



Post Surgery Instructions

Diet

- Begin with clear liquids and light foods (Jello, soup, etc).
- Progress to your normal diet if you are not nauseated.

Wound Care

- After surgery, you will be placed into a soft dressing or a plaster splint depending on your surgery.
- If you have a soft dressing, we will remove it at your first post-operative visit. You may loosen and reapply the elastic (ACE) bandage if it appears or feels too tight.
- If you have a plaster splint, please do not remove it. We will take it off at your first post-operative visit. You may loosen and reapply the elastic (ACE) bandage if it appears or feels too tight.
- Bleeding through the dressing is quite common. This usually happens the first 1-2 hours after surgery. The actual bleeding has stopped by the time the drainage is visible on your dressing.
- To avoid infection, keep your dressing clean and dry – you may shower by placing a large garbage bag over your splint, starting the day after surgery – DO NOT GET YOUR SPLINT WET. If your splint gets wet, you will have to return to get it changed.

Activity

- Your weightbearing status will be communicated to you and your family before your surgery.
- If you are in a splint, you will be NON-WEIGHTBEARING on your operative leg.
- Elevate the operative leg to chest level whenever possible to decrease swelling. The more you elevate the less pain and swelling you will have.
- Use crutches to assist walking when necessary – you are not to place any weight on the operative foot unless otherwise instructed by Dr. Dekker.
- Do not engage in activities that increase pain and swelling (prolonged standing or walking) over the first 7-10 days after your surgery. Please limit the time your foot is “down” to 10 minutes or less at a time.
- Avoid long periods of sitting (without your leg elevated) or long distance traveling for 2 weeks.
- Remember, foot swelling can last up to 6-9 months after surgery.
- If you were given a boot or surgical shoe and allowed to bear weight as tolerated, you may experience pain in your back or opposite leg, hip, and/or knee. This is very common. You may purchase an “Even Up Shoe Balancer” online to level your lower extremities, which will provide relief.
- You may return to sedentary (desk) work or school in 3-4 days after surgery, if pain is tolerable.
- No driving until instructed by Dr. Dekker.

Pain Control

If you had a pain catheter placed before surgery:

- You will be given detailed instructions from the anesthesia team.
- Pain relief from a pain catheter can last 48-72 hours
- This also means you may not have sensation or movement in your foot for that duration of time
- Please start taking your oral pain medication before the block and pain catheter wear off. Continue oral pain medications as directed after removal of the catheter.

If you had a nerve block without indwelling catheter:

- You will have surgical pain after the operation that will be HELPED by the medication, but you will not be pain free.
- You can expect the first night and morning after surgery to be the most painful and uncomfortable.
- Injectable pain medications were used to block, or numb, your foot during surgery – this will wear off in 8-12 hours.
- Patients often experience pain after their block wears off. Take oral pain medication the night after surgery before the block wears off to reduce this pain.

Medications

The specific medications you are prescribed will depend upon the surgery you receive.

Pain

- Pain medications should be taken starting the day of your surgery as directed on the bottle.
- You will be given ONE of the following:
 - Oxycodone 5 mg – Take 1-2 tablets every 4 hours for pain relief
 - Norco (Hydrocodone/Acetaminophen) 10/325 mg – Take 1-2 tablets every 6 hours for pain relief. *You can only take 4g of Tylenol per day (a total of 8 pills) in a 24 hour period. Do NOT take additional Tylenol when taking this medication.
- Common side effects of narcotic pain medication include nausea, drowsiness, and constipation. To decrease these side effects, take with food. If constipation occurs, we recommend taking an over-the-counter laxative.
- You may supplement the narcotic pain medication with ibuprofen. *If you are taking a blood thinner such as Coumadin (Warfarin), Lovenox, Xarelto, or have a history of stomach ulcers, you should NOT take this medication.
 - Ibuprofen 200 mg – Take 2 tablets every 6 hours for pain relief.

Anti-nausea

- This medication should be taken if you experience nausea or vomiting. If you know you are sensitive to narcotics, please take 30 minutes prior to pain medication.
 - Hydroxyzine 25 mg – Take 1 tablet by mouth every 6 hours as needed for nausea.

Blood clot prevention

- You may be asked to take Aspirin or another blood thinning medication to reduce the risk of blood clot.
 - Aspirin 325 mg – Take 1 tablet twice per day for 2 weeks. This may be taken with ibuprofen. ***If you are taking a blood thinner such as Coumadin (Warfarin), Lovenox, Xarelto, or have a history of stomach ulcers, you should NOT take this medication.**

Vitamin D

- If you are having surgery to repair a broken bone or fuse a joint, you may be prescribed vitamin D supplementation after surgery.
 - Cholecalciferol (Vitamin D3) 1,250 mcg (50,000 unit) - Take one capsule once a week for 12 weeks for adults.
 - Vitamin D3 25 mcg (1,000 unit) – Take one capsule once a day for 12 weeks for children under the age of 12.

Stool softener

- If you are experiencing or have a history of constipation, take a stool softener, such as Peri-colace, Colace or Senekot, starting the day after your surgery. You may stop taking this once you have regular bowel movements.

Ice Therapy

- Begin immediately after surgery.
- Do NOT place ice directly on your skin or dressing. Avoid getting your splint wet.
- Ice every 2 hours for 20 minutes daily until your first post-operative visit – remember to keep your ankle elevated to the level of the chest when icing.

Emergencies

- Contact Dr. Dekker if any of the following are present:
 - Severe swelling in the leg and/or calf pain
 - Unrelenting pain
 - Fever (>101.5) or chills (fevers less than this are very common the first few days after surgery and are unlikely to indicate an infection)
 - Redness around the incision
 - Continuous draining/bleeding from the incision (small amounts are completely normal)
 - Blue or white toes (this may indicate a lack of blood flow to the foot)
 - Difficulty Breathing
 - Excessive nausea

Follow-up Care

- If you do not already have a post-operative appointment, please call (248) 650-2400 and schedule by asking for appointment scheduling.

Prescription Refill

- 24 hour notice is required for prescription refills. Most pain medication prescriptions will have to be picked up in our office during normal business hours.
- Rochester office: (248) 650-2400
- Shelby Township office: (586) 254-2777
- River District office: (810) 329-1250

Questions / Concerns

- Monday through Friday between 8 am - 5 pm please contact our office or surgical coordinator.
 - Rochester office: (248) 650-2400
 - Katharyn Chernicky, Rochester Surgical Coordinator: Direct line (248) 659-0190, Fax (248) 659-0795
 - Shelby Township office: (586) 254-2777
 - Dee Green, Shelby Surgical Coordinator
 - River District office: (810) 329-1250
 - Cindy Stefanski, River District Surgical Coordinator
- There is a 24 hour orthopedic nurse available in the event that you have questions, concerns, or issues and cannot get a hold of our office; please call (248) 601-8844