

Discharge Instructions for Foot & Ankle Surgery

Patients in Cast - Non Weight bearing

Arrange to have an adult drive you home after surgery. If you had general anesthesia, it may take a day or more to fully recover. So, for at least the next 24 hours: Do not drive or use machinery or power tools; do not drink alcohol; and do not make any major decisions.

Diet

Here are some dietary suggestions following surgery:

- Start with liquids and light foods (like dry toast, bananas, and applesauce) OR a light lunch. As you feel up to it, slowly return to your normal diet.
- Drink at least 6 to 8 glasses of water or other nonalcoholic fluids a day to remain hydrated. This will help avoid post operative constipation
- To avoid nausea, eat before taking narcotic pain medicines.
- It is important to eat a well balanced diet during your recovery. Essential nutrients are necessary to aid in healing, and to decrease inflammation. Hydration is also critical to avoid constipation, and to flush your system of the anesthesia medication.
- once arriving home from surgery the primary focus of your diet should be hydration. Stick to water. You should be drinking half your body weight in ounces a day of water. Example: if you weigh 180lbs, the goal should be 90oz of water per 24 hour period.
- once tolerating fluids, advance to solid foods. Stick to lean meats, Vegetables, and fruits. Turkey, Chicken, Fish are lean and full of complex nutrients. Additionally, fresh veggies and fruits contain essential vitamins and also aid in hydration.
- If you are diabetic, control of your glucose is critical to healing and infection prevention. Diligence in glucose checks and medication is of utmost importance.

Pain Control

- The Anesthesiologist or the surgeon will have performed a nerve block to assure comfort and pain relief for the immediate postoperative period. This allows the patient to get home comfortably, and begin the ice and elevation protocol. Additionally, it has been shown that patients who have nerve blocks consume less narcotic pain medication after surgery.
- You are to take the prescribed pain medication on a schedule as described by your doctor. Once at home, even while the surgical area is still numb, you will begin taking the pain medication with food and water.

- Studies have shown that post operative pain is best controlled when medications are delivered on a schedule. Please stay hydrated as narcotic pain medication does cause constipation. Please take an over the counter stool softener if needed.

Pain Control

- **Percocet / Oxycodone with Acetaminophen 5mg/325mg** is your primary pain medication. Oxycodone is a potent narcotic pain reliever. It is an opiate, which is known to cause constipation, respiratory depression, and addictive properties. It is to be used routinely for the first 72 hours after surgery. After the first 72 hours, it is to be used as needed depending on how you are feeling.
 - **TAKE 1 x 5mg tablet of Percocet every 6 hours, you may take a second tablet if pain has not responded reasonably within 30-45 minutes.**
- **Ibuprofen 800mg** is your secondary pain medication. It is an NSAID, non steroidal anti-inflammatory drug. The goal of this medication is to supplement the Percocet, if pain control is being recalcitrant.
 - **Take 1 tablet every 8 hours as needed while pain is bad. Avoid longer than 5 days of continuous use.**

- If you are experiencing pain not controlled by the pain medication, or the post operative dressing and/or cast feels excessively tight perform the following steps in order:

1) elevate the limb in a chair or sofa with 1 pillow behind the operative leg with heel suspended in air. Ice behind the knee.

2) remove the outer ace wrap

3) if after 30 minutes this has not improved the pain. Decompress the cast at the leg and foot level. This is done by manually spreading the cast with a moderate level of force.

4) Adjust Pain ball detailed below ***** refer to video by scanning QR code for visual aid *****

On - Q Pain ball / Popliteal Nerve Block

- Remove white dial from black pouch. Cut zip tie at top with nail clipper and fold down clear lid
- With a pair of tweezers, rotate the dial clockwise and turn up to 10ml/hr. If no relief within 60 minutes, turn dial to 14ml/hr.
- Take a second dose of Narcotic pain medication
- Supplement the medications with Ibuprofen or Aleve

Medicines

It is important to follow these directions:

- Take all medicines as instructed.
- Take pain medicines on time. Do not wait until the pain is bad before taking your medicines.
- Avoid alcohol while on pain medicines.

Activity

These instructions are to help with your recovery:

- Sit or lie down when possible. Put a pillow under your LEG to raise your foot to the level of your heart. Avoid direct pressure to your heel as this will cause soreness and potentially harm you. DO NOT over elevate the limb as this can worsen your pain
- Following icing protocol as detailed below, and perform 5 times daily
- You can drive again when instructed by your healthcare provider.
- Use crutches, cane, walker, or knee scooter as directed.
- You are NO WEIGHT to surgical foot/ankle
- Activities should be kept minimal for the first 2 weeks after surgery (bathroom, meals, showering). Avoid prolonged standing or having your leg down as this will increase swelling, cause pain, and increase risk for infection.

Icing protocol

Icing is a critical aspect of the post operative care after surgery. Ice packs/bags will not penetrate to the surgical site due to the surgical dressing and cast. If you have an DJO ice machine, refer to video on use using the QR code on device.

- Icing should be performed with the surgical limb elevated and with the ice pack behind the knee. Ice should remain on for 15-20min. Ice should remain off for at least 30min. For the first 72 hours after surgery, the icing protocol should be performed 4-6 times a day. After the first 72 hours, 3 times a day is sufficient.
- Limb elevation: Limb elevation is critical in controlling post operative swelling. Orthopedic foot and ankle surgery is prone to swelling which can result in incision complications, increase risk of infection, and pain. limb elevation should be performed during the icing protocol, and anytime you are resting. It is especially critical the first 72 hours after surgery.
- you should relax in a recliner/sofa and place 1-2 pillows underneath the surgical leg. Be sure to leave the heel suspended with no direct pressure to avoid causing a heel sore.
- during sleeping hours padding the surgical limb and/or the other limb can aid in elevation and protection from the cast. Sleep is important for your recovery.

Bandage and cast care

Here are tips to follow:

- Do not shower for 48 hours. When you can shower again, cover the bandage or cast with a plastic trash bag to keep it dry and seal it with duct tape.
- Don't remove your bandage until your healthcare provider tells you to. If your bandage gets wet or dirty, check with your healthcare provider.
- If the bandage feels too tight or causing discomfort:
 - Remove or loosen the outer ace wrap
 - If you have a cast, the cast is split on the front of the leg. Decompress the cast manually by slightly opening it.
 - Elevate, ice behind the knee, and take an oral NSAID (Ibuprofen, Aleve etc.)

What to expect

It is normal to have the following:

- Bruising and slight swelling of the foot and toes
- A small to moderate amount of blood on the dressing
- **Pain is expected. You just had surgery after all. If performed the above steps, pain will be well managed.**

Call your healthcare provider

- Continuous excessive bleeding through the bandage
- Fever over 100.7°F (38°C) or chills
- Pain unrelieved by pain medicines and steps listed above
- Foot feels cold to the touch
- dark purple or black skin changes to the toes
- Chest pain or shortness of breath