



Surgical **Booklet**

DR. ALLISON L. BODEN, M.D.

Surgical Booklet

Dear Valued Patient,

Thank you for allowing our team the opportunity to take care of you. Providing an excellent and unparalleled surgical experience for you is of the utmost importance to us. We have created this booklet as a guide for you for your upcoming procedure.

Please thoroughly read through all of the necessary sections to appropriately prepare for your surgery day. My team and I hope that you find this information helpful as you work towards a better, more active lifestyle. If you have any Questions or concerns, please do not hesitate to call (502) 588-4521 or send us a message through MyChart.

Sincerely,

Allison L. Boden, M.D.

Important **Contact Info**

Practice Manager

Natasha Lonnon

natasha.lonnon@uoflhealth.org

Medical Records Request

(502) 562-3062

Physical Therapy

Frazier Rehab PT

(502) 681-1682

Clinical Questions

Dr. Boden's Office

(502) 588-4521

or send a message through MyChart
during business hours

Before Surgery **CHECKLIST**

- ☐ Obtain Preoperative Clearance if instructed by Dr. Boden and have results faxed to the office **at least 1 week prior to surgery**. Failure to do so may result in rescheduling your procedure. Fax: (502) 588-9542
- ☐ Set up initial postoperative appointment with our office
- ☐ **Medications:** Stop taking medications as instructed by your PCP.
 - 2 weeks before surgery stop dietary supplements, narcotics, and NSAIDs.
 - 7 days before surgery Stop blood thinners unless instructed otherwise by the prescribing provider. Stop cannabis use. Stop Ozempic.
 - 24 hours before surgery Stop alcohol use.
- ☐ **Durable Medical Equipment** Get fitted for braces, crutches and review cold therapy units before surgery, if indicated. Cold therapy is effective at reducing pain and swelling postoperatively - it is always a good idea to use cold therapy
- ☐ **Midnight the night before surgery** Do not eat or drink between now and your surgery

Information **about SURGERY**

Surgery Date

Your surgery is scheduled for _____
at the following location: _____

- A nurse will contact you after 3 PM on the business day prior to surgery with instructions including the time to arrive at the hospital and where to go. If you have not heard from the hospital by 3 PM the day before your procedure, please call 502-588-4521.
- On the day before surgery, you may eat a normal diet. However, do not eat any solid food after midnight. You may have clear fluids up to 3 hours prior to your surgery (ginger ale, water, and apple juice). No milk or dairy products.
- Arrive on time to the surgery center. If unforeseeable delays arise, please contact either our office at (502) 588-4521 or the appropriate surgery center as soon as possible.
- **You must have a family member or guest take you home if you have an ambulatory surgery, which means that you leave the hospital on the same day as your surgery. Kentucky State law requires that ambulatory patients have an escort to take them home. You CANNOT call a car service to take you home.**

Please Bring

- A legal picture identification.
- Insurance Card.
- Assistive devices/DME/Cold Therapy that you might have.
- Paperwork if not submitted previously.
- Medication list.
- Non-slip, flat, closed toe, athletic or walking shoes.
- One credit card if needed for the day.
- A book, magazine or hobby item.

Please Do Not Bring

- Jewelry and piercings.
- Valuables.
- Remove contacts and wear eyeglasses.
- Remove acrylic nails.

Day of Surgery **CHECKLIST**

Arrive on time to the surgery center. If unforeseeable delays arise, please contact either our office at (502) 588-4521 or the appropriate surgery center as soon as possible.

Please Bring or Wear:

- One form of legal picture identification
- Health care Insurance Card
- Assistive devices/DME/Cold Therapy that you might have
- Diagnostic tests (x-ray, CT, MRI) If not performed at UofL
- List of medications with dosages
- Non-slip, flat, closed toe, athletic or walking shoes
- One credit card
- A book, magazine or hobby item
- Eye glasses Instead of contact lenses
- CPAP mask attachment and a record of the settings

Please Do Not Bring or Wear:

- Jewelry and piercings
- Valuables
- Contacts lenses
- Acrylic nails.

After Surgery **CHECKLIST**

- ☐ **Pain Management** Please refer to the Pain Management section, then contact our office if pain is not well managed
- ☐ **Wound Management** Please refer to wound management section.
- ☐ **Diet** Resume normal diet the day of surgery
- ☐ **Preventing Blood Clots** Perform home ankle pump exercises and take aspirin, xarelto or lovenox as instructed.
- ☐ **Elevation** Please start immediately following surgery. Your operative leg should be elevated ABOVE the level of your heart for 90% of the time for at least the first 2 weeks following surgery to reduce pain and swelling.
- ☐ **Physical Therapy** If necessary, this will begin after your first post-operative appointment. Clear physical therapy Instructions will be provided In clinic.

BEFORE SURGERY

Before Surgery

Do I need preoperative clearance?

If instructed by Dr. Boden, you are required to obtain preoperative medical clearance. Preoperative clearance is performed through UofL pre-admission testing (PAT). Once you have a surgical date, our office will help you schedule your appointment with PAT between 10 to 28 days prior to your surgery date. The PAT visit will determine if you need any further imaging, labs, or specialty clearance prior to surgery.

If the PAT requires additional screening after the initial evaluation, it is the patient's responsibility to obtain further testing before proceeding with surgery.

If any specialists (such as a pulmonologist or cardiologist) are involved in patient care, additional clearance from the respective specialist is required.

Medical clearance results may be faxed to 502-588-9542.

Medical clearance must be obtained within 30 days of surgery. Please ensure our office has received clearances at least 7 days prior to your procedure. **Failure to obtain medical clearance may result in the cancellation of surgical procedures for the safety of the patient.**

Postoperative Appointments

Office Visit

Make a post-surgical office appointment as directed by our team.

Before Surgery

Medications to Stop Before Surgery

14 Days Before Surgery, You Need To STOP:

- Any Narcotics (such as Vicodin, Norco, Darvocet, Percocet or Oxycontin)
- Stop NSAIDs (Advil/ibuprofen, Aleve/naproxen, etc.)*
 - If pain is severe, you may take Advil as needed, but try to limit as much as possible
- Discontinue Diet Supplements (i.e. Phentermine)

7 - 10 Days Before Surgery, You Need To STOP:

- Blood thinners with written permission from your physician (example: Plavix, Coumadin, Warfarin, Xarelto, prescribed Aspirin)
 - If your PCP or cardiologist does not advise stopping blood thinners prior to surgery, please notify our office as soon as possible via phone (502-588-4521) or MyChart message.
 - Please discuss with your prescribing physician when you should resume blood thinners following surgery.
- Ozempic

24 Hours Before Surgery, You Need to STOP:

- ACE inhibitors unless otherwise instructed : Benazepril/ (Lotensin), Captopril (Capoten), Enalapril(Vasotec/Renitec), Fosinopril (Monopril), Lisinopril (Lisodur/Lopril/Novatec/Prinivil/Zestril), Perindopril (Coversy/Aceon), Quinapril (Accupril), Ramipril (Altace/Tritace/Ramace/Ramiwin), Zefenopril, Candesartan (Atacand), Eprosartan (Teveten), Irbesartan (Avapro), Losartan (Cozaar), Olmesartan (Benicar), Telmisartan (Micardis), Valsartan (Diovan)
 - ACE inhibitors can generally be restarted after surgery. Please check with your prescribing physician regarding when it is safe to resume these medications.

Medications That Are Okay To Take Prior To Surgery:

- Tylenol
- Celebrex
- Glucosamine Chondroitin Sulfate
- Daily Vitamins

If you are taking any other medications that are not listed, **review with your primary care physician.**

Before Surgery

Durable Medical Equipment

If Dr. Boden asked you to get any special DME for your surgery, make sure to do this as soon as you can so that you can be prepared for your post-operative recovery.

Acknowledgement Of Patient Responsibility

You are currently scheduled for surgery with Dr. Allison Boden and may be prescribed durable medical equipment for postoperative use. Equipment may include a brace, CAM boot, orthotic, knee scooter, or an ice compression device (ankle). It is recommended that you use the equipment prescribed to facilitate your postoperative recovery and rehabilitation. We believe that when prescribed, these devices are an integral part of achieving a successful outcome.

Following your surgery, if the insurance does not cover the prescribed equipment, the company will submit a letter of medical necessity to your insurance to appeal this decision. There is no guarantee of payment and certain insurance policies will not cover equipment, regardless of the significant benefit and medical necessity. Please contact your insurance company prior to your surgery to verify your Durable Medical Equipment (DME) benefits.

DAY OF SURGERY

Day of Surgery

Instructions

- Do NOT eat or drink anything after midnight before your surgical date.
- Do not drink alcohol or use recreational drugs for 24 hours prior to surgery and for 24 hours after, and for the duration that you are on narcotic pain medications.
- If you use an inhaler on a regular basis, please bring it with you to your procedure.
- Do not take Angiotensin-converting enzyme (ACE) inhibitors on the day of surgery: Benazepril/ (Lotensin), Captopril (Capoten), Enalapril (Vasotec/Renitec), Fosinopril (Monopril), Lisinopril (Lisodur/Lopril/Novatec/Prinivil/Zestril), Perindopril (Coversy/Aceon), Quinapril (Accupril), Ramipril (Altace/Tritace/Ramace/Ramiwin), Zefenopril, Candesartan (Atacand), Eprosartan (Teveten), Irbesartan (Avapro), Losartan (Cozaar), Olmesartan (Benicar), Telmisartan (Micardis), Valsartan (Diovan).
- If you have an illness such as a cold, fever, sore throat, or stomach or bowel upset, please notify the office as soon as you can.
- Contact lenses, jewelry, piercings in and around the mouth, and dentures must be removed at the time of surgery. If you have acrylic nails, please remove one nail from any finger, as our oxygen monitoring sensors do not penetrate acrylic nails.
- Take only prescribed medications instructed to be continued by your PCP, such as for high blood pressure (hypertension) or irregular heartbeat (arrhythmias, atrial fibrillation). Be sure to inform your anesthesiologist of these conditions on the day of surgery.

Anesthesia

All questions regarding anesthesia will be addressed by your anesthesiologist in the preoperative holding area prior to surgery.

Day of Surgery

A responsible adult must accompany you to the procedure, remain in the office during the procedure, drive you home, and stay with you at home for 24 hours after the procedure. A taxi/Uber/Lyft will not be allowed without a responsible adult accompanying you.

If you are taking diabetic medications, you should check with your PCP to determine if you should take these medications on the morning of surgery.

While taking narcotic pain medication, you will not be permitted to drive. You may need to arrange for transportation to your initial follow-up visit.

What Should I Bring To Surgery?

- Photo ID
- Insurance Card
- Friend or family member who will be available the entire time and take you home after surgery
- Wear comfortable, loose fitting clothing
 - Loose fitting pants or shorts
- If you have any durable medical equipment provided prior to surgical date, such as a CAM boot, post-op shoe, crutches, knee scooter, or cold therapy units, please bring to surgical facility.

Arrival Time

The surgical facility will contact you the day before surgery to notify you of your arrival time/surgical time. **PLEASE DO NOT BE LATE.**

If you have not been contacted by 3:00 pm the day before your surgery date, please call Dr. Boden's office at (502) 588-4521.

AFTER SURGERY

After Surgery

Pain Management

Recovering from any surgery involves pain and discomfort. Our team's approach to pain management can help reduce your discomfort and thus speed your recovery. We use multi-modal pain management to help provide safe and effective care. This may consist of local anesthetics, regional pain blocks, and a combination of oral pain medications. If you are on narcotic pain medications, please refrain from alcohol and other recreational drug use.

Tips For Effective Pain Management

- Take your pain medication as prescribed, but expect to use less after the first week or so.
- Take your pain medication before the pain becomes severe.
- Use cold therapy to physically reduce swelling and inflammation, the cause of pain, leaving you with less discomfort.
- Using cold therapy properly can help reduce the number of opioids you have to take.

Wound Management

- Maintain your operative dressing and splint, If applicable, until your first post-operative appointment
- It is normal for the incisions to bleed and swell following surgery. If blood soaks onto the dressing, do not become alarmed, reinforce with additional dressing.
- To avoid infection, keep surgical incisions clean and dry until your sutures are removed approximately 10-14 days after surgery. You may shower post-operatively so long as you place a plastic barrier over your splint or dressings. Follow the specific post-operative instructions provided to you on the day of your surgery regarding when to remove the surgical dressings, if applicable.
- Please do not place any ointments, lotions or creams directly over the incisions.
- Once the sutures are removed around 10-14 days post-operatively, you can begin to get the incision wet in the shower. Let water and soap lightly run over the incision and pat dry. Do not scrub. NO immersion in a bath or hot tub. NO application of ointment/lotion to the surgical site until given approval by the surgical office.

After Surgery

Below is information about the medications that you may be prescribed after surgery. All medications will be electronically prescribed to your pharmacy following your surgery. If you have any questions or concerns, please contact the office.

- **Non-steroidal anti-inflammatory medication (NSAIDs)** help to decrease postoperative pain and swelling. These include medications such as ibuprofen (Motrin, Advil) and naproxen (Aleve). Do NOT exceed recommended daily limit. Avoid NSAIDs if you have a history of ulcerative colitis or stomach ulcers. If you have a history of kidney problems, please consult with your primary care doctor prior to starting NSAIDs.
- **Tylenol (acetaminophen)** may also help with pain after surgery. Taking Tylenol and an NSAID together can greatly help to decrease your pain without opioids. Following surgery, you should take 1000 mg of Tylenol every 8 hours (up to 3,000 mg in 24 hours) for 1-2 weeks. If you have a history of liver problems, please consult with your primary care doctor prior to starting Tylenol. Do not take if you are taking a narcotic pain medication that includes acetaminophen.
- **Opioid / narcotic pain medications** are usually necessary for the first 3 – 7 days postoperatively. It is important to note whether your prescription contains Tylenol / acetaminophen. If it does, then you cannot take additional Tylenol while you are taking this opioid medication. Narcotics are addictive medications, and due to an increase in narcotic dependency, we are careful to limit the number of pills and prescriptions that we provide. Additionally, you should safely dispose of any narcotics / opioids once you no longer need them. Below are some examples of narcotic medications that may be prescribed.
 - **Oxycodone** : 1 – 2 tablets (5 mg oxycodone) every 4 – 6 hours as needed for severe postoperative pain. You can supplement oxycodone with Tylenol as recommended above.
 - **Oxycodone / acetaminophen (Percocet)** : 1 – 2 tablets (5 mg oxycodone / 325 mg acetaminophen) every 4 – 6 hours as needed for severe postoperative pain.
 - **Hydrocodone / acetaminophen (Norco)** : 1 – 2 tablets (5 mg hydrocodone / 325 mg acetaminophen) every 4 – 6 hours as needed for severe postoperative pain.
- **Zofran (ondansetron)** is an anti-nausea medication. Pain medications may cause nausea and/or abdominal discomfort, and Zofran may help reduce this sensation.
- **Senna** is an over-the-counter medication that helps to treat opioid-induced constipation. You can take senna 8.6 mg two times per day as needed to treat constipation. Opioid medications, immobilization, and anesthesia contribute to postoperative constipation. If you have concerns about postoperative constipation, we can add additional medications to your regimen such as Miralax or milk of Magnesia.
- **Blood thinners / DVT prophylaxis** are typically prescribed after surgery on the lower extremity. Blood clots are a risk after any orthopaedic surgery, and you are at an increased risk if you are non-weightbearing. For most surgeries, Dr. Boden will prescribe enteric coated aspirin 81 mg twice daily for blood clot prevention. If you have a history or family history of blood clots, DVT (deep vein thrombosis), pulmonary embolism, smoking, use birth control, take hormone replacement therapy, or plan to fly then a stronger blood thinner may be used. If you experience increased bruising or bleeding, stop the medication and call Dr. Boden's office.
- **Vitamin D** – If you have a broken bone (fracture) or require a fusion (arthrodesis), then vitamin D can assist in bone healing. Vitamin D is an over-the-counter supplement that can be found at your local pharmacy. You may take 5,000 IU daily for 28 days (4 weeks) after your fracture or fusion to aid in bone healing.

If you have any questions regarding your medications, please feel free to ask. You may want to speak with your primary care doctor about these medications to check if there are any interactions or contraindications if you are unsure.

After Surgery

Preventing Blood Clots

After surgery, clots called deep vein thromboses (DVT) may form in the leg veins. In rare cases, these leg clots travel to the lungs where they may cause additional symptoms. To prevent and reduce the incidence of clot formation, mechanical devices (calf pumps) are used while you are in the hospital to squeeze the leg muscles, thus maintaining blood flow in the veins. Also, a medication to minimize clot formation, such as enoxaparin (Lovenox) or aspirin, may be prescribed.

To Prevent Or Reduce Swelling

- Elevate operated leg on one to two pillows while lying flat so that your foot/ankle is ABOVE the level of your heart
- Avoid sitting with your leg in a dependent position for longer than 30 to 45 minutes at a time.
- Perform ankle pump exercises
- Apply ice to your surgical area for 20 minutes a few times a day.

Physical Therapy and Post-Operative Rehabilitation

Physical therapy is a critical part of the postoperative and recovery process. Upon discharge from the surgical facility or at your post-operative appointment, you will receive a physical therapy prescription and Dr. Boden's rehabilitation protocol. To schedule, contact any of our locations directly. If you do not have a specific physical therapy facility that you visit, Dr. Boden and her medical team will provide recommendations around the Louisville area. If you know where you would like to complete physical therapy, please alert the office, and we will fax the referral to your preferred facility in advance.

Foods that

✓ **FIGHT**
Inflammation

✗ **CAUSE**
Inflammation

- Fruits
 - Strawberries
 - Blueberries
 - Oranges
 - Cherries
- Tomatoes
- Nuts
 - Almonds
 - Walnuts
 - Other nuts
- Olive Oil
- Leafy Greens
 - Spinach
 - Kale
 - Collard greens
- Fatty Fish
 - Salmon
 - Mackerel
 - Tuna
 - Sardines



- Fried Foods
- Sodas
- Refined Carbs
- Lard
- Processed Meats



Frequently Asked Questions

Once your surgery is complete and you are on your way to the recovery room, Dr. Boden or someone from her team will speak with your family. All of your discharge instructions will be reviewed with them along with your discharge medications and weight bearing status.

What Is my Weight Bearing Status?

Following foot and ankle surgery, you will likely be non weight-bearing, meaning you should not put any weight on the operative foot, for at least 2 weeks and up to 8 weeks depending on the surgery. Many patients choose to use a knee scooter, crutches, or a walker to aid in ambulation during this time. Your weight bearing status will be discussed with you both before and after surgery and will be found on your post-operative instructions.

What Should I Expect My Activity Level To Be?

Every patient is different. For the first 2 weeks after surgery, your operative leg should be elevated 80% of the time. Once cleared to resume more normal activities, you should be increasing your activity level as tolerated, but let your pain level and swelling be your guide. You will make 90 percent of your recovery in the first three to six months, and the remaining ten percent will come within the first year. At some point, most patients overdo it with activities and therefore take a few steps back in their recovery. You may have increased swelling or discomfort if this happens. You need to become concerned if you cannot control your pain with rest, ice, and medications. If this is the case, please contact the office.

What If My Surgical Site Swells After Surgery?

It is not uncommon to experience swelling after surgery. Sometimes, you will not swell until several days after your surgery. Remember that your body is healing from surgery and some swelling is normal. The more activities and physical therapy you perform, the more swelling you may experience. With that said, we do want you to remain active and participate in therapy. But, the swelling will decrease by using cold/compression therapy often. You should be alarmed if you have swelling for several days that is accompanied by redness and heat or coolness in your surgical site, or if the swelling does not resolve after ice and exercise. If this is the case, please contact the office.

Frequently Asked Questions

When Do I Start Physical Therapy?

Physical therapy, if needed, will begin after your first post-operative appointment with Dr. Boden. The best early rehabilitation is elevation of your operative extremity, as early elevation leads to less pain, swelling, and stiffness. You will be provided with clear physical therapy instructions after surgery as well as a referral to PT when it is time to begin therapy. Depending on the surgical procedure, this may be at the 2 or 6 week post-op visit.

When Do I Get My Stitches Removed?

Your sutures should be removed 10-14 days after surgery, but this time may vary based on your healing and could be up to 3-4 weeks post-op. Your first post-operative appointment should be set up before surgery - contact the scheduling office at (502) 588-4521 to schedule. If you come from a great distance, you may have your sutures removed by a local physician (primary care doctor or surgeon) if they are willing to do so.

How Long Do I Have To Wear The Splint or Cast?

This depends on the procedure Dr. Boden is doing on your foot or ankle. The amount of time you are to remain in your medical device will be discussed with your family while you are in recovery. It will also be included in your discharge instructions and on your physical therapy prescription. If you have any questions regarding this, please contact Dr. Boden's office or send a message via MyChart.

When Can I Drive After Surgery?

The ability for someone to drive after surgery varies based on the surgery and the laterality of the procedure. Do not drive if you are taking narcotics/opioid pain medication - it is illegal to operate a motor vehicle under the influence of any controlled substance. Generally, if your right foot/ankle is the operative side, you may be able to return to driving around 8 weeks after surgery or when you are ambulating without a limp and without an assistive device. If your left foot/ankle is the operative side, then you may return sooner. The responsibility of safe driving is that of the individual regardless of their medical condition. Following surgery, one's reaction time may be severely compromised and the ability to use all four extremities may be impaired.

Frequently Asked Questions

When Can I Shower Or Bathe?

To avoid infection, keep the surgical incisions clean and dry until your sutures are removed approximately 10-14 days after surgery. Your splint or cast cannot get wet, so be sure to cover your cast/splint with a cast cover or bag up to the thigh. Do not immerse the incision in a bath or apply ointment/lotion to the surgical site until given approval by the surgical office. This is typically around 4-6 weeks following surgery once your incision (s) are fully healed.

Follow the specific postoperative instructions provided to you on the day of your surgery regarding if or when to remove the surgical dressings and for further instructions.

How Long Will I Be On Narcotic Medication?

You can stop taking the narcotic medication when you are no longer experiencing moderate to severe pain. You can always contact the office and ask for a less strong medication, or switch to over the counter medications for your discomfort (Tylenol or Ibuprofen). Also, try using cold therapy more consistently to reduce pain. Cold therapy is a proven and highly effective pain reliever.

What If I Am Having Problems Sleeping?

Make sure that your pain is well controlled throughout the day by using the Tips for Effective Pain Management.

Will I Have Bruising After Surgery?

Yes, you will have some degree of bruising after surgery, but everyone is different. Some will only experience redness around the incision; others will have bruising down the entire extremity. Both are considered normal and will resolve over 10-14 days.

When Can I Restart The Meds I Was Told To Stop Prior To Surgery?

Please check with your primary care physician. Most medications can be started the day after surgery.

Frequently Asked Questions

What Should I Do To Avoid Constipation?

Drink plenty of fluids and eat fruits and fiber. If you continue to have symptoms of constipation you can take Milk of Magnesia, which is a mild oral laxative, or use Magnesium Citrate, which is much stronger. To try and prevent problems, you can also take an over the counter stool softener while taking the narcotic pain medication.

What About Using A Hot Tub Or Whirlpool?

Because of the heat and bacteria in the water, we do not want you to use a hot tub or whirlpool for at least six weeks after surgery.

How Long Should I Use Cold Therapy?

Cold therapy is a proven, safe and highly effective method of pain management. As long as you are experiencing pain, you can use cold therapy to reduce swelling and inflammation, which are the root causes of pain.

When Do I Need To Call The Doctor?

If you have a fever above 101.5, chills, sweats, excessive bleeding (example: you had to change the dressing twice in 12 hours), foul odor, excessive redness, excruciating pain, yellow or green discharge. If immediate attention is required, please call 911 or go to your nearest emergency room. For all non emergency questions, please call the office during business hours, or send a message via MyChart.

Recovery Products

Postoperative Pain Management

- **Elevation Pillow** – This ramp pillow helps to make postoperative elevation easy
- **NICE1 Cold and Compression System** – This system provides ice and compression to the postoperative site and may help with swelling and pain after splint removal
- **Breg Polar Cube** – The Breg Polar Cube is another way to conveniently ice the operative area.

Postoperative Mobility

- **Knee Scooter** – Helps maintain your NWB status by putting your knee on the device.
- **Crutches** – Crutches to help maintain your non-weight bearing status.
- **Walker** – Aids in walking without putting weight on the operative leg

Daily Care

- **Shower Transfer Bench or Shower Chair** – Allows you to shower without having to stand
- **Raised Toilet Seat** – This can make it easier to maintain your NWB status during toileting.
- **ADL Kit** – This kit contains items (26" Reacher, a contoured sponge with a 17" Handle, a formed sock aid, and an 18" Plastic shoehorn) that can help patients with bathing, dressing, reaching.
- **Cast Cover** – A covering for your splint or cast postoperatively to make showering easier.

Postoperative Immobilization

- **OPED Even Up** – For patients in CAM boots postoperatively, this device can be used to raise the non-operative leg to prevent uneven walking.
- **OrthoWedge** – This shoe helps to offload the forefoot and is used in specific cases.

Postoperative Incision Care

- **BioCorneum Scar Cream** – This silicone scar cream can help to reduce raised or hypertrophic scars. This can typically be used approximately 4 weeks after surgery.
- **Silicone Patches** – These patches can also be used to decrease scarring or protect incisions in vulnerable areas after surgery. These can typically be used approximately 4 weeks after surgery.
- **Juven Wound Supplement** – This combination of protein and vitamins helps to promote wound healing and is especially useful in patients undergoing surgery with high rates of wound complications.

If you have any questions, feel free to reach out to our office.

Thank You **Thank You**

Thank you for choosing UofL Health for your care.

If you have any questions or concerns, please do not hesitate to reach out to Dr. Boden or her office via phone or MyChart.

Office: (502) 588-4521

Fax: (502) 588-9542



<https://uoflhealth.org/provider/allison-boden-orthopedic-surgeon/>

@allisonbodenmd



Allison Boden, M.D., is a fellowship trained orthopedic surgeon specializing in foot and ankle surgery. She treats a variety of conditions including sports-related injuries, degenerative conditions of the foot and ankle, and foot and ankle deformities using arthroscopic, minimally invasive, and open techniques.