

## Postoperative Home Instructions

*These are generic post-operative guidelines. Please note that you may be given other discharge instructions specific to your surgery on the day of surgery.*

- 1) **Postoperative Appointment:** If you do not already have a postoperative appointment, you should call Dr. Boden's office to schedule a follow-up appointment in about 2 weeks from the date of surgery. Please note that the office will then inform you which office your follow-up appointment will be.
- 2) **Weightbearing/Activity Restriction:** Your weight bearing status is \_\_\_\_\_ until your first postoperative appointment. Your specific weight bearing status should be strictly adhered to in order to protect the surgical site. It is advisable to rest for at least 2-3 days after your surgery.
- 3) **Postoperative Medications:**
  - a. **Opioid Pain Medication:** For your pain, we have sent in \_\_\_\_\_ (take 1-2 tablets every 4-6 hours as needed for severe pain).
    - i. If you received a nerve block, you may take one tablet at bedtime, even if your nerve block is still in effect. This is helpful in the event the block wears off overnight. Otherwise, you should wait until the nerve block is wearing off to assess your pain level and need for the narcotic. Narcotics should only be used for moderate-severe pain (pain scale > 3/10). "Staying ahead of the pain" often leads to unnecessary overuse of narcotics, which can lead to tolerance, over-sedation, and other side effects such as constipation.
  - a. **NSAIDs:** You may also take over the counter **ibuprofen (Advil/Motrin)** 600 mg three times a day for three days to help manage your pain.
  - b. **Tylenol:** You may take 1000 mg of **Tylenol (acetaminophen)** every 8 hours (up to 3,000 mg in 24 hours).
  - b. **Nausea:** Take 1 tablet of **Zofran (ondansetron)** 4 mg as needed for nausea every 8 hours
  - c. **Constipation:** Take **senna** 8.6 mg two times per day as needed to help treat opioid-induced constipation. This medication is available over-the-counter..
  - d. **Blood Clot Prevention/Blood Clot Prevention:** \_\_\_\_\_ per day until full weightbearing and walking.
  - e. **Vitamin D:** If you have a broken bone (fracture) or require a fusion, then take vitamin D 5,000 IU daily for 28 days (4 weeks) to assist in bone healing. This medication is available over the counter.
  - f. Do not drive a motor vehicle or operate machinery or power tools while taking these medications. Check with your physician regarding medications which you were taking prior to surgery. For all medications, dizziness and nausea are common side effects. Call the office if you are concerned.

Disclaimer: These are general statements and may not apply specifically to your care. I may modify as needed for your individual care.

- 4) **Dressing/Splint Management:** You will be sent home in a boot/splint/soft-dressing. You should keep on the dressing at all times, unless otherwise instructed. Most dressings are not changed until you first postoperative visit. Do not get your dressing wet.
- a. First 2 weeks after surgery:
    - i. Do not get your boot/ankle/foot wet. You may use a cast cover (drycast.com) or a large garbage bag sealed closed at the thigh.
    - ii. Do not change your dressings. Keep dressings on and dry.
  - b. If you have problems with your dressing, please contact our office and you can be seen sooner for a new dressing.
  - c. If we want you to change the dressing on your own, specific instructions and the appropriate supplies will be given to you in the recovery room.
- 5) **Knee Scooter/Assistive Devices:** You should remain in the boot/splint/dressing at all times (including but not limited to sleeping, walking, and showering) unless otherwise instructed. If you are non-weight bearing and/or have a knee scooter, you are able to use it right after surgery. When ambulating, please use an assistive device at all times. The length of time needed for any assistive device should be discussed with Dr. Boden.
- 6) **Elevation:** It is essential that you elevate your foot for the first 72 hours. Elevation will help wound healing and postoperative pain. Most foot and ankle procedures are associated with swelling around the surgical site. Elevating your foot is one of the most important ways to limit the swelling and ultimately shorten your recovery time. The easiest technique is to lie down and elevate your foot on pillows or blankets. Your foot should at least be at the level of your heart (or, “toes higher than nose”). It is okay to get up for brief periods of time but the foot should be at rest and elevated the majority of the time. For the first 2 weeks your foot should be elevated 80% of the time, to avoid excess swelling, throbbing or pain. After 2 weeks you may lessen the degree of elevation. Maintain elevation if there is swelling, throbbing, or pain.
- 7) **Discoloration:** It is common for the toes to swell after surgery and turn a bluish color, especially if the foot is in a dependent position (below the heart). If the toe turns dark blue, dark black, or completely white, please communicate this to our office.
- 8) **Cold therapy or Ice:** Ice, similar to elevation, helps control the swelling and also provides some degree of pain relief. Frozen bags of peas, commercially available cold packs, or ice placed into an air-sealed bag are effective ways to cool your foot. You may apply ice behind the knee on the operative side for 20 minutes as a good measure to help control pain (especially since you will not be able to ice the surgical area directly.) You may repeat this every 2-3 hours. Typically, a regimen of “two hours on, two hours off” during the daytime is effective and should be applied consistently for the first 2-3 days after surgery. Never place ice directly on your skin.
- 9) **Diet:** Progress to your normal diet as tolerated.
- 10) **Regarding Anesthesia:** If you had general anesthesia or local anesthesia with sedation, please pay attention to the following instructions: (1) Do not drink alcoholic beverages including beer. Alcohol enhances the effects of anesthesia and sedation. (2) Do not drive a motor vehicle; operate machinery or power tools for 24 hours. (3) Do not make any important decisions or sign important paper for 24 hours. (4) You may experience light headaches/dizziness and sleepiness following sedation. Please do not stay alone. A responsible adult should be with you for this 24 hour period. (5) Rest at

home with moderate activity as tolerated. It may not be necessary to go to bed; however, it is important to rest for 24 hours following anesthesia or sedation. (6) Progress slowly to a regular diet unless your physician has instructed you otherwise. Start with liquids such as soft drinks, then advance to soup and crackers gradually working up to solid foods. (7) Certain anesthetics and pain medications may produce nausea and vomiting. If nausea or vomiting becomes a problem at home, please contact your physician. (8) If regional anesthesia is used (ankle or popliteal/knee block): Ankle blocks usually last 8-10 hours. Popliteal nerve blocks on average last 10-24 hours (but may last up to 2 days on rare occasions).

**11) Concerning Findings:** Some pain, swelling, tingling and discomfort for the first week is normal; however, you are always welcome to call us if you have any concerns. Additionally, please notify the office if you are experiencing continued bleeding through the dressings, excessive dizziness, excessive vomiting, any fevers/chills, night sweats, chest pain, shortness of breath/difficulty breathing, change in color or temperature of your ankle, foot, and toe from your normal (remember, some discoloration in the toes is normal - however, if your toes become white or very dark call our office immediately or go to the emergency room if unable to get in contact with us), and/or calf/leg pains not controlled with medications provided, elevation, and icing or if you believe your dressings are too tight.

**12) If you have any urgent matters, concerns, or questions please call the office at any time.**