



## 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 surgery, 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.

### 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 will be NON WEIGHT BEARING 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 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 single shot nerve block before surgery:

- Injectable pain medication was used to numb your foot during surgery. Expect numbness in the leg for 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:

- You will be given detailed instructions from the anesthesia team.
- 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
  - 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.
- 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.
  - Excessive nausea.

## Follow-up Care

- If you do not already have a post-operative appointment schedule, please call (248) 650-2400 and ask 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 - 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