need it.
3. You must have a responsible adult with you to whom postoperative instructions can be given.
4. For the first 7 to 10 days, plan on elevating the foot above the heart for 45 minutes out of every hour. It is important to get up and move around some for 10 to 15 minutes out of every hour. This will decrease the likelihood of other postsurgical problems.
5. Please plan on icing the operative area with either an ice bag or the cooling device that we provide for 45 minutes of every hour while you are awake.

## Does the use of nicotine affect surgery?

Nicotine and other chemicals are contained in traditional and electronic cigarettes, cigars and chewing tobacco. Nicotine from the use of any of these products can increase the risk of having problems after orthopaedic foot and ankle surgery. Nicotine slows down the flow of blood to and from the surgical foot and ankle. This effect of nicotine can increase the risk of developing bone, soft tissue and wound healing problems and/or infections after surgery. Slowing down the blood flow in one's leg may also increase the chance of getting a blood clot or deep vein thrombosis (DVT) in that leg. To get the best results from orthopaedic foot and ankle surgery, patients should stop using nicotine-containing products well before surgery. Patients may need to discuss quitting with their surgeon and/or primary doctor.

## What devices should be purchased to be used after surgery?

After orthopaedic foot or ankle surgery, many patients will not be allowed to put weight on their operated leg for a period of time. For patients to stay off of their operative leg, they will need to use some sort of device like crutches, traditional or knee walkers, or a wheelchair. Crutches will be provided to you the day of surgery if you need them. Knee walkers or scooters are convenient way for patients to get around if they have to be nonweightbearing for prolonged period of time. Unfortunately these are not covered by insurance but our office can give you information about purchasing them and locations where you could rent them.

Considering that most patients won't be allowed to walk or place weight on their operated leg after surgery, other devices may be needed to help in performing daily activities in the home. A bedside commode can be helpful if it is hard to get to the bathroom after surgery. If patients do not have a bathtub where they can sit down and prop their operated foot outside the tub, a shower chair or stool can help patients to cleanse their body while keeping weight off their operated leg in the shower.

## **What should patients wear on the day of surgery?**

On the day of surgery, patients should wear loose, comfortable clothing. Patients will have a bulky dressing and/or plaster splint on their operated leg, ankle, and/or foot after surgery, so their clothes must fit around their dressing and/or splint. Examples of such clothes include shorts or sweat pants without elastic bottoms.

Due to their post-surgical dressing and/or splint, patients cannot wear normal shoes on their operated foot until it is healed. This means that patients should bring a supportive non-slip shoe with rubber soles to wear on their non-surgical foot.

Just before surgery, patients will be asked to change into a hospital gown. Depending on the policies of the hospital or surgical center, patients may be asked to remove their underwear while wearing the hospital gown. Patients will continue to wear their hospital gown until they leave the hospital or surgical center. If patients stay in the hospital after surgery, it is recommended that they bring a short robe to wear over their hospital gown.

## **Who will patients meet with on the day of surgery?**

Once patients are dressed in their gown, they will meet with a pre-surgical nurse or physician's assistant (PA). They may review notes and tests, shave and cleanse the part of the body to receive surgery, and perform a physical exam on the patient. They will also place an IV in one of the patient's arms. This IV allows patients to receive fluids and/or medicines without eating or drinking.

After the IV is placed, patients will meet with the surgical team. This team includes the surgeon, surgical nurses, PAs and possibly assisting surgeons in training. Such assisting surgeons are common at university or academic hospitals and are known as orthopaedic surgical residents and fellows. While patients will meet with many people that are important parts of the surgical team, it is important to recognize that the orthopaedic foot/ankle surgeon is the leader of the team that will be performing the actual surgery. Nurses, PAs and assisting surgeons help the surgeon during surgery.

As the leader of the team, the orthopaedic foot and ankle surgeon will speak again with the patient about details of surgery. Many surgeons will have already discussed what to expect from surgery with the patient, but this lets patients express any last-minute questions or concerns they may have to the surgeon. At this time, the surgeon will mark the patient's surgical area with his/her initials via pen or marker. This interaction between the surgeon and patient is a complete reminder to both people as to what type of surgery will be done appropriately. To ensure the entire team is aware of the plan, other members of the surgical team will check that the correct area on the patient has been marked for surgery.

After the patient has met with the surgical team, he or she will meet with the anesthesia team just before having surgery. This team includes the anesthesiologist who will make sure that the patient feels neither pain nor discomfort during surgery, nurse anesthetists (CRNAs) and possibly assisting anesthesiologists in training. Such assisting doctors are common at university or academic hospitals and are known as

resident anesthesiologists. While patients will meet with many people that are a part of the anesthesia team, it is important to recognize that the anesthesiologist is the leader of the team that will be performing the actual anesthesia. Nurses and residents provide whatever help the anesthesiologist may need during anesthesia and are an important part of the team providing patient care.

## What are the options for anesthesia during surgery?

Anesthesia is a condition where patients experience no pain and limited memory from a situation. Some form of anesthesia is needed for patients to safely receive any kind of foot or ankle surgery.

Most patients will receive general anesthesia. With general anesthesia, patients are completely asleep during surgery. Patients receive medicine through their IV to make them fall asleep. Once asleep, patients are paralyzed and receive a tube in their mouth (laryngeal mask airway or LMA) or their windpipe (endotracheal tube or ETT) to keep them breathing during surgery.

On occasion, at the discretion of the anesthesiologist, patients may undergo regional anesthesia. The most common form of this is a spinal anesthetic, where a needle is placed into the back to numb up the operative area. This is not commonly done for outpatient surgery as it can affect the patient's ability to get around after surgery. If however the anesthesiologist feels this is the safest way to proceed in your individual case then they will discuss that with you.

If your surgery is at the hospital, the anesthesiology team may discuss a nerve block with you. This involves the anesthesiologist using an ultrasound device to place a small catheter using a needle next to one or two nerves in your leg. This is done in the preoperative area prior to your surgery. The catheter will need to be removed by you or a family member, 2 to 3 days after surgery. The anesthesiology team will discuss this with you in detail the day of the surgery. The nerve block is the advantage of providing significant pain relief for the first several days after surgery. In some patients it can cause some mild numbness and tingling that persists for several months after the surgery.

## What kinds of symptoms are expected after surgery?

Surgery can be a big stress to the body, so it is normal for patients to experience after surgery:

- **Pain.** This is worst in the first 5-7 days after surgery. The pain may increase for the first day or two after surgery as numbing medications wear off. As time passes and the body starts to heal, post-surgical pain lessens.
  - Depending on your Surgery you may be given 1-2 scripts for pain medication. One will be a shorter acting medication. The longer acting medication usually taken just twice a day is to be used if your pain is not controlled by the shorter acting medicine
  - Some Patients may be given nerve blocks with pain balls to go home with. The rate of which medication is delivered through the pain balls are set by the anesthesiologist after your surgery. You may adjust this rate if your pain is not well controlled. When the pain balls run out there may be a sudden increase in your pain level for which your oral pain medications can be used
- **Swelling** of the surgical foot and/or ankle. The more the foot or ankle is allowed to sit below the heart the greater the swelling will be.

- **Bruising and discoloration** of the surgical foot and/or ankle. Normal skin colors after surgery includes blue, red, pink, purple and brown. Skin colors that may be a sign of problems with circulation are pale white and dark black, which the surgeon must know about immediately.
- **Blood or fluid leakage** from the surgical foot/ankle incisions. This tends to occur when one's foot swells after surgery. Surgeries which require a fair amount of bone work may have some bloody drainage on the dressing
- **Low-grade fevers** (less than or equal to 100.5 degrees) during the first week after surgery. Low-grade fevers that last after one week or those that are above 100.5 degrees at any time after surgery may not be normal. The surgeon should know about this immediately.

## What modifications or accommodations are needed at home after surgery?

After foot or ankle surgery, many patients will have restrictions placed on their operated foot or ankle and overall activity level. Due to this change in their activity level, many patients will have to make adjustments to their daily routine at home. While every patient has a different living situation, some things can be done at home to make the post-surgical recovery time easier.

For patients that live alone, it can help for a close friend or relative to stay with them during the first several days after surgery. This friend or relative can help patients get their home organized for doing things around the house after surgery. Whether patients live alone or not, some things that can help knowing after surgery include:

For the entire house, it is best to keep things clean and organized to avoid injury. This includes decreasing clutter, removing loose wires and cords, securing rugs to the floors, and cleaning up spills immediately.

At night, patients should have the lights on as they move through the house. A night-light can be very helpful in certain rooms like the bathroom and bedroom.

For the bathroom, organize common toiletries to be used so that they are in easy reach and not in cabinets or shelves that are either too high or too low.

When bathing, the patient's surgical leg must be placed outside the bathtub. When showering, patients must keep their post-surgical dressing and/or splint clean and dry. Covering the surgical leg with a large, snug plastic bag or commercial cast cover can do this. For patients to keep weight off their surgical leg in the shower, they may need to use a shower bench or chair. These devices can be prescribed by the surgeon and purchased from surgical supply stores.

For the bedroom, organize common clothes to be worn so that they are in easy reach. When getting dressed, place the surgical leg into clothes before the non-surgical leg. When getting undressed, place the non-surgical leg out of clothes before the surgical leg. Tight pants and/or socks can be uncomfortable against a patient's post-surgical dressing and/or splint and should be avoided at this time.

For the kitchen, organize common foods to be eaten so that they are in easy reach. The best types of foods to eat after surgery that help with healing include fruits, vegetables, nuts, lean meats and dairy items like milk and yogurt. It also helps to drink plenty of water and electrolytes (like in Gatorade) to stay hydrated after surgery. It can also help to prepare meals before surgery and store them in the freezer to be thawed out and eaten after surgery.

When resting, keep the surgical leg iced because this helps to decrease pain after surgery. The ice should be placed in thin, but tight, bag and over a thin sheet which itself will be placed over the patient's

surgical dressing and/or splint. This is done to prevent the patient's dressing and/or splint from getting soaked from the ice. In a pinch, frozen foods can be used to provide cooling of the patient's leg instead of ice.

When resting, keep the surgical leg elevated because this helps to decrease pain after surgery. If possible, it is best for the surgical leg to be positioned above the level of the patient's heart. This can be done with a few firm pillows placed under the patient's surgical leg.

When sitting, use firm chairs and place them in every room in the house. While sofas and recliners are good for resting, they are not as supportive for sitting or getting up to stand.

Stairs can be challenging to use after foot or ankle surgery, but handrails can help provide body support. When going upstairs, the nonsurgical leg goes first and the surgical leg follows. When going downstairs, the surgical leg goes first and the nonsurgical leg follows. Another option would be to scoot up and down the stairs on your bottom.