

Preoperative Information

Please read the information contained in this packet carefully. This answers many frequently asked questions about foot & ankle surgery. This packet contains general information, which may be modified for your specific surgery.

Frequently Asked Questions

- Following foot & ankle surgery, you may be non-weightbearing. Most patients choose to use a steerable knee scooter/walker. It is a good idea to pre-order a knee scooter prior to surgery. You can find options to buy a knee scooter at Amazon.com, or your local medical supply store. See the “Activity/Restrictions” section under “Postoperative Information” for more details.
- Many patients require narcotics / opioids following surgery. The typical duration is a few days up to one week. Dr. Boden uses multi-modal pain control following surgery, which includes Tylenol (acetaminophen), a non-steroidal anti-inflammatory drug (NSAIDs like ibuprofen / Motrin), and a short-acting opioid.
- A nerve block may be helpful to control your postoperative pain. The decision to have a nerve block is between you and your anesthesiologist and will be made on the day of surgery. If you have a nerve block, it is common to have numbness and weakness in your leg for 24 to 48 hours after the block.
- Your leg may be placed in a splint postoperatively. A splint is like a cast, but it is not circumferential. You cannot get the splint wet as this will weaken the plaster and may cause your wound to get wet, which can increase the risk of infection. To shower with a splint, you may want to obtain a cast cover, which can you find at www.shop-recovery.net/conti or on Amazon.com. Alternatively, you can use a garbage bag and tape it at the top. Whatever method you choose to use, the splint cannot get wet. If the splint does get wet, please call the office, and we will bring you into the office to change it.
- Surgery increases your risk of developing a blood clot. Depending on your risk, we may prescribe you medication to prevent a blood clot. It is important that you remember to take this medication to decrease your risk of developing a blood clot.
- Most medications are now sent electronically. After your surgery is finished, the medications will be electronically prescribed to your pharmacy. This may be done by Dr. Boden, a physician’s assistant (PA), or a resident.
- Submerging your incision in water increases the risk of infection. While the sutures or staples are in, you may not get the incision wet unless directed to do so. Following splint/cast and suture removal, you may shower and let water run over the incision. You cannot submerge the incision for an additional 7 – 10 days after suture removal.
- Because the foot is in a dependent position and far from your heart, persistent swelling following foot and ankle surgery is common. While most swelling resolves by about 6 months, it can take up to a year for the swelling to resolve.
- It is a privilege to be able to take care of you, and we honored that you have trusted us with your care. We look forward to working together to getting you back to the activities that you enjoy.

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Information about Surgery

Surgery Date

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

Surgical Instructions

- 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 7 PM the day before your procedure, please call the office.
- 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.
- **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.**

What to Bring to the Hospital on the Day of Surgery

- Below is checklist of items you should bring with you to the hospital on the day of surgery:
 - Health care insurance card
 - One form of legal picture identification (e.g. a driver's license)
 - Prescription medication card
 - List of medications and doses
 - One credit card
 - Diagnostic testing such as x-rays, MRIs, etc. if this was not performed at the University of Louisville
 - Any assistive device that was provided to you prior to surgery
 - A small bag for your belongings
 - Patients with sleep apnea: Bring CPAP mask attachment and a record of the settings (do not bring CPAP machine)
 - Patients under 18 years old: Immunization record
 - Do NOT bring jewelry or valuables

Pre-Surgical Screening

- You will be instructed by our office if you require pre-admission testing or medical clearance by an internal medicine physician. The internal medicine physician will review your medical history and perform a physical examination. This must be performed between 10 to 28 days prior to your surgery date.

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- Conditions such as cardiac disease, hypertension, diabetes, lung disease, urinary problems, chronic pain issues, or any other serious medical problem may require additional testing, medical records, or clearance from additional physicians.

Anesthesia

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

Postoperative Information

Activity / Restrictions

- You may be made non-weightbearing after surgery. Patients are typically given crutches or a walker to leave the hospital. You may purchase additional equipment to help you navigate being non-weightbearing.
- Your leg may be placed in a splint postoperatively. A splint is like a cast, but it is not circumferential. You cannot get the splint wet as this will weaken the plaster and may cause your wound to get wet, which can increase the risk of infection. To shower with a splint, you may want to obtain a cast cover. Alternatively, you can use a garbage bag and tape it at the top. Whatever method you choose to use, the splint cannot get wet. If the splint does get wet, please call the office, and we will bring you into the office to change it.
- To maintain your non-weightbearing status, a steerable knee walker can be rented or purchased from the following websites: (1) Amazon.com (search “steerable knee scooter”), (2) kneewalkercentral.com, or (3) rentalkneewalker.com. You can also check with any durable medical equipment store near your home. While purchasing a knee walker is not mandatory, many patients find it easier to use than crutches or a walker. Although insurance rarely covers the knee walker, it is still worth trying to submit the cost to insurance once you have purchased the item. Call your insurance company for instructions on how to submit.
- If you are heel-weightbearing after surgery, then you may put weight on your heel only. You cannot put any weight on the front of your foot. You will be placed in a postoperative shoe or short CAM boot, which you will wear until your first follow-up appointment.

Driving

- The ability for someone to resume driving after surgery is seldom a medical question but more often a legal question. It is the responsibility of all licensed drivers to always drive safely no matter what their permanent or temporary impairment may be.
- Keep in mind, following surgery, one’s reaction time may be severely compromised, secondary to medication and/or pain. The ability to use all four extremities fully may also be impaired secondary to the surgery.
- 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 even if the controlled substance has been legally prescribed.
- Returning to driving depends on the operation, foot, and your current medications. Generally, if your right foot/ankle is the operative side, then patients usually can return to driving at about 8 weeks postoperatively. If your left foot/ankle is the operative side, then you may return sooner once

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the swelling has subsided, your pain is controlled, and you have completed your first postoperative visit.

- Again, the responsibility of safe driving is that of the individual regardless of their medical condition.

Prescribed Medications

- Below is information about the medications that you may be prescribed after surgery. All medications will be electronically prescribed your pharmacy following your surgery. Due a change in hospital policy, pain medications cannot be sent prior to surgery. If you are going home the day of surgery (ambulatory patients), your medications will be sent to your preferred pharmacy once you enter the recovery room. If your pharmacy will be closed by the time you get home, it is recommended that you have a family member pick up your prescriptions at your preferred pharmacy. If this cannot be done, then we can prescribe a one-day supply of medication from the hospital to be given to you upon discharge. The rest of the medications will be sent to the preferred pharmacy on discharge. 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). Following surgery, you should take 600 mg (3 tablets of 200 mg) of ibuprofen (Advil, Motrin) every 8 hours for 3 days after surgery. Avoid these medications after three days if you have a broken bone (fracture) or fusion (arthrodesis) that requires bone healing. Additionally, avoid NSAIDs if you have a history of ulcerative colitis or stomach ulcers.
- **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). If you have a history of liver problems, please consult with your primary care doctor prior to starting Tylenol.
- **Opioid / narcotic pain medications** are usually necessary for the first 3 – 7 days postoperatively. Dr. Conti typically prescribes the pain medications below. It is important to note whether your prescription contains Tylenol / acetaminophen. If it does, then you cannot take additional Tylenol while you are taking 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. If you need pain medication after 2 – 3 weeks, we will refer you to a pain management specialist to help you better control your pain. Additionally, you should safely dispose of any narcotics / opioids once you no longer need them.
 - **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. Percocet is a combination of oxycodone and Tylenol (acetaminophen). Therefore, you cannot supplement Percocet with additional Tylenol.
 - **Hydrocodone / acetaminophen (Norco)** – 1 – 2 tablets (5 mg hydrocodone / 325 mg acetaminophen) every 4 – 6 hours as needed for severe postoperative pain. Norco is a combination of oxycodone and Tylenol (acetaminophen). Therefore, you cannot supplement Norco with additional Tylenol.
 - **Hydromorphone (Dilaudid)** – 1 – 2 tablets (2 mg hydromorphone) orally every 4 – 6 hours as needed for severe postoperative pain. You can supplement oxycodone with Tylenol as recommended above.

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- **Zofran (ondansetron)** is an anti-nausea medication. If this medication does not interact with your current medication regimen, take Zofran 4 mg tablets every 8 hours as needed for postoperative nausea. 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 if you will be non-weightbearing. Blood clots are a risk after any orthopaedic surgery, and you are at an increased risk if you are non-weightbearing. If you are in a splint, cast, or boot after surgery, then you will take 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, are overweight, use birth control, take hormone replacement therapy, or plan to fly in a cast/boot then a stronger blood thinner will be used. If you experience increased bruising or bleeding, stop the medication and call Dr. Conti's office. The options for stronger blood thinners are:
 - **Xarelto (rivaroxaban)** – 10 mg orally daily. This medication may need to be **preauthorized**.
 - **Eliquis (apixaban)** – 2.5 mg orally two times per day after surgery.
 - **Lovenox (enoxaparin)** – 40 mg in 0.4 mL injectable pen that is injected subcutaneously (under the skin) daily after surgery.
- **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.

Physical Therapy

- Physical therapy, if necessary, will begin after your first postoperative appointment with Dr. Boden.
- The best rehabilitation until your first postoperative visit is **ELEVATION**. Early elevation leads to less pain and stiffness postoperatively.
- We will provide you with clear physical therapy instructions after surgery.

Issues/Concerns

- Do not hesitate to contact our office if any concerns arise. Some drainage through the dressings or around the incision sites is common following surgery. Please contact our office if you notice excessive redness around the incision sites, drainage more than 5 days after surgery, or a fever greater than 101.5° F.

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Products to Aid in Your Recovery

Postoperative Pain Management

- **Elevation Pillow** – This ramp pillow helps to make postoperative elevation easy. Elevation is essential in the early postoperative period.
- **NICE1 Cold and Compression System** – This system provides ice and compression to the postoperative site and may help with swelling and pain. However, this device cannot be used with a splint and may not be useful in the early postoperative period.
- **Breg Polar Cube** – The Breg Polar Cube is another way to conveniently ice the operative area. However, it cannot be used in the early postoperative period.

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.

Postoperative Mobility

- **Knee Scooter** – The knee scooter can be used to maintain your non-weightbearing status by putting your knee on the device. This is highly recommended for patients who will be non-weightbearing.
- **MobiLeg Crutches** – Crutches to help maintain your non-weightbearing status.
- **iWalk** – A knee crutch that can be used postoperatively to maintain your non-weightbearing status while keeping your hands free. Warning: The iWalk is extremely difficult to use and may not be suitable for most patients.

Daily Care

- **Shower Transfer Bench or Shower Chair** – This allows you to shower without having to stand in the shower.
- **Raised Toilet Seat** – This can make it easier to maintain your non-weightbearing 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, and other activities.
- **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.
- **MedSurg Post-Op Shoe** – This can be used as a replacement postoperative shoe if there are any issues with the postoperative shoe that was provided at the time of surgery.
- **OrthoWedge** – This shoe helps to offload the forefoot and is used in specific cases. If you have any questions, feel free to reach out to our office.

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Postoperative Appointments

- You will typically see Dr. Boden between 10 – 14 days after your surgery. If you do not have an appointment, please call the office.

If any questions or concerns arise, please call our office.