

# Foot and Ankle Surgery Patient Guide

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We are committed to ensuring that our patients are fully satisfied with their treatment.

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# BEFORE YOUR SURGERY

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Once your consultant has seen you in clinic and you have decided to proceed with your operation, please contact the One Orthopaedics office to arrange a convenient date for surgery.

**Phone** 01483 938750

**Email** [office@oneorth.co.uk](mailto:office@oneorth.co.uk)

If you are insured, you will also need to inform your insurance company and obtain an authorisation code for the procedure. We will provide you with the procedure code(s) for your insurance company.

If you are not insured, we will ask the hospital to provide you with a fixed price quote that includes the full cost of your procedure, including the consultant's fee, anaesthetist's fee and hospital fee. The hospital will provide a full breakdown of what is included.

## Pre-assessment clinic

Once a date for your surgery has been agreed, you will be contacted by the hospital for a pre-operative assessment. This may be done by telephone or in person.

The nurse who carries out your pre-assessment will be able to answer any other questions you might have about coming into hospital, including detailed questions about any regular medication that you take.

Pre-assessment may refer you for further screening or tests prior to admission.





## PHYSIOTHERAPY

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You will need to have regular physiotherapy after your operation. Please get in touch with a physiotherapist prior to your surgery to arrange an appointment to start therapy approximately one week after the operation date.

If you inform us of the name of your physiotherapist, we will send them details of your operation and post-operative plan.

If you do not have a specific physiotherapist, we can help you arrange your rehabilitation with a specialist foot and ankle physiotherapist convenient to you, or at the hospital where your procedure took place. Some physiotherapists also offer a domiciliary (at home) service.

To aid your rehabilitation, we will provide your physiotherapist with a Foot and Ankle Rehabilitation Booklet.



## PREHABILITATION

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There are many conditions for which physio ahead of surgery helps you to rehabilitate faster after surgery.

Surgery is a stressor on your body. Please plan to live as healthily as you can during the lead up to and during your recovery after surgery. Please ensure your diet includes enough vitamins especially D and C and

please make sure you are eating plenty of fresh vegetables and having plenty of sleep. Aim to drink mostly water; limit your alcohol intake before surgery and while your body is healing.

Please avoid alcohol completely for the first week after surgery.



## SMOKING CESSATION

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Smoking is associated with a significant risk to you after foot and ankle surgery.

The risk of an adverse outcome is seventeen times higher with any smoking compared to nonsmokers. Your consultant will have asked you to stop all forms of smoking and vaping before you consider having surgery.

Smokers face increased complications, including surgical wounds that won't heal (or that break down), infection, and bones that won't heal or fuse. Ultimately these complications reduce the chance of a good outcome; they also make the recovery from surgery extremely stressful for the patient.

You may need to speak to your GP about more help with cessation of smoking in order to go ahead with surgery.

### A healthy BMI

Many patients want to undergo orthopaedic surgery as their condition is preventing them from exercising. Inability to exercise can result in weight gain. There are, however, times when an individual's weight is high enough to pose extra risks at surgery and while recovering from the anaesthetic.

Your consultant may need to help you calculate your BMI and help you take a holistic approach to planning your care.



# COMING INTO HOSPITAL

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Please do not have anything to eat or drink for at least 6 hours prior to your admission time. You may sip water up to an hour before admission.

Please bring with you all prescribed medication in its original container. For personal needs, please bring with you a dressing gown, slippers, toiletries and personal items. Female patients will be asked to remove nail varnish and make-up prior to surgery. If you wear contact lenses please bring a pair of glasses to wear. It is advisable to leave valuables at home.

On arriving at the hospital, please go to the main reception. They will check you in and then you will be taken to your room. Please note that your admission time is not your operation time and you should be prepared to be in the hospital for some time as the length of operations cannot be timed precisely.

## Consent

Once in your room, you will be asked to consent to any procedure which you may undergo, and this consent must be given in writing. The consent process is detailed on page 13 of this booklet.





# BEFORE LEAVING HOSPITAL

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You will be prescribed painkillers and anti-inflammatory tablets to take home. The ward physiotherapist will show you some simple exercises for you to do until you see your own physiotherapist. They will also show you how to manage the post-op shoe or splint if you are given one.

If you are having a general anaesthetic or sedation you will need to be driven home. You will also need someone to stay with you overnight after the surgery.

Please note that although most of the operations are day case procedures, there is always a possibility that you might need to stay in hospital overnight.

## Returning to driving

You should not drive any car until you have recovered from the anaesthetic.

For patients having surgery on the right foot, it is usual that you will not be able to drive for at least 2 weeks (but depending on the procedure you may be in plaster and unable to drive for up to 3 months).

If you are having left side only and drive an automatic car, you may be able to drive within 2 weeks but please be mindful of the fact that rest and elevation of your left foot is needed for a good recovery.

## Opioid Painkillers and Laxatives

It is also worth remembering that you may get constipated taking the prescribed opioid painkillers (Codeine, Tramadol and Oromorph), so the ward nurses will provide you with laxatives during your stay. Please continue to take laxatives at home, if you are using significant amounts of these medications.





# BLOOD THINNERS

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After some procedures you will be given Blood Thinning Medication to prevent a blood clot or **DVT** (deep vein thrombosis). This will be in the form of an injection but if you have a needle phobia or injections are not suitable for you, we will aim to make sure that this is given in another form.

You can help to prevent a blood clot by doing the following:

1. Elevate your leg above your heart
2. Keep yourself well hydrated by drinking plenty of fluids
3. Keep the muscles in your legs moving gently while you elevate. (This keeps the blood in veins moving and helps to prevent it pooling and then clotting.)

## More Information about blood clots

Most DVTs come with some symptoms and these include:

1. Persistent worsening swelling of the leg
2. Hardness in the muscles of the leg
3. Increased pain in the leg

If you are experiencing any of these symptoms, please contact the hospital ward or One Orthopaedics office. Contact details for the hospital ward will be on your discharge letter.

### Mount Alvernia Hospital

01483 442629  
01483 570122

### Guildford Nuffield Hospital

01483 555901 (Day patients)  
01483 555881 (inpatients)  
01483 555813 (inpatients)

### If your symptoms occur on a weekend, you will need to attend A&E.

Rarely, a DVT has no symptoms and the patients first have symptoms when the clot moves to the lung where it stops the lung from being able to move oxygen into the blood. This is called a PE or pulmonary embolism. If you have sudden worsening shortness of breath (usually after 10 days), this is a medical emergency and you must call an ambulance via 999.

Please also advise your consultant but do not delay seeking urgent treatment.

# AFTER LEAVING HOSPITAL

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The One Orthopaedics office will contact you by phone or via email once you have returned home, as part of a routine check-up.

Please do not hesitate to contact the hospital ward or One Orthopaedics office if you have any questions about your recovery.

## Follow-up appointment

You will receive a follow-up appointment to see your consultant at approximately 2 weeks after your surgery, at the hospital where your procedure took place. If, for any reason, you cannot make the appointment, please contact the office:

**Phone** 01483 938750

**Email** [office@oneorth.co.uk](mailto:office@oneorth.co.uk)



# PAIN CONTROL AFTER SURGERY

Some degree of discomfort is common after any surgical procedure. We will do our utmost to ensure that you have as little discomfort as possible.

Therefore, the following measures are regularly undertaken:

- A local nerve block, known as a regional block
- Painkillers and anti-inflammatories to be taken regularly on discharge from hospital.

## Managing post-operative pain

It is essential that you take the painkillers and anti-inflammatory tablets given to you by the hospital regularly before the local anaesthetic or nerve block wears off. It is especially important to take your painkillers on the first night at home.

Paracetamol is the safest painkiller for most patients. The maximum dose is two 500mg tablets four times a day or 8 tablets in total.

If you are sent home with co-codamol, your pharmacist will have explained to you that the medication has paracetamol and codeine in it. You can't take over the counter paracetamol as well if you are taking co-codamol.

Many patients only need codeine at night after the first day or two and can manage the daytime with paracetamol. It can also be useful to alternate paracetamol with an anti-inflammatory to make sure one painkiller is always working.

**06.00** 2 regular Paracetamol

**08.00** 2 regular Ibuprofen  
(plus Omeprazole if needed)

**12.00** 2 regular Paracetamol

**15.00** 2 regular Ibuprofen

**18.00** 2 regular Paracetamol

**21.00** 2 regular Ibuprofen

**22.00** 2 regular Paracetamol  
(plus Codeine if needed)



# NUMBNESS IN YOUR FOOT AND LEG

You will generally have a nerve block for the surgery, known as a regional nerve block. If the block needs to be high up your leg, the anaesthetist will discuss this in detail with you, usually in the anaesthetic room before surgery.

For most forefoot surgery, the nerve block is done during surgery.

The numbness usually lasts for about 12 to 36 hours. You may have some shooting pains or sensations as the numbness wears off.

## Vitamin C and pain

Vitamin C is essential for our bodies to rebuild collagen but adequate levels also have been shown to help reduce pain.

# TYPES OF PAIN MEDICATION

Medication	Notes
Paracetamol	1-2 tablets (500mg) 4 times daily
<u>Anti-inflammatories</u> Diclofenac Ibuprofen	One tablet (50mg) 2-3 times daily 1-2 tablets (200mg) 2-3 times daily
<u>Opioids</u> Codeine Oromorph Tramadol	Please take as directed but decrease the use of these as the pain becomes less
Pregabalin	<b>Day 1:</b> 50mg once daily <b>Day 2:</b> 50mg twice daily <b>Day 3-13:</b> 50mg 3 times daily <b>Day 14:</b> 50mg twice daily <b>Day 15:</b> Once <b>Day 16:</b> Stop

# SURGICAL WOUNDS

## Keyhole / arthroscopic surgery

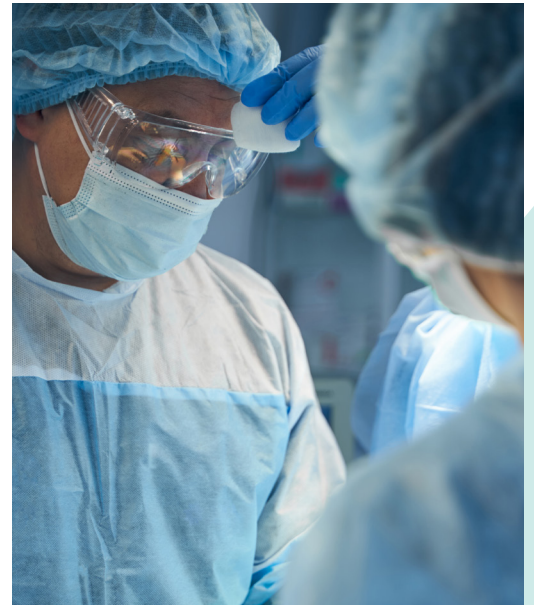
This is a keyhole operation, usually done through two or three 5mm wounds. There are stitches under small sticking plaster strip dressings over the wounds. These dressings should be kept dry until healed, which usually takes 14 days. The dressings are usually covered with a pressure bandage to help stop bleeding. You can remove the outer bandage after 48 hours.

## Open surgery

A larger incision is made and usually a single dissolving stitch is used to close the wound. This has a thin white stitch under the dressing plaster. There are times where stitches are needed but they are put in, in a way which allows for removal.

Keep your dressing clean and dry until your follow-up clinic appointment with your consultant. You need to keep your wound covered and completely dry until you have a wound review.

Devices for showering are mentioned later in this document on Page 17.



# COMPLICATIONS AND CONSENT

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Complications of common routine surgical procedures are very rare. These will be discussed with you prior to the surgery, but if you have any queries, please let your consultant know.

You will be asked to sign a consent form, giving your written consent for the operation. Before signing this, you should be comfortable that you have been given sufficient information to ensure that you understand:

- The nature of your condition
- The type and complexity of the treatment proposed
- The common risks associated with the treatment or procedure and their severity
- The benefits and anticipated outcome of the treatment
- Alternative treatments (including the option not to treat)
- Consequences of the proposed treatment
- Consequences of not accepting the proposed treatment.





# ADVICE FROM OTHER PATIENTS

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## Preparing for surgery

- Practice doing things whilst sitting down
- Physiotherapy - book an appointment in advance (for after the surgery)
- Work/University - make sure you have arrangements in place about when you'll be able to return which should be at least two weeks after surgery and not before your two week post-operative appointment
- Read your admission letter carefully so you're aware of when you need to be at the Hospital

## Surviving the first week post-op

- Wear clothes that are comfortable
- Sit on a stool to brush teeth if you are unable to weight bear
- Keep the foot elevated as much as possible to reduce swelling and pain
- Make sure that you are familiar with using crutches if you are given them
- Remember to take your medication
- Remember to take it easy for the first week or so



## RETURNING TO DRIVING AND WEIGHT-BEARING INSTRUCTIONS

This will depend on your job and the operation you have had. Please discuss your specific job and return to work with Ms Kohls.

<p><b>Ankle Keyhole Surgery</b></p>	<p><b>You can drive safely:</b></p> <p>Right side and all car types: 2-3 weeks            Left side and manual car: 2-3 weeks            Left side and automatic car: 1-2 weeks</p> <p><b>You should take <u>two</u> weeks off work</b></p> <p><b>Weight Bearing after procedure</b></p> <p>Soft tissue Debridement: Weight bear as able</p> <p>Cheilectomy (Bone clear out): Touch weight bearing and then progress after 48 hrs.</p> <p>OCL Debridement: Touch weight bearing</p>
<p><b>Forefoot Procedures</b></p>	<p><b>You can drive safely:</b></p> <p>Right side and all car types: 6 weeks            Left side and manual car: 6 weeks            Left side and automatic car: 2 weeks            Bilateral surgery: 6 weeks</p> <p><b>You should take <u>two</u> weeks off work</b></p> <p><b>Use the pre-op shoe to flatfoot (if appropriate) weight bear until your follow-up appointment</b></p>

## POST-OPERATIVE EQUIPMENT AND SPLINTS

You may be given extra items to help with your recovery, these may include:



Toe splint



Crutches



Air Cast Boot

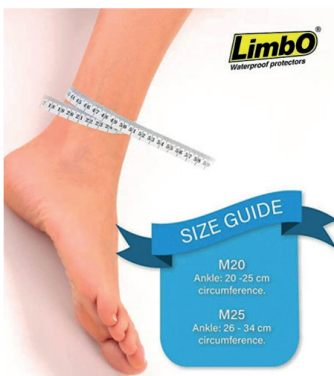


Post-op Shoe

(images for illustration purposes)

## SHOWERING

Using a sealable bag will keep your dressing dry. A simple plastic garden chair or stool may help you to manage showering as well. The company Limbo sell reusable sealable bags.



# ELEVATION

Elevating your limb above your heart means that you will need to spend much of your day unable to do much. High elevation reduces swelling and pain. It means the wound will not be under extra pressure so it will heal faster and reduce your chances of a wound infection. This leg elevation wedge can be found on the internet by searching for one on either Google or Amazon. Please remember to move the muscles gently whilst elevating (see page 8).



## Working

Please remember that before home working patients had many weeks off. Yes you will be able to do work on a laptop but you also have to elevate your leg, manage your pain and do your exercises. So please make sure your work has reasonable expectations.



[www.easylife.co.uk/product/cushioned-laptop-desk/2428](http://www.easylife.co.uk/product/cushioned-laptop-desk/2428)





## MANAGING LONG PERIODS OF BEING NON-WEIGHTBEARING

Being on crutches is difficult especially when you need to keep your weight off your operated limb.



**i-Walk Hands Free**



**Knee Rover Scooter**



**Rent a StrideOn**

(Options to purchase or rent these devices available from manufactures websites)

## TYPES OF WEIGHTBEARING

<b>Non-weightbearing</b>	Absolutely no weight bearing. You must use crutches or a wheelchair
<b>Touch weightbearing</b>	You are not putting much weight on the foot but it can touch the floor
<b>Partial weightbearing</b>	You are allowed to put some weight on the foot but you are definitely using crutches. You may have a leg that is free, or in a device (boot) or plaster
<b>Full weightbearing in a device or plaster</b>	You are allowed to weight bear in the device but not out of it
<b>Full weightbearing in your normal foot wear</b>	You are able to wear your own shoes to walk around

# ANKLE KEYHOLE SURGERY

## Initial Goals

### Control Swelling

1. Elevation
2. Ice
3. Compression
4. After you can wet the ankle contrast bathing

### Get the ankle joint moving again

Physio Exercises: Get your ankle moving!  
Do the following every waking hour 10-15 times.

1. Alternate the ankle between dorsiflexion and plantarflexion.



2. Alternate the ankle between inversion and eversion



3. Draw the Alphabet with your big toe
4. Seated Calf raises

- Sit in a chair
- Lift your heel as far as possible while keeping your toes on the floor
- Repeat 10 times



## Instructions for the first two weeks

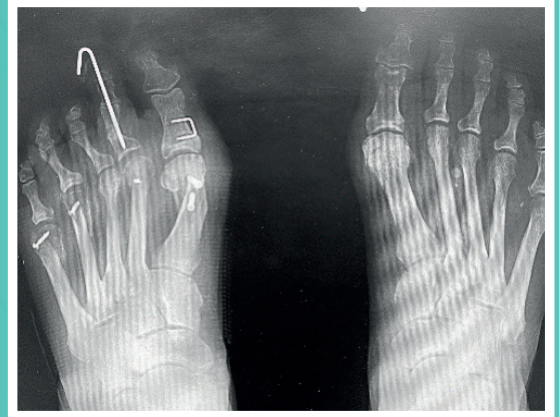
1. Elevate leg above heart
2. Keep dry for two weeks
3. Keep dressing intact
4. Please remember that the more time spent standing or walking, the more swollen your foot will be and the worse your healing will be
5. Weight bear as you are instructed

## FOREFOOT SURGERY

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### What instructions will I have for the first 2 weeks after surgery?

- Elevate leg level to heart (above if swollen)
- Keep foot dry for 2 weeks
- Keep dressing intact
- Move toes and ankle
- Flatfoot Weight bear in post-op shoe
- Let the toes rest flat; don't walk with the toe sticking up in the air
- Please remember that standing and walking in the first 2 weeks puts pressure on the healing wound. The more you stay off your foot, the better your wound will heal.



### Exercises following Bunion Surgery

- Start immediately (Day 1) post-op and repeat as often as you can. (Please don't remove your dressing these photos are just to illustrate clearly what you should do).
- In your dressing wiggle your toes up and down as much as you are able to. Do grip the entire big toe and move the toe as far down as it will go and then as far up as it will go.





# FIND OUT MORE ON OUR WEBSITE

Visit our website [www.oneorth.co.uk](http://www.oneorth.co.uk) for further information on the diagnosis and treatment of all orthopaedic conditions.

You will also find patient information on common operations. This booklet can be downloaded from the website.







For more information, please visit our website or contact the One Orthopaedics office:

Website	<a href="http://www.oneorth.co.uk">www.oneorth.co.uk</a>
Phone	01483 938750
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