



Foot and Ankle Surgery

Patient education handbook



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Part I: Quick reference guide

The process at a glance

Here is a quick overview of lower-extremity surgery.

- You and your doctor agree that you need surgery. Understanding what is happening to you will make your hospital visit more pleasant and improve your recovery.
- Your doctor's office obtains medical clearance for surgery.
- You read all the educational information provided by your doctor and the hospital, including this handbook. This will help you understand what to expect once you come to the hospital.
- On the day of surgery, you arrive at the hospital at the time reserved for you.
- You have the surgery.
- You begin recovery and rehabilitation in the hospital.
- You are discharged from the hospital.
- You go to all appointments scheduled or suggested by your doctor and the orthopedic surgeon.

Hospital registration

Prior to your scheduled surgery, a hospital admissions representative will call you to complete the preadmission process.

Before surgery

You will receive a call from a registered nurse who will review your current medication list, including prescription and over-the-counter drugs as well as vitamins and herbal supplements. You will also be given a tentative arrival time for surgery.

You will have an electrocardiogram, blood drawn and any other tests your doctor has ordered.

What to bring

- Insurance/Medicare cards
- Identification
- Copy of your Physician Orders for Life-Sustaining Treatment, or POLST, form
- Advance directive
- This handbook and your medication list. Be sure to include prescription and over-the-counter medications as well as any vitamins or herbal supplements you take. Include doses and how often you take them.

Support team expectations

- You will need someone to cook and clean for you after you return home.
- You will need transportation for up to 12 weeks following surgery.

This is a team effort

You, the orthopedic surgeon, your physical therapist, the hospital and your support team are vital to the success of the surgery. As a partner in your healing, you need to be informed and knowledgeable about every aspect of the surgical and recovery process.

Please bring this handbook with you to all of your related appointments as well as to the hospital on the day of surgery.

You may also receive various instructions, information booklets and copies of forms; that information should be kept in this handbook. It is important that you have at your fingertips all the information you require when you need it.

Our goal is to help you have good results, and we are committed to assisting you on a successful journey.

Part I: Quick reference guide

Important telephone numbers

Please feel free to make photocopies of this completed page and share them with your family, friends and caregivers.

Emergency contact person

Name _____

Relationship _____

Home phone _____

Cell phone _____

Physician information

Physician name

(541) 507-2050

General hospital information

Asante Three Rivers Medical Center

500 SW Ramsey Ave.

Grants Pass, OR 97527

(541) 472-7000 or (800) 944-7073

Asante Billing office

(541) 789-4111

Estimate line

(541) 789-7271

Asante Physician Partners Orthopedic Surgery and Sports Medicine

537 SW Union Ave., Floor 2

Grants Pass, OR 97527

(541) 507-2050

Visiting hours

Your caregiver or family member may stay with you and is encouraged to be an active participant in your recovery.

Please inform us if you wish for your caregiver to stay overnight. Most of our rooms have a couch that converts to a single bed, and we will make every effort to accommodate you.

Post-surgery therapy is very important to your recovery. To avoid interruptions to your therapy sessions, please advise your visitors that they may remain during these sessions but that the therapist will continue the treatment; your visitors will be asked to wait until the therapy session is finished.

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Packing for the hospital

Things to bring

- This handbook
- CPAP machine if you have and use one
- Ice therapy machine if you have one
- Comfortable attire for exercise, or you may wear hospital attire
- Shoes that you can slip in and out of easily, such as tennis shoes, walking shoes or slippers
- Socks and undergarments if desired
- Loose clothing, such as shorts and T-shirts; elastic waist only
- Knee-length nightgown and a robe that opens all the way down if desired; this may not be worn if it impedes monitors or intravenous lines
- Toiletries; be sure to include eyeglass case, contact lens case, hearing-aid batteries and other necessities
- Cell phone and charger if desired; there are phones available for each patient for local calls
- A minimal amount of money — no more than \$5 or \$10 unless you need money for transportation at discharge
- You may bring your front-wheeled walker. The therapist will check it for correct height and good repair status.

Things we ask that you do not bring

- Medications, unless requested by the hospital preop clinic. This is for your safety.
 - Valuables, jewelry, credit cards, insurance card and large amounts of cash. Remove all jewelry, including rings; they cannot be worn during surgery. Please be aware that if your hand swells and wearing your wedding ring becomes unsafe, we may need to cut it off.

Part II: Patient guide to surgery

Understanding the risks

As with any major surgery, there are certain risks. This section outlines some of the potential complications associated with extremity surgery and the precautions you can take to help prevent them.

Blood clots

Any orthopedic surgery can be associated with a risk of postoperative deep vein thrombosis (a blood clot in an extremity) or pulmonary embolism (a blood clot that develops in the lungs). Certain procedures elevate this risk.

You may be instructed to take some type of blood-thinning medication postoperatively. In general, you should monitor for any dramatically increased swelling in the calf and leg (the most common location to develop a blood clot), worsening calf pain, and any chest pain or shortness of breath.

If you develop any of these symptoms, please contact your doctor's office immediately, call 911 or go to the Emergency Department.

Smoking and the use of hormone replacement therapy can also increase the risk of a blood clot. If you have questions regarding blood clots or the need for blood thinners after surgery, please discuss them with the orthopedic surgeon.

Infection

Postop infections are relatively rare but can occur with any surgical procedure. If at any time the wound becomes notably redder or swollen, or certainly if there is any drainage, you should notify your doctor immediately. You should also contact your doctor if you develop a fever, chills or night sweats.

Routine antibiotics are not recommended postoperatively once you are discharged from the hospital. Please contact the orthopedic

surgeon's office first if any other provider wants to prescribe you antibiotics or has any concern about potential surgical site infection.

Numbness

Some degree of nerve sensations and occasional nerve pain can be common after any extremity surgery. These sensations will typically resolve, but this can be prolonged especially when weight bearing is limited. You may have some permanent decreased sensation around the incision, but only in rare situations is there permanent numbness or weakness because of trauma to a nerve.

Severe complications

As with any major surgery, there is the possibility that any of the foregoing complications, as well as complications from the anesthesia, could be severe enough to result in impairment or death. If you have any questions or concerns regarding complications, please discuss them with the orthopedic surgeon.

Surgery information

Your surgery has been scheduled for a specific date and time, but sometimes it is necessary to change your arrival time due to circumstances over which we have no control. If the surgeon has a cancellation, the lineup has changed since you were scheduled or there is an emergency, your surgery and arrival times may be revised.

To enable us to maintain the schedule as efficiently as possible, a nurse from the hospital preop clinic will call you the day before your scheduled surgery if the times have changed. If you do not receive a call, please come at the previously scheduled time.

If you are not able to reach your provider or have more urgent symptoms such as chest pain or shortness of breath, please call 911 or go to the Emergency Department.

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Anesthesia

Several different kinds and combinations of anesthesia may be used for your surgery. The anesthesia team will discuss specifics the morning of surgery.

For most procedures, some type of sedating anesthesia will be administered. Patients will feel like they were asleep. This may or may not require a breathing tube.

The kind of anesthesia you will have depends on the type of surgery, your health history and what the anesthesiologist and the surgeon feel is best for you.

- Spinal anesthesia is given through a catheter that the anesthesiologist inserts into your spinal column. It numbs from the mid-chest to the toes. You will be asleep during the operation.
- General anesthesia is given through an intravenous, or IV, line or by breathing from a mask. It is like a deep sleep that happens very quickly.
- Other medications for pain and relaxation will be given.
- Nerve blocks are used regularly for extremity surgery. This involves placing a local anesthetic directly around certain nerves to block sensation in an entire area or extremity. In some cases, you may be discharged with a pump that can provide ongoing medication around the nerve for several days.

Pain control

Postop pain control is often accomplished with a combination of nerve blocks and narcotic and nonnarcotic medications.

It is important to realize that you will have some pain after surgery and this is normal. There are also several pain management strategies available that do not rely on

medication. These include visualization exercises, meditation and distractions such as music and movies. Maintaining a positive attitude and outlook and having a good interpersonal support system in place can also help a great deal.

Many pain and other medications you may be taking can cause dizziness, confusion or problems with balance, so it is important that you are particularly careful after surgery. If you have concerns about your medications, you should contact your doctor or the orthopedic surgeon's office.

You may not drive while taking narcotics, and typically driving is not advised until at least six weeks after surgery (often longer). Some data suggest that it takes six to nine weeks for driving reflexes to return after you begin bearing weight again.

Opiate medications are intended to treat acute postop pain and are generally not prescribed regularly beyond two weeks after surgery. The goal is to begin decreasing narcotic use quickly after the two-week visit, if not sooner. You should use nonnarcotic medications and nonsteroidal anti-inflammatories if you are able (such as ibuprofen or acetaminophen) rather than relying on narcotics.

If you take any narcotics regularly already or have a pain contract for narcotics with any physician or clinic, you should discuss this with the surgery team before surgery.

Please note that pain medications cannot be refilled on the weekend and require up to 48 hours to process. Please contact your doctor before your prescription runs out.

Narcotic medications in particular can cause constipation. It is important to take a daily stool softener and begin this before constipation develops.

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After surgery, you may experience temporary trouble urinating or completely emptying your bladder. If you have a history of urinary retention, urinary tract infections or prostate issues, you should discuss this with the surgeon before surgery.

The night before surgery

We recommend that you eat a light meal the night before surgery. Unless the anesthesiologist, nurse practitioner or registered nurse tells you otherwise, you should have nothing to eat or drink after midnight. This includes but is not limited to water, coffee, food and any kind of gum or mints. If you have any questions, please call us.

The day of surgery

Before coming to the hospital

Please maintain a flexible schedule on the day of surgery, as you may be asked to come in earlier. Please understand that your scheduled surgery time may be delayed due to other surgeries or emergencies.

- Unless told otherwise, do not eat or drink after midnight before surgery. You can brush your teeth and rinse your mouth, but do not swallow.
- Take only the medications that the doctor or nurse practitioner has told you to take, using just enough water to swallow them.
- Shower and use the antiseptic soap given to you prior to coming to the hospital.

Once you arrive at the hospital

- Come in through the Hospital Entrance and go to Patient Registration.
- A nurse will complete your paperwork and finish the orders your doctor has written. You will have one or two IV lines started. You may have additional lab work done as ordered by your doctor.

- An orderly will come with a gurney to bring you to a holding area or directly to the operating room, or OR.
- If you are wearing dentures, hearing aids, socks or jewelry, please remove them unless arrangements have been made to keep them with you. You will be given a hat to cover your hair.
- The operating room is bright and noisy. We can provide you with a warm blanket. The OR nurse will be with you throughout the surgery. There will also be a scrub nurse or technician, an anesthesiologist and an assistant to the surgeon.
- The anesthesiologist will evaluate you, and in most cases a peripheral nerve block will be placed.

After surgery

When the surgery is over, you will be taken to the Post-Anesthesia Care Unit, or PACU. You will be cared for by specially trained registered nurses who will monitor your vital signs (heart rate, blood pressure and temperature) and pain level. A good indication of how much pain you may be experiencing can be determined on a scale of 0 to 10, with 0 being no pain and 10 being the highest level of pain.

Your family is encouraged to stay in the waiting area outside of surgery if they wish to speak with the surgeon after the procedure is over. A volunteer will escort them to a private room, where the surgeon will apprise them of your condition. Family members are not permitted in the PACU, but you can see them when you return to your room.

You will be in the PACU for one to two hours, depending on the type of anesthetic you had and how you are feeling. The nurses will keep you warm and comfortable.

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Equipment you may see when you wake up

Intravenous line

An IV line is a tiny catheter that is inserted into a vein in your hand or arm. Attached to the catheter is a small tube that connects to a bag of fluid. The bag will hang from a pole near your bed.

Oxygen

You will receive oxygen through a nasal cannula or an oxygen mask. The presence of oxygen does not mean that there is a problem or that you are having difficulty breathing. The nurses will check your oxygen levels with a finger sensor. This will be discontinued when you can maintain good oxygen levels on room air.

The remainder of your hospital stay

- For safety reasons, the staff will ask you to repeat your name and birthday before any procedure or medication.
- The nurses will closely monitor your heart rate, blood pressure, temperature and oxygen level.
- The nurses will ask you to rate your pain on a scale from 0 to 10. This enables them to assess the effectiveness of the pain medication.
- You will have an IV line in your hand or arm for fluids until you are taking them well by mouth. At that time, the IV site will be capped; it will be removed before you are discharged.
- After surgery, you will be given ice chips, then water, clear liquids and full liquids. The nurses will monitor you for nausea and provide medication as needed. If you are not nauseated and have good abdominal sounds (as determined by the nurse), you will progress to solid food and a normal diet.

- Be sure to use the nurse call system for any needs and questions.
- Staff must be present anytime you wish to leave your bed.
- If you would like to turn onto your side, please use the nurse call system so that staff may assist you.
- Blood may be drawn for lab work early every morning or every other morning, depending on your doctor's orders.
- You will wear compression and pneumatic stockings on both legs while you are in bed. These assist the blood flow back to your heart and help prevent clot formation and blood pooling in your legs.
- Please ask nurses, therapists, your doctor or the discharge planner any questions you may have. We are here to help you.
- You may be discharged home the day of surgery, or you may be required to stay overnight, depending on your medical condition and pain level.

Recovering safely

Postop weight bearing

Many lower-extremity surgical procedures require a period of limited weight bearing, most often “touch-down” or “toe-touch” weight bearing. You will need to prepare for this preoperatively to make sure you can return home as safely as possible.

- Touch-down weight bearing means you may let your foot touch the ground for balance but should not put any weight on the limb.
- For toe-touch weight bearing, an assistive device is often needed, which could include:
 - Crutches
 - Walker
 - Knee scooter
 - Wheelchair

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Often a walker or knee scooter is the best option. A front-wheeled walker can be obtained at most pharmacies. A prescription for this can be provided for you after surgery.

Knee scooters are becoming increasingly popular and allow you to put weight on the scooter through the knee on the operative side. This still protects procedures at the foot or ankle. It is usually easiest to purchase a scooter online. Rental and loan options are sometimes available, but resources can be limited.

Safety at home

Before surgery, you should examine your house for any hazards that may make it difficult for you to get around your home or that could lead to a fall if you are using crutches, a walker or other assistive device.

- Make sure your home areas are well-lit and free of obstructions.
- You may need help from friends or family members even for activities that seem simple so that you can do them safely.
- You should always plan your route and activities before getting up to ensure that you have appropriate devices and assistance as needed.
- When you are discharged home, it is important to have a friend or family member stay with you for at least the first few days and as long as needed for you to be safe and independent.
- You absolutely must have a clean, dry place to live indoors with a bathroom and space to accommodate safe movement and any assistive devices you may need.
- You need to focus on your own recovery after surgery and arrange care for any pets or other animals, property or agricultural concerns, and any family members whom you usually care for yourself.

- In some cases, home health care services are available if you do not have friends or family members who can assist you. Rarely, however, are 24/7 resources covered. If you do not have help available for meals, hygiene and safety at home, it is critical that you discuss this with the surgeon and develop a plan before surgery.

Surgery should be postponed until you have a care plan in place; in some cases, surgery may need to be avoided if resources are not available for a safe and predictable recovery.

Ice

You may apply ice packs or your ice therapy machine to your extremity as often as needed; start with up to 20 minutes per hour as instructed. Do not place ice directly on the skin. If you have a splint or cast in place, you may place ice behind the knee. Applying ice may be especially helpful before and after your exercise sessions and in the evening if your extremity becomes swollen.

Due to trauma from surgery and the exercise program you will follow thereafter, it is normal that your extremity will feel warm and swell slightly. Heat is not recommended, as it may increase swelling.

Elevation after surgery

In the immediate postop period, you will likely be instructed to elevate the extremity as much as possible until the wound heals. In general, you should elevate the extremity above the level of the heart most of the time, as in “Toes above your nose 23 hours a day.”

This can be accomplished either with pillows or custom extremity-elevating foam cushions that are available online.

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Cast, splint and dressing care

Dressings protect the surgical site and provide compression to limit swelling and keep the area clean.

If you have a soft dressing, the surgeon may provide you with instructions for changing it at home. Splints and casts should be removed or modified only at the surgeon's office. If you are unsure, contact the surgeon before manipulating your dressings.

All dressings should be kept clean and dry. For bathing, you should wrap the extremity in plastic bags or a custom cover for showering — or do sponge baths. You should not soak the extremity in any fashion until the surgery team OKs it.

Online resources

Reliable information about many orthopedic topics, including nonoperative treatment strategies, general guidelines and therapeutic exercises, can be found online:

- footcaremd.org
The educational website for the American Orthopaedic Foot & Ankle Society
- orthoinfo.org
The educational website for the American Association of Orthopaedic Surgeons



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ORTHO328326_082523