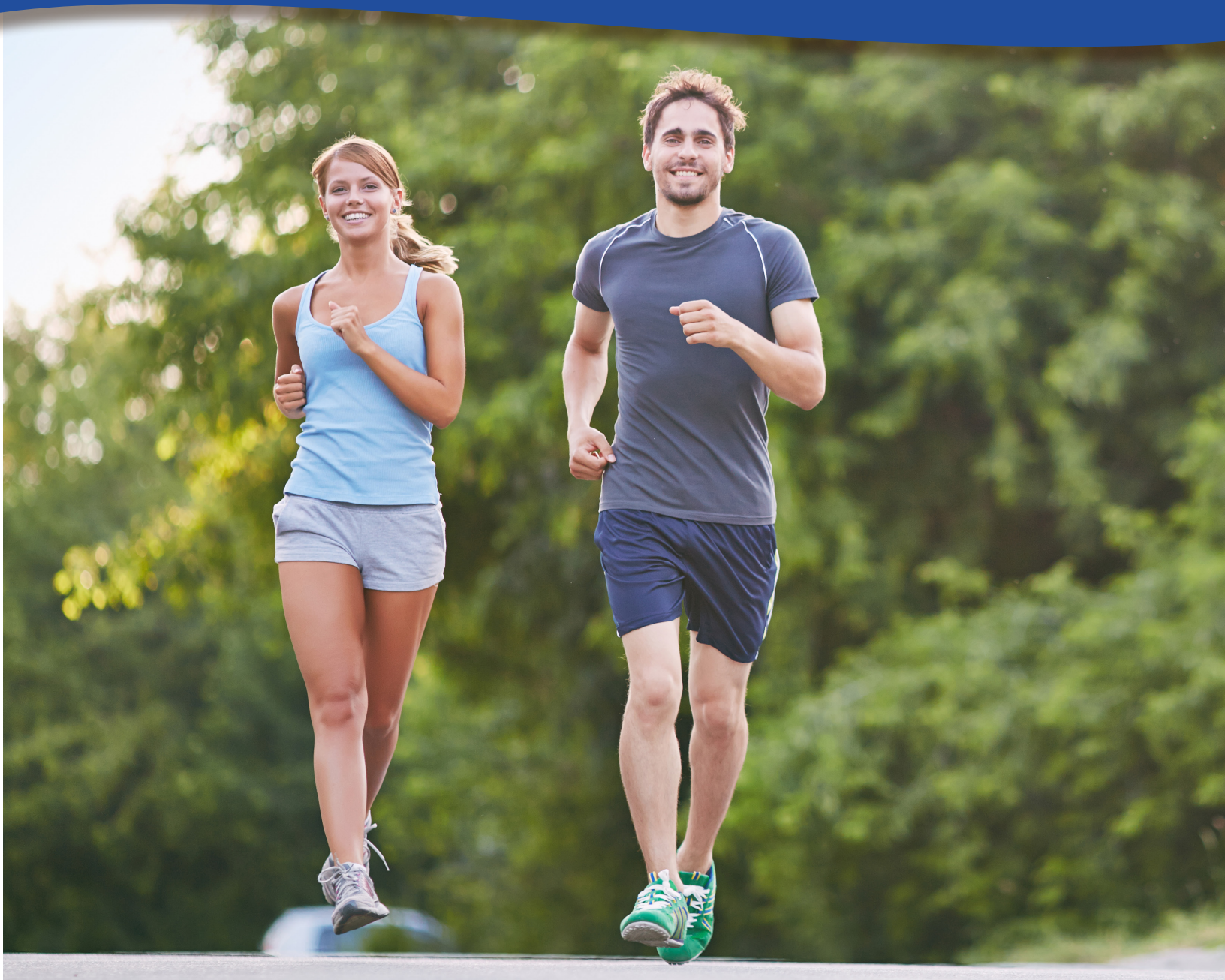


A Patient's Guide to Foot and Ankle Surgery



Animas
Surgical Hospital
Personal care. Better results.

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INTRODUCTION

As a foot or ankle pain sufferer, you're undoubtedly used to making decisions dictated by limitations. The pain from your condition can interfere with just about every aspect of your life — exercising, working, enjoying time with family and friends, and even getting a full night of sleep.

Now that you've decided on having foot or ankle surgery, this guidebook will cover what to expect at each step of the surgical process so that you have the information you need to proceed with confidence.

Any surgery is a big step. Medical professionals expect you to have questions, concerns, hopes and expectations. The information contained within addresses common issues and guidelines for care. The following information is meant as a general guide, and your individual progress and course may vary.

Please read this material carefully as you prepare for surgery. You may find it helpful to check off items completed and jot down questions about things you're not sure of. Make sure to go over pertinent information with your care team (doctor, therapists and nurses) as well. The more you know, the better prepared you'll be to take charge of your comfort and mobility again.

With compassion and respect,

Animas Surgical Hospital Physicians and Staff

ABOUT ANIMAS SURGICAL HOSPITAL

On behalf of the staff and physicians at Animas Surgical Hospital, we would like to welcome you to our facility and express our commitment to providing exceptional, safe patient care and compassionate service to all our patients and their families. Thank you for choosing Animas Surgical Hospital for your healthcare needs.

Since 2004, Animas Surgical Hospital has been delivering surgical excellence. We're proud to be owned and operated by local physicians who live and work in the Durango area and who are responsive to the health needs of the community. Because we're physician-owned, our experienced surgeons are able to advocate for new technologies and procedures. Our low patient-to-nurse ratios ensure near-zero infection rates and high rates of patient satisfaction. In 2017, 92% of patients polled stated that they would definitely recommend Animas Surgical Hospital. (That's 22 percentage points higher than the national average!)

Important Contact Information

Animas Surgical Hospital is a full acute-care hospital. You can find many of the same services offered at bigger facilities, but in a convenient location close to home.

Animas Surgical Hospital Front Desk	Call to be transferred anywhere in the hospital	575 Rivergate Lane, Durango	970-247-3537
Pre-Admissions Services	Testing and procedures before your surgery	575 Rivergate Lane, Suite 204, Durango	970-385-2356 Fax: 970-385-2387
Emergency Room	24/7 emergency services	575 Rivergate Lane, Durango	970-385-2364
Urgent Care	Walk-in treatment for minor injuries and illnesses	450 S. Camino del Rio / Hwy 550, Durango	970-385-2388
Occupational Medicine	Fast, convenient care for those hurt on the job	450 S. Camino del Rio / Hwy 550, Durango	970-385-2390
Diagnostic Imaging	X-ray, MRI, CT, Ultra-sound, DEXA, and more	575 Rivergate Lane, Durango	970-385-2375
Internal Medicine	Primary care for adults	575 Rivergate Lane, Suite 204, Durango	970-403-1340



MEET YOUR CARE TEAM

At Animas Surgical Hospital, you will have an entire team dedicated to ensuring your success and making sure that you are as comfortable as possible during your stay. Please do not hesitate at any point to ask questions.

Podiatrist

Your surgeon is the leader of your surgical team and is board-certified in podiatry procedures.

Physician Assistant

Your physician assistant (PA-C) will assist your surgeon in the operating room and with pre and post-operative care. Your surgeon and physician assistant will work closely with you from your first visit throughout your recovery.

Anesthesiologist

Your anesthesiologist will review your medical record and decide on the best plan for surgical anesthesia. Most often, they will be providing you with a “regional block” to numb your lower leg. This block will be done in the pre-operative unit. They will explain every step of the procedure to numb the nerves that would cause you pain after surgery. You will also undergo general anesthesia in the operating room and wake up in recovery with your foot and ankle still numb. The numbness will slowly decrease over time, typically 10-14 hours. You may have a “pain ball” that is filled with numbing medicine (ropivacaine). This ball of medicine slowly infuses around the nerves to help decrease pain.

Pre-operative Nurse

Prior to surgery, your **Pre**-operative nurse will escort you to the Pre-operative Department and begin to prepare you for surgery. Remember, no make-up, no jewelry, and no lotions on your body. After about 30 minutes, your family member/caregiver will be able to accompany you in the Pre-operative Department. The nurses will interview you to clarify your name, date of birth, surgery to be performed, surgical site, drug allergies, medications, last time you had anything to eat or drink, history of infectious diseases, recent illnesses, open wounds, complications with anesthesia, and advance directives. They will start an intravenous line for any medications your doctor has ordered for you. The pre-operative nurse ensures you have a safe ride home from the hospital. You will not be able to drive after surgery and must arrange a ride home. After all your preparation is completed you will proceed to the operating room with the anesthesiologist and our operating room nurse by your side.

Post-operative Nurse

After surgery you will recover in the Post Anesthesia Care Unit (PACU). The **post**-operative nurses are intensively trained in the recovery of patients following surgery. They will monitor your vital signs, control your pain and assess your surgical site. . Once you are comfortable and alert, they will move you to a different area in the PACU unit termed “Phase 2” area until you are ready for discharge home. Once you are in the Phase 2 area your family/caregiver will be able to sit with you until discharge. Discharge instructions, prescribed medications, and a follow-up doctor appointment will be given to you at this time. You may have a brace or splint on your leg and will be shown how to take the brace or splint on and off. If your surgeon does not want you to put any weight on your operative leg, please bring your crutches or walker with you to the hospital. It is recommended that you practice with your crutches or walker prior to your surgical procedure.

Hospital Staff

There are many specialists whose services you may require including receptionists, dietitians, lab technicians, x-ray technicians, and housekeeping staff. All members of the team will work to make your hospital stay a success.



ANKLE & FOOT SURGERY

The complexity of the foot and ankle anatomy is extensive. There are as many as 33 bones, 6 joints and very many muscles, ligaments and tendons that make up the foot and ankle. These all work together allowing weight bearing, movement, and the stability needed for balance.

The foot bones are divided into 3 main

categories: the hindfoot, midfoot and forefoot. Traumatic fractures, chronic wear, and deformities are some of the conditions that affect the boney structure of the foot and ankle.

- The **Hindfoot** includes the ankle joint located at the bottom of the leg where the ends of the tibia and fibula bones meet the ankle bone (the talus). Included in the hindfoot is the heel bone (the calcaneus).
- The **Midfoot** has 5 bones that make up your foot arch. Their job is to act as a shock absorber for the foot. There is a navicular, cuboid and three cuneiform bones in the midfoot.
- The **Forefoot** has nineteen bones. Five of these are metatarsals which connect the midfoot to the toes and fourteen bones that make up the phalanges or toes themselves.



The muscles of the foot are divided into two groups:

- The **Intrinsics** are the muscles that are found in the foot itself. They are termed the top (dorsum) or the bottom (plantar) area of the foot.
- The **Extrinsics** muscles are located at the front and back of the leg. These attach to the foot and are commonly called the calf muscles (gastrocnemius) and the deep calf muscle (soleus).

The muscles work as a team, one must relax so the other muscle can contract. This allows for movement, and to help maintain the proper shape of the foot. Muscles attach tendons to bones, tendons attach bone to bone.

Ligaments of the foot and ankle are extremely strong. They are thick bands of fibrous tissue that connect bone to bone. There are eleven ligaments that surround the ankle. The ligaments are extremely important part of the ankle anatomy because they are the stabilizers for the ankle. Ligament ruptures, tears, or strains are extremely common injuries of the ankle causing swelling, pain, and the possibility the inability to weight bear on the extremity.

Your surgeon will explain the exact damage that is causing your discomfort and the treatment recommended. Tears in the cartilage between the bones, tendon ruptures, ligament damage, or structural deformities, may warrant surgical repair. Some repairs involve placement of hardware (open reduction, internal fixation, ORIF) to stabilize the joints or even a complete replacement of the ankle (Total Ankle Replacement, TAR).

PREPARING FOR SURGERY

Before Surgery:

Choose a Surgery Coach:

This can be a friend or family member that should be available to assist you with daily activities and transportation needs. This is a vital part of your safety and recovery so arranging a coach is very important. If you live alone, please arrange for someone to stay with you the night following your surgery.

Stop Smoking:

Studies have shown that using nicotine products inhibits bone and soft tissue healing and delays healing. Being nicotine free helps increase a successful outcome. Be honest with your surgeon about smoking any products.

Medications to Stop:

Anti-inflammatory medicines such as ibuprofen, Naproxen, Celebrex, and Advil need to be stopped 3 days prior to surgery. These medications slow the clotting time of your blood and will increase bleeding.

If you are on blood thinners such as coumadin, Elequis, rivaroxaban, or plavix, these will need to be stopped prior to surgery once approved by the physician managing these medications. It is very important to know when to stop and resume any prescription blood thinners. Contact your prescribing physician for instructions on medication management. All medication information will need to be in your chart for your surgeon to review.

Herbal remedies such as St. John's Wart, Ginkgo Biloba, Ginseng, and diet aides can also increase bleeding. These must be stopped 2 weeks prior to surgery. Ask your surgeon when it is safe for you to resume any herbal supplements.



Prepare Your Medical Power of Attorney, Living Will, CPR directive:

If you have these documents prepared, bring them to the hospital for your medical record. If you would like more information on them there are multiple web based sites, search in your states publications for "Your Right to Make Healthcare Decisions". Here are just two of many sites with information on the subject.

Colorado link: coloradoadvancedirectives.com/wp-content/uploads/2014/07/YRTMHCD
New Mexico link: https://www.aarp.org/.../caregiving/2011_01/ad/NewMexico.pdf

Will I Need to Purchase Any Equipment Prior to Surgery?

- You may need to purchase crutches or a walker. Obtaining the crutches or walker prior to your surgery and practicing with them will help you after your surgery when you will need to use the device for walking. Crutches and walkers are available at most pharmacies. Check the labels for proper size depending on your height.
- Your surgeon may recommend you to use a “knee scooter.” These devices are very stable and allow for safe travel with little effort. The correct position of the knee pad and steering column height will vary from person to person. You should be able to stand with your injured leg supported on the knee rest at a 90 degree angle. The hips should be even when your uninjured leg is flat footed on the floor. Always engage the brakes prior to mounting and dismounting the knee scooter. Start off slowly by pushing with your uninjured leg, practice using the brakes, and maneuvering around obstacles. If your surgeon recommends a knee scooter, discuss with them the different avenues to obtain the correct device for you.
- Whatever device your surgeon recommends, crutches, walker, knee scooter or a combination of mobility devices, it is a very good idea to practice using them prior to the surgical procedure. Practicing may help to decrease your anxiety and ensure you are safe after surgery.
- Your surgeon may recommend a shower bench/chair to use while bathing. These are available at most pharmacies and readily available on line. If applicable, ensure the weight limit on the chair is appropriate for your body weight.
- Your surgeon may advise you to rent or purchase ice packs or an “ice machine.” An ice machine has a small water pump inside a cooler and a pad that can be placed over the operative area. It circulates cool water around the knee to minimize swelling. They are available through the orthopedists office or on-line vendors. Otherwise, use of ice packs 4-5 times a day will also help minimize swelling.

Further suggestions on items that will help you around your home will be mentioned in the section of this manual, “preparing your home.”

After Surgery

Walking after Surgery:

If you are permitted to bear weight through your leg, it is important you ambulate after surgery. Some surgeries will require you to not place any weight on your foot or ankle and others will allow partial weight bearing or full weight bearing. Clarify the weight bearing status of your particular surgery prior to ambulating. Wear shoes with good traction and are comfortable. High heeled boots or shoes are not allowed. Have someone walk with you at first, and carry a phone in case of emergency. Walking helps get a good blood supply to your surgical area and helps prevent blood clots and pneumonia. Always use assistive devices, walker, crutches or the knee scooter as instructed from your surgeon. Do not walk too far or become too fatigued, it

is better to slowly increase your activities. Over exertion can cause increased pain and swelling of the surgical repair. Refer to the “How to Walk with Crutches/Walker” teaching guide located towards the end of this guidebook.

Travel after Surgery:

Traveling by plane is generally not recommended after your surgery. Please consult with your surgeon if you plan to travel by plane within 3 months of your surgery. Keep in mind that frequent change of positions is necessary to decrease the risk of blood clots. If traveling by car, stop every hour, get out and walk around for a few minutes to decrease the risk of blood clots and stiffness in the surgical area. Wiggle your toes and perform ankle pumps to help keep the circulation moving in your legs.

Returning to Work:

Since work activities vary with each individual, please discuss the return to work with your surgeon. Check with our surgeon prior to increasing activity. It is important to plan of returning to activities slowly and very gradually as you progress through your recovery. If you become tired or are having increased pain, you may be pushing yourself too fast. Be prepared to elevate your leg if swelling becomes excessive or painful.

Constipation:

Opioid pain medication can be VERY constipating! You WILL need to take over-the-counter laxatives daily till you have regular bowel movements. Please refer to the “Preventing Constipation” sheet for the recommended medication to take following your surgery.

PREPARING YOUR HOME

- Always keep a **phone** nearby in case of emergency. Take it with you if you are out walking by yourself.
- As previously mentioned, you should find **someone who will be available to help you** for about one week after your surgery. This may be a responsible family member, friend or spouse. If you do not have a plan for someone to stay with you, you will need to discuss this with your surgeon.
- You may need to **rearrange furniture** so there is a clear path to maneuver while wearing a shoulder brace. This also includes outside your home with planters or narrow access areas in garages
- **Place a table** next to the area where you may spend time relaxing after surgery to hold snacks, pain medicine, and your telephone.
- Good lighting is very important. **Install nightlights** in bathrooms, bedrooms, kitchens, stairwells, and hallways.
- **Remove any objects that might cause you to trip**, including loose throw rugs and extension cords.
- Pets may become very excited to see you and trip or knock you over. Have your caregiver **keep pets in a different area** till you are settled at home. Be aware of where pets sleep as to not cause you to fall. Remember, you may need to arrange for someone to care for pets while you are at the hospital.
- To prepare your kitchen, you may want to **prepare and freeze some nutritious meals** in advance. Arrange pots, pans, bowls and your dishes so you do not need to reach down into cabinets. This can be quite challenging with an ankle split/cast and a mobility device.
- **Prep your bathroom.** Shower or bath rails can reduce the risk of a fall in the bath. These should be installed prior to your surgery. A shower caddy will help keep soaps within safe reach so you will be able to reach them; eye level is preferred. A hand-held shower head and a long-handled sponge can be extremely helpful. Place toilet paper rolls where they can be reached.
- When sitting, **use a firm chair with armrests** that you can get in and out of easily. You are permitted to sit in a recliner with your legs elevated. Make sure the back of your leg is supported if your recliner has a gap between the leg rest and the chair itself. Propped up pillows will work for support.
- **Plan to have someone help you with basic chores.** You may need help doing housework, laundry, shoveling snow or getting groceries or the mail. Plan in advance to have help from your “coach.”

- **Stairways can be dangerous.** Depending on your surgery, you may be instructed on stairs prior to discharge. Move things if necessary to avoid frequent trips up and down stairs. This may also include your bed. If warranted, stay with a friend for the first week if your home requires significant altering to be safe.
- **Clothing for foot and ankle surgeries** should have loose waist bands and leg openings so they can fit over your surgical repair. Cotton is a nice material due to its ability to absorb moisture as these braces tend to cause sweating under them. Sweat pants and elastic wadded pants are some examples of clothing that are both easy to put on and take off. Clothing that is a size or two larger may be required and can be purchased at thrift stores. Shoes should be sturdy, with low heels and easy to don and doff. Velcro closures or shoes that can be slipped on your foot are acceptable attire. Athletic shoes with the laces slightly loosened can be slipped on and off without difficulty and provide excellent traction.

Some examples to keep in mind when you are preparing your home are carrying objects that may be difficult to carry while using crutches, purses, computers, juice/milk containers, meals on plates, pets, pet food bags and their water bowls, laundry, houseplant watering cans, hoses, firewood, and small children are all potential areas where you may need assistance. Backpacks, walker bags, and water bottles that seal, are all items that may be helpful.

Please take time to pay attention to what you normally would move without thinking of it, plan more time to do your activities of daily living, and do not sacrifice your surgery by doing something that may cause you to weight bear if you are not allowed, or to trip and fall. It is just not worth it.

Now you are well on your way to a successful and safe recovery!

HELPFUL POST-OPERATIVE NUTRITION GUIDELINES

Good nutrition can help support your healing after surgery. Areas in which appropriate nutrition may aid in post-operative healing/comfort include: meeting your protein needs, relieving constipation, appropriate food textures, eating adequate, specific vitamins and minerals and reducing inflammation. Taking extra time before your surgery to prepare or plan for good nutrition after surgery will likely prove beneficial. Consider making and freezing foods that can be reheated, creating meal/snack plans and grocery shopping pre-operatively. Also, if possible, be sure you have the help you need when you arrive home. Continue with these recommendations until your surgical site is completely healed.

Protein: Eat protein 3 or more times a day

- Protein is especially important following surgery as it helps repair damaged body tissue and form antibodies to fight infections.
- Good, healthy sources include: fish, seafood, lean poultry, nut and seeds, legumes (beans), tofu, eggs and red meat.
- Dairy foods also have good amounts of protein but can be cause constipation and so should be eaten in moderation.

Constipation: Commonly occurs in post-surgical patients due to narcotic pain medications and inactivity.

Try these tricks to **decrease risk** for constipation **(do this)**:

- Follow your surgeon's recommendations and the "Preventing Constipation" section of this guidebook.
- Staying hydrated is top priority in avoiding constipation. Aim for at least 60-90 ounces per day or more if you are a larger person.
- A high fiber diet is also very helpful in combating constipation. Eat whole foods (an apple rather than apple juice) and whole grains rather than processed grains (brown rice rather than white rice). Supplement with powdered fiber drink, if needed (Metamucil).
- Drinking 4-8 oz of prune juice can often stimulate a bowel movement.
- Walking can help your bowel move and therefore decrease risk of constipation.

These foods are associated with an **increased risk for constipation** and should be ***avoided*** or eaten in limited quantities;

- Milk, cheese, and dairy products-- a little yogurt is acceptable.
- Refined/processed foods- such as white bread, white rice, packaged high calorie snack foods (such as potato chips, cookies, and pork rinds), and boxed meal mixes.
- Large amounts of red meat, beef.
- Sweets- including pastries, candies, cakes and other sugary foods.

Inflammation: These foods are associated with a reduction in inflammation and pain after surgery and *should* be included in your diet.

- Fatty fish such as salmon and trout. A fish oil supplement (1000-2000mg a day) may also aid in reducing inflammation.
- Walnuts and almonds, dark fruits such as all berries, eggplant and grapes, onions, garlic and leafy green vegetables.
- Soy products such as tofu and edamame, extra virgin olive oil, flax seeds, flax meal, and green and black tea (herbal teas have not shown to have the same anti-inflammatory benefits).
- Be sure to avoid any foods you know that you are sensitive too. For example, if you are lactose intolerant, even if your normal reaction is mild, avoid it while you are recovering.





Vitamins, minerals & supplements:

Many vitamins and minerals can help reduce inflammation, as well as accelerate wound healing after surgery. It is recommended to obtain these from food rather than supplement.

- **Vitamin A** - Stimulates the immune response and important in skin healing. Good sources of Vitamin A include carrots, leafy greens, red bell pepper, sweet potato, and cantaloupe.
- **Vitamin C** - Is associated with wound healing. It aids in formation of collagen in bones, cartilage, muscle, and blood vessels. Good sources include kiwi, oranges, tomatoes, strawberries, broccoli, bell peppers, and potatoes.
- **Vitamin D** - Is an essential nutrient in the formation, maintenance, and repair of bones. Good sources include fortified milk, egg yolk, salmon, tuna, and direct exposure of skin to sunlight (10 minutes, two times per week).
- **Calcium** - Is an essential mineral for bone repair and soft tissue healing, proper blood clotting and muscle contraction. Milk and milk products, as well as dark green leafy vegetables are good sources.
- **Zinc** - It may accelerate wound healing in patients following surgery. Primary sources include oysters, lean meats, fish, poultry, legumes, whole grain breads and cereals.
- **Probiotics** - eating foods with live cultures daily (yogurt, sour kraut, kefir, kim chee, etc.) or taking a daily probiotic supplement is encouraged post-operatively for 2-3 weeks, specifically after antibiotics are finished.

Eat well and make good choices in supporting your recovery!

PREVENTING CONSTIPATION

Opioid pain medication can be VERY constipating! Please consider taking over-the-counter laxatives twice a day in order to have regular bowel movements while taking narcotic medications.

Your doctors recommend that you take:

- Colace (dulcolax) twice a day

If you are still constipated, take these medications;

- Senokot-S two tabs in the morning and 2 tabs in the evening.
- 1 capful (17 gm.) of polyethylene glycol (Miralax) dissolved in a glass of water or juice twice daily.

If you still have constipation; take more Miralax until you have a soft stool. You can't overdose, it will give you diarrhea.

If you start to get a loose stool as you take less opioid pain medication, then decrease or stop the polyethylene glycol (Miralax), and stop the others one by one as you are having more regular bowel movements.

Other treatments for constipation include:

- Prune juice
- Smooth Move Tea
- Psyllium husk fiber (Metamucil, etc.).
- Flax seed (1 tsp. in a glass of water or juice followed by plenty of water).
- Walking also encourages bowels to move and is encouraged.

You may prefer a more natural approach, but often the opioid pain medicines are so potent that the natural approach alone is inadequate.

**Call your physician if you do not have
a bowel movement in three days.**

MEDICATION EDUCATION

ASK 3, TEACH 3

Animas Surgical Hospital encourages patients and their family or caregivers to become engaged in the medication communication process as partners.

As a patient, you and your family or care providers should ask these three questions every time you receive a medication in any hospital:

ASK 3:

1. What is the name of the medication?
2. Why do I need to take it?
3. What are the possible side effects of this medication?

Your nurse will answer these questions in a “teach 3” format:

TEACH 3:

1. The name of this medication is.....
2. This medication was prescribed for.....
3. The potential side effects of this medication are.....

If you have any question about your medications, ask your nurse, doctor or pharmacist for clarification.

INCISION CARE

Foot and ankle surgeries generally do not require daily incision care, but you may be asked to apply clean Band-aids after showers or if they become moist. You will be instructed on how to care for the wounds at the time of discharge or during your first post-operative appointment. If your dressing becomes saturated, you may reinforce the dressing by adding more gauze to the outside of the dressing, not exposing the actual surgical area, and re-wrapping your ace wrap. Always wash your hands thoroughly prior to changing any bandage.

Unless your doctor tells you to, never apply any creams or lotions to the incision. You should also avoid wearing tight clothing that will rub against the incision while it is healing. If your splint or brace is causing sore or “hot” areas on your skin, try padding the area with extra layers of soft clothing or cloth. If it continues, contact your surgeon for evaluation. Blisters or macerated skin is a source of infection and should be avoided during the recovery period. Never use any device to scratch areas inside your cast or brace. Never shove extra material inside your cast or brace.

How to Perform Daily Dry Dressing Changes

If you are asked to do any incision care, follow the general guidelines outlined below. An incision should be kept clean and dry at all times to help promote healing and reduce the risk of infection. Always wash your hands prior to any contact with dressings or your incision.

You will receive specific instructions on your daily dressing change depending on the surgery you have had.

Supplies required are non-stick telfa with tape, or sterile Band-aids, that are big enough to cover the entire incision. If you have open wounds on your hands wear medical gloves during dressing changes. Wearing gloves will help avoid germs from open hand wounds from getting on your dressings. All supplies can be purchased at the drug store.

1. You should have a clean work surface on which to place all supplies you need. You may want to use a clean towel to cover your work surface.
2. Make sure you have all supplies handy before beginning the dressing change.
3. Always wash your hands thoroughly with soap and water before touching the dressing. If applicable, put on gloves after washing hands.
4. Remove the old dressing and tape from around your incision and discard in the trash, remove gloves.
5. Inspect the incision and surrounding area. Despite the best care any wound/IV site can become infected. Do not touch the incision with your hands.
6. Wash your hands again. Doing so will avoid any germs from your old dressing from getting on the new dressing, put on a new set of gloves.
7. Open and place dressing (s) over your incision and tape in place. It is recommended that you have at least one piece of tape handy to hold the dressing (s) in place while you prepare more tape. To secure the dressing, be sure to cover all edges of your new dressing with the tape.
8. Remove gloves, wash your hands and place all supplies in a clean area for the next dressing change. Remember, if you have questions on dressing changes, incisional changes, or any other concerns contact your health care provider, Home Health nursing staff, or proceed to the emergency room.

RESTRICTIONS AFTER SURGERY

Do not leave the hospital unless you have a thorough understanding of your discharge instructions. Please don't hesitate to ask your doctor or nursing staff for clarification.

Discharge instructions vary between patients depending upon the extent of surgery you had. Below are some general rules, but always follow your specific discharge instruction given to you following your surgery. If you do not understand these instructions, discuss it with your nurse. They may need to call your surgeon's office for clarification.

- Keep the brace/splint on as indicated, removing it only as directed by your surgeon. Please do not try to remove your cast yourself!
- Do not put weight on the surgical repair unless instructed to do so by your surgeon.
- Do not smoke
- Do not drive while under the influence or not released by your surgeon to do so.
- Walk daily to improve circulation, prevent blood clots and reduce the risk of pneumonia.
- Change positions frequently
- Do not sit for a long period of time
- Keep incision clean and dry
- No baths or hot tubs until approved to do so by your surgeon.
- Wear compression stockings until you are mobilizing frequently or your surgeon directs you to remove them.
- Do not resume anti-inflammatory medication until approved by your surgeon

WHAT ISN'T NORMAL?

Report any of the following concerns to your surgeon:

- Increased redness around the incision area.
- Increased pain at the incision site.
- Excessive swelling at your incision or any red streaks.
- Drainage coming from or around the incision that looks or smells like pus.
- Bleeding from the incision.
- Temperatures that are above 101 degrees.
- Unresolved nausea or vomiting.
- Your lower leg becomes cold, blue or numb
- Pain in your calf, your calf is red or swollen. This may be a sign of a blood clot and should be evaluated immediately.

**Chest pain or shortness of breath is considered a medical emergency.
Seek immediate medical attention.**

You will be contacted by phone from Animas Surgical to check on your recovery process. Usually this phone call is made the following day after you are discharged from the hospital.



FREQUENTLY ASKED QUESTIONS

How long is my hospital stay?

Depending on your recovery process, you may go home the day of surgery. You must plan to have a responsible person to take you home and remain with you while freshly recovering from your surgery. If you live alone, it would be best to have someone stay with you the first night or plan to stay at a friend/family house. Some procedures will require you to stay overnight or longer in the hospital. Ask your surgeon what the planned length of stay will be for your particular situation.

How long will I be on pain medication?

Most patients take pain medication for approximately 1-4 days after surgery. You may use Tylenol (acetaminophen) for discomfort but do not take more than 3000 mg of Tylenol in a 24 hour period. Keep in mind that many medications contain Tylenol as the second ingredient and should be included in the daily 3000 mg total.

Elevating your leg will help decrease swelling in your foot and ankle. The proper way to elevate the leg would be to position it so the foot is higher than the knee and the knee is higher than your heart. You may have your head propped up on pillows.

Icing the knee will help reduce both pain and swelling. You may make an ice pack out of a frozen bag of peas, beans or ice in a Ziplock bag. You may rotate your ice pack through the freezer to keep it frozen. Always wrap an ice pack in either a towel or a pillow case. Never place ice directly on the skin, it may cause damage to your skin. Ice the knee for 20 minutes on and 20 minutes off. Use a timer to help keep track of the time, do not fall asleep with ice on the knee.

When can I drive?

Being released by your surgeon to drive varies greatly depending on your procedure. You are not permitted to drive while taking narcotic pain medicine or directly following anesthesia. Discuss when you will be permitted to drive with your surgeon.

When will I start physical therapy?

This again depends on your surgical repair. Generally patients start physical therapy 3 to 10 days after surgery. Your surgeon will inform you when it is time to set up physical therapy appointments. Please keep in mind you may require transportation to and from therapy sessions. You may want to take a pain tablet 30 minutes prior to your therapy session or prepare to ice the extremity after your therapy session.

How long do I need to wear my compression stockings?

Continue to wear your compression stockings till you are fully recovered from surgery and ambulating on a regular basis. They may be removed for washing. They are designed to fit tightly so you may require assistance putting them back on. Use caution when ambulating without a shoe or slipper, the stocking is slippery and may cause you to fall.

When can I get in a swimming pool or hot tub?

You are not to immerse yourself in a pool/hot tub until permitted to do so by the surgeon.

Water from pools/hot tubs can soak into the surgical site and may increase the risk for infection.

When is my post-operative appointment? Your post-operative appointment will be arranged prior to your discharge from the hospital. Remember you may not be released to drive at this time. Please plan extra time for this appointment and remember to bring a list of your questions for the surgeon.

Returning to Work

Since work activities vary with each individual, please discuss the return to work with your surgeon. Check with your surgeon prior to increasing activity. It is important to plan on re-entering activities slowly and on a limited schedule. If you become tired or having increased pain you may be pushing yourself too fast.

MY QUESTIONS/NOTES

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

PRE-SURGERY CHECKLIST

- _____ Confirm whether you will need **crutches, walker, or knee scooter**.
- _____ Confirm a **physical exam** with your Primary Care Provider if needed.
- _____ **Bring any routine home medication** in their original bottles to all appointments.
- _____ **Confirm your pre-operative appointment** with your Surgeon's office. If required, confirm a Pre-admission (PAS) appointment at the hospital.
- _____ If instructed, **Chlorhexidine (CHG) showers** begin 2 days prior to surgery.
- _____ **Fill or pick up any prescription medications** prior to surgery, including stool softeners. Consider taking stool softeners prior to surgery. Bring all your medications with you to surgery.
- _____ **Obtain equipment or other items** for home that you may need. Examples are crutches, walker, frozen meals, and ice packs. Practice with crutches or walker prior to your surgery. An elevated toilet seat can be helpful as well as a shower chair.
- _____ **Prepare your home for surgery.** Pick up throw rugs, cords and clutter. Arrange furniture and sleeping areas to allow for crutch or walker use.
- _____ **Prepare for the surgery day** by gathering your crutches or walker, cell phone, loose fitting clothing (to fit over dressings or a brace) the day before surgery. Wear a pair of shoes that are supportive with a low heel. You may bring a book or magazine to read while waiting in the Pre-operative area.
- _____ **Make a Physical Therapy appointment** for 3-7 days after surgery if recommended by your surgeon.

