

MINOR FOOT/ANKLE SURGERIES - POSTOPERATIVE INSTRUCTIONS

Because they support our entire bodies, the feet and ankles are critical to almost everything we do. When a foot or ankle condition develops, it can greatly affect your daily life and mobility.

Foot and ankle surgery is typically considered only after nonsurgical treatments have failed to improve the patient's symptoms. There are numerous surgical procedures that can be used to treat foot and ankle conditions.

Minor foot and ankle surgeries are less invasive and are performed in an outpatient clinic. Usually, these procedures do not involve the use of general anesthesia.

Some examples of minor foot and ankle procedures are listed below:

- Neuroma excision
- Tendon procedures
- Soft tissue mass excision
- Hardware removal
- PIP/DIP fusion
- Cheilectomy
- Claw/hammer toes
- Skin lesion excision
- Selected foot/ankle arthroscopies
- Soft tissue biopsy

SURGICAL PROCEDURE

Minimally invasive techniques involve tiny incisions and are often used. The surgery is performed under regional or local anesthesia, and you may receive a nerve block. The decision about whether to use a nerve block will be made jointly by you and the anesthesiologist before the surgery. Typically, the surgery takes less than an hour to complete. Minor surgeries are usually outpatient, meaning you can go home the same day as the surgery.

POSTOPERATIVE CARE - MINOR SURGERIES

HOSPITAL STAY

After the procedure you will be taken to the recovery area. If a nerve block was applied, it will still be working and your foot will be numb (more information in following sections). You will notice a dressing over the foot/ankle and medical staff will monitor your vital signs, pain level, and the need for medications.

Most patients will be ready for discharge a few hours after the operation.

AT HOME: ACTIVITY/ SELF-CARE

- Your weight-bearing status will depend on the surgery performed. You will be informed by your doctor.
- You should only walk short distances, such as going to the bathroom and back to your bedroom or living room for the first few days after surgery.
- Your foot and ankle may be swollen after surgery. You are strongly encouraged to elevate and move your foot and ankle several times a day to reduce swelling.
- When lying down, elevation is achieved by placing pillows under the entire lower limb from the heel to the thigh. The heel should be higher than the knee and the knee higher than the hip.
- Getting dressed - first, put clothes on the operative side.
- Undressing - first, remove clothes from the non-operative side.

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PAIN MANAGEMENT

- Medication, limb elevation, ice therapy and rest are essential in pain management.
- The usual regimen we use is a combination of acetaminophen and narcotics.
- Taking your pain medicine as prescribed by your surgeon regularly will help you manage your pain more effectively, even if you are in mild pain.
- If strong painkiller (hydromorphone, codeine, oxycodone, etc) has been prescribed, don't wait until the pain is severe. Use strictly as prescribed by your doctor. Do not take an extra dose.
- In case of remaining pills, you should return them to the pharmacy. If it is not possible to do that, it is recommended to take medications out of the container, mix them with unpalatable substances, such as used coffee grounds, dirt or kitty litter, sealing in a plastic bag, and throwing in the trash.
- **IF HAVING A NERVE BLOCK: it is important to start taking regular pain medication before the nerve block wears off (see the Nerve Block HANDOUT for more information).**

WOUND CARE/ SHOWER

- You should keep the bandage in place for the first 2 weeks after surgery.
- You can shower, but you must keep your dressings dry and covered. Waterproof bandages work well for this purpose.
- It is safe to remove the walker boot (if used) for showering. A large plastic bag can be used to keep your foot/ankle dry. You can also purchase a leg cast shower protector.
- If non-absorbable sutures or staples are used, they will be removed at the 2-week postoperative visit.

WEIGHT BEARING

- After surgery you will be informed by your doctor about your weight bearing status and if you will need a walking aid or not.

COLD THERAPY (ICE THERAPY)

- **DO NOT** use cold therapy if your nerve block is still in effect. You should wait until your function and normal sensation have returned (**IF HAVING A NERVE BLOCK**).
- The ice pack must be large enough to cover the front area of the foot/ankle.
- You could apply ice for up to 15-20 minutes, remove it for an hour and repeat the application 6 to 8 times a day, always with one-hour intervals. Remember that you must put a thin towel between the ice/ice pack and your skin.
- If you are using a CRYO THERAPY UNIT please follow the manufacturer's directions.
- **DO NOT SLEEP WITH ICE.**

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PHYSIOTHERAPY

The goals of physiotherapy are:

- Gait instruction with the use of the walking aid (if needed).
- Helping you return to the hobbies and activities that you enjoy.
- Maintain range of motion of foot and ankle.
- Strengthen leg and thigh muscles.

Our **Physiotherapists** at **Footbridge** work closely with your **Surgeon** and are very familiar with the post-op rehabilitation process. Typically, formal Physiotherapy will begin after your first postoperative visit; if you'd like to do your **Physiotherapy at Footbridge** it can be booked at that time.

NERVE BLOCK

- A nerve block can last anywhere from a few hours to over 36 hours, but usually this is between 12-24hours.
- Once the nerve block begins to wear off the weakness starts to improve and you may experience pain or a tingling sensation. At that time consider taking your pain medicine. Do not wait until the pain gets strong to take the medication.
- If you still feel numb at bedtime on the night of surgery, your nerve block could wear off in the middle of the night. It is recommended to take your pain medication before going to sleep, even if you have no pain or discomfort, so that you won't wake up in severe pain.
- **Do not use cold therapy if your nerve block is still in effect. You should wait until your function and normal sensation have returned.**

DRIVING

- If the right side has been operated on, most patients can drive again in 2-6 weeks depending on the surgery. But if the left side was operated on, you can drive as soon as you are comfortable.
- Avoid driving if wearing a boot on the right side.

RISKS and COMPLICATIONS

Despite having a high success rate, complications can occur. Some complications may require follow-up operations.

- Infection
- Non-union/ malunion
- Wound-healing problems
- Stiffness in neighboring joints
- Numbness or tingling lasting weeks to months
- Nerve, blood vessel damage
- Loosening or wearing out of the artificial components (if used)
- Other: depending on your medical condition

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It is common to have swelling and bruising around the wounds. The bruising changes colour over time from red to yellow or green.

Contact Footbridge Wound Care Resource line: 778-945-6756, Ext 8 if:

- Pain on your CALF, BACK OF KNEE, THIGH or GROIN.
- Increased swelling on the operated thigh, knee or leg.
- Body temperature above 38 Celsius/101 Fahrenheit.
- Increased warmth, redness, and swelling around the wound.
- Increased fluid leaking from the wound.

CALL 911 if:

- You have trouble breathing.
- You have chest pain.
- Anyone noticed that you lost consciousness.

