

Planning for your Foot and Ankle Surgery

Foot and ankle surgery is a specialised area of orthopaedic surgery. The surgery can be quite challenging and every patient is different with unique needs and goals.

You will need to follow instructions, perform appropriate exercises, and modify your activities during your healing process.

This requires patience, persistence, and a desire to get better. If you are unable to complete the post-operative instructions it will affect your results and you should consider alternative treatments. Successful results from surgery require a contribution from you.

Whenever surgery is considered we always try to minimise the risks. You are already on this path by consulting an experienced orthopaedic surgeon who is a specialist in foot and ankle disorders. The body is a very complex and varied structure so although we aim for perfection, no specialist can give perfect results every time.

This information package is intended to provide you with pre-operative, surgical and post-operative instructions in regard to your surgical procedure.

It is important that you read all of the information carefully. If you have any questions or concerns, or are not certain about the benefits, risks, limitations, or alternatives to your treatment, please do not hesitate to ask Dr Zilko.

PREPARING FOR SURGERY

- **WALKING AIDS:** The hospital does *not* provide crutches or frames, so please hire a set from your local pharmacy and bring them into hospital with you. Even if you are allowed to bear weight immediately post-op, most people still need crutches initially for balance and safety.
- **KNEE SCOOTER:** If you will be non-weightbearing for more than a couple of weeks then you may find a knee scooter very helpful for mobilising. These can be hired by calling 0411 789 041.
- **SHOWER CHAIR:** A shower chair is essential if you are to be non-weightbearing, and advisable for safety in the first fortnight even if you are allowed to walk post-op. Shower chairs can be hired or purchased, but any sturdy waterproof chair or stool should be fine.
- **PLAN ELEVATION:** Elevation post-operatively after foot and ankle surgery is *essential*. Many patients report that a **beanbag** is great as it will elevate your foot whilst supporting it in place. Alternatives include pillows or a big foam wedge.
- **SLEEPING:** Plan to sleep on the ground floor of your house, as going up and down stairs on crutches in a cast or boot is very challenging.
- **TIME OFF WORK:** Plan your time off as advised by Dr Zilko. A minimum of two weeks is usually required to allow for adequate rest and elevation.
- **QUIT SMOKING:** If you are a smoker, you must quit prior to surgery. Failure to do so significantly increases your risk of infection, wound breakdown, blood clots, delayed/non-union of bones, and overall failure of the surgery.
- **DIABETES/OBESITY:** Maintaining good blood sugar control and a healthy body weight reduces the risk of complications and improves the chances of success with foot and ankle surgery.

ON THE DAY OF SURGERY

- **WASHING:** On the morning of surgery please shower and thoroughly wash your feet and toes with soap (anti-bacterial if this has been provided to you) and water. Please also ensure you have removed nail polish and any make-up.
- **CLOTHES:** Wear loose fitting clothes to hospital that will fit over a cast, boot or surgical shoe.
- **FASTING:** Fast from the time instructed.
- **MEDICATIONS:** On the day of surgery do NOT take any insulin or diabetes tablets unless otherwise instructed (if you are normally on insulin please confirm with the rooms that we have this information).
- Aspirin and any blood thinners (eg warfarin, Plavix, Iscover, Apixaban) should have been **stopped** one week before surgery - please discuss this with Dr Zilko if you haven't already.
- Otherwise take your normal medications (eg blood pressure tablets) with a small sip of water.
- Please also bring your normal medications to hospital if you are staying overnight.
- **HOSPITAL ADMISSION:** Arrive at the hospital at the time advised to you. Please bring a book, magazine or music - there is usually waiting time, and this can occasionally be prolonged if operating lists run late due to emergencies. Leave valuables & jewellery at home.
- **SURGICAL BOOT/SHOE:** Remember to bring the surgical shoe or boot if this was supplied to you.
- **X-RAYS:** Most x-rays are digital now, but if you have hard copies of x-rays then please remember to bring them in to hospital.

DURING YOUR HOSPITAL ADMISSION

Local Anaesthetic Block for Pain Management

A local anaesthetic block will be given to you during surgery. This will produce numbness in the region of your surgical procedure. It will provide you with pain relief for approximately 8–12 hours post-operatively enabling you to be comfortable and to sleep after your surgery.

Discharge Home

- A physiotherapist may see you in hospital to give you instructions as to walking, weight bearing, exercises and the use of any aids (eg crutches).
- Once you can safely mobilise and your pain relief is adequate, then you can go home.
- You must make arrangements for a responsible adult to take you home after your surgery. It is strongly suggested that someone stay with you during the first 24 hours or until you are able to get around safely.
- Plan to **rest and elevate your leg** after surgery to minimise bleeding and swelling.
- Once you arrive home, wait until you are hungry before eating. Begin with a light meal such as a sandwich, fruit, tea, coffee or juice. A heavy meal can cause nausea and vomiting after an operation.
- Take your medication for pain as directed.

POST-OPERATIVE INSTRUCTIONS

These instructions are important in helping you rehabilitate from your surgery. Please follow them carefully. If there is anything you do not understand, please ask Dr Zilko or his staff.

Rest

It is very important that you rest and keep your foot elevated as much as possible for the first two weeks to encourage healing and discourage wound breakdown.

Elevation

Swelling can delay wound healing and cause the wound to break down and become infected.

Swelling is normal after foot and ankle surgery, but can be worsened with over-activity and by not keeping your foot elevated.

Place your operated leg on two pillows or a bean bag so that it is, at a minimum, above the level of your hip when you are lying down. **It should preferably be above the level of your heart.** Remember - **“TOES ABOVE THE NOSE”!** The more time you elevate the foot, the quicker the swelling will come down, and the less pain you'll have.

Protected Weightbearing

If you have been instructed to be 'non-weight bearing' this is to allow optimal healing of bones, tendons and ligaments. Failure to comply may jeopardise the results of your surgery.

Dressings

Keep your bandages and surgical boot, cast or shoe **clean and dry**. Leave everything completely intact until your post-operative appointment (unless told otherwise by Dr Zilko).

When showering, wrap the foot/leg in a plastic kitchen or garbage bag and seal the top of the bag above your dressings/boot with tape or an elastic band. A shower chair is essential if you are non-weightbearing, and is advisable even if you are allowed to walk in your surgical boot or shoe.

If there is excessive bleeding or leaking through the bandages, or they get wet, please contact the rooms and these can be re-banded if required.

Pain Management

Pain is best treated before it arrives. A regular regime of pain killers taken in the post-operative phase is very important.

Make sure you take a full dose of painkillers before going to bed on the night of your surgery, even if you are pain free, since the anaesthetic block will often wear off whilst you are asleep. It's recommended that you take regular analgesics 4–6 hourly initially, whilst pain is moderate to severe. After the first 2-7 days regular Panadol or Panadeine is usually adequate.

If you have problems taking any of these medications, please let the anaesthetist or Dr Zilko know. There is no need for you to be in constant pain.

Exercises

While you are resting it is important to do gentle range of motion and strengthening exercises. This promotes blood flow, muscle strengthening, and prevents joint stiffness. The exercises given to you by Dr Zilko or your physiotherapist are designed to assist with your rehabilitation and to gain the best results after surgery.

However, do not overdo it. Too much too early can be just as bad as not doing enough. This includes sport. Dr Zilko is happy to liaise with your trainers to get you back on the field as quickly as possible without compromising your recovery process and long-term health.

FOLLOW-UP & TIME OFF WORK/DRIVING

Please call the rooms if you do not already have a post-op appointment for 2 weeks after surgery. At this first post-op appointment Dr Zilko's nurse will check the healing of your wounds and remove any stitches. The next follow up will usually be a further 4-6 weeks later to check further recovery.

If podiatry rehabilitation or physiotherapy is required this will be arranged and discussed at your follow-up appointment.

Time off work and recovery will depend on the nature of your surgery. Generally a minimum of one to two weeks is required off for seated or desk work. For more prolonged standing or walking this will often require at least 4-6 weeks off work.

Driving is not allowed in the first few days after surgery whilst on strong painkillers. If you've had surgery on your right foot or ankle then you generally need between 2 and 6 weeks off driving,

depending on the procedure. If it's your left foot (and you drive an automatic car), you can usually drive 7-10 days after surgery.

POST-OPERATIVE PROBLEMS

If after reading and following the post-operative instructions you are experiencing any of the following problems, please call the rooms on 9489 8733:

Infection

- Wounds feel hot and tender.
- Unusual discharge from your wound or an odour from your dressings.
- Fevers, sweats and/or generally feeling unwell.

Swelling

- Swelling is not reduced with elevation of the leg.
- A change in the colour of your toes or coldness.
- The calf muscle in the lower leg of the treated foot swells or is painful.

Bleeding

- Your dressings are showing an excessive amount of fresh blood.
- Elevation and application of pressure dressings doesn't stop the bleeding.

Pain

- The medication that has been prescribed for you is not helping control the pain while you have been resting with your limb elevated.

Medication

- You are experiencing ill effects due to the prescribed medications (eg nausea, vomiting, stomach discomfort).

Frequently Asked Questions

BEFORE SURGERY

Can I take my regular medications?

Yes you can, even on the day of surgery with a small sip of water. Patients with diabetes and those on blood thinning tablets will have special instructions.

Do I need to bring my X-rays to hospital?

Yes, if you have hard copies then it is very important to bring all relevant x-rays and scans with you.

Will I have my surgery as soon as I am admitted to hospital?

No, there will be a wait depending on the order of the list as to what time you have your operation.

Will I see my surgeon prior to surgery?

Dr Zilko will see you in the pre-operative holding area before your operation or earlier if there are any relevant issues.

IN HOSPITAL

How do I obtain a medical certificate?

For all certificates please call or email Ashleigh in the rooms. Certificates can be supplied pre-operatively if required.

What is the process for discharge from hospital?

Hospitals are busy places and beds are required for other sick people requiring treatment. You will be discharged when pain is controlled by oral medication and you are safe on crutches/frame. You need a responsible person to take you home.

AFTER DISCHARGE

Do I need to make a post-operative appointment?

Yes - if you're not already booked, please call the rooms to make an appointment for two weeks after the operation.

When can I drive?

From a motor vehicle insurance point of view, the minimum time is usually after your post-operative appointment. Specific timeframes depend on your surgery.

What do I do if my dressings get wet?

Take the dressings down and replace with gauze and a crepe bandage. If you have a cast that gets wet, please contact the rooms.

What if my bandages become blood stained or tight?

If this occurs, call the rooms and we will arrange for the dressings to be changed.

AFTER WOUND HEALING

When does the swelling stop?

Swelling often increases over the first 6 weeks and then reduces over the next 6 weeks. This is the normal way the body heals. Rest and elevation is essential in the first few weeks. As the foot swells it is common to have stiffness and mild nerve pain, so attention to swelling is important.

What if part of my wound is still oozing?

Some people do have slower healing rates. Changing the dressing daily and keeping a dry dressing in place may be required.

When can I travel by airplane?

You should avoid flying in the first two weeks post-op, and preferably the first six weeks. The risk of DVT is higher in the first three months.

Will I beep going through the airport security?

Not usually, but in some cases you may activate an x-ray machine (i.e. ankle replacement or large metallic screws). If uncertain, take a copy of your x-rays with you.

PINS AND WIRES

Can I damage them if I knock them?

Usually not, however if the toe shape changes or there is prolonged (not just immediate) pain, then call the office.

PAIN

Will I have pain?

Some pain after surgery is unavoidable. Severe pain that escalates rather than subsides is of concern and you should contact us. There shouldn't be excessive pain after more than a few days so contact the rooms if this is the case.

What if I feel nauseated?

The most common cause for this is taking excess codeine or opiates such as Oxynorm, Panadeine Forte or Tramadol. Move to using paracetamol.