

## Post Surgery Instructions Foot & Ankle Surgery

### Diet

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

### Wound Care

- Depending on your procedure, you will be placed in a soft dressing or a splint after 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 bandage if it appears or feels too tight.
- If you have a splint, please do not remove it. We will take it off at your first post-operative visit. You may loosen and reapply the elastic 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 it 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.
- If a white compression stocking was applied to your contralateral leg on the day of surgery, you may remove it before leaving the hospital or once you return home.

### Activity

- Your weight bearing status will be communicated to you and your family on the day of surgery.
- If you are in a splint, you are NON WEIGHT BEARING on your operative leg.
- Elevate the extremity to chest level whenever possible the first two weeks after surgery in order to decrease swelling. The more you elevate the less pain and swelling you will have.
- Use crutches 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.
- 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 “Evenup 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 nerve block before surgery:

- Injectable pain medication was used to numb your foot/ankle during surgery. Expect numbness to last 12-24 hours and then anticipate the onset of pain. On rare occasion, the peripheral nerve block can last longer than 24 hours.
- Patients often experience severe pain after their block wears off. Take oral pain medication the night after surgery (before the block wears off) to reduce this pain.
- 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.

If you had a pain catheter placed before surgery:

- Please see the detailed instructions from the anesthesia team.
- If you have any questions regarding the pain catheter please call the telephone number listed on the anesthesia instructions. If the pain catheter leaks or there is concern for how it is functioning, please see their detailed instructions.
- Pain relief from a pain catheter can last 48-72 hours.
- This also means that 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.

## 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
  - Oxycodone 10 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.
- Please start this medication the day after surgery.
- If you have a history of blood clots it is important to notify your surgeon.
  - 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 to decrease the risk of cold injury. Please 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.

## Follow-up

- If you do not already have a post-operative appointment schedule, please call the respective office where you intend to follow up and ask for appointment scheduling (see telephone numbers below).

## Questions or Concerns?

- Mon - Fri, 8a - 5p please contact our office:
- \*\*\*Please note: 24-hour notice is required for prescription refills.
- **Rochester Hills: (248) 650-2400**
  - Christie Gossman (surgical coordinator): 248-659-0190
- **Shelby Township: (586) 254-2777**
  - Dawn D'Ambrosio (surgical coordinator)
- **Farmington Hills: (248) 865-4238**
  - Sandra Perl (surgical coordinator) direct line: (248) 865-4264
- **River District: (810) 329-1250**
  - Cindy Stefanski (surgical coordinator)