



**DARIN W ALLRED M.D.**  
ORTHOPEDIC SURGERY AND SPORTS MEDICINE

## Haglund's deformity resection Post op Instructions

### Food

Start slow. It is natural to want to eat a lot after surgery. We recommend you eat small amounts of your normal diet and increase your intake as your nausea improves.

### Dressing

If you have a cast or splint: keep your dressing on until you return for follow up. (Usually 2 weeks)

### Incision

Keep you incision covered for 2 weeks

### Weight bearing

Weight bearing is **not allowed** for 3 weeks.

### Activity

I want you to be as active (without putting weight on your foot) as your pain and swelling allows. This helps prevents blood clots.

### Blood clots

My biggest concern after foot and ankle surgery is the formation of blood clots. To prevent blood clots, I recommend you be active and take One tablet (325 mg) of aspirin twice daily with food for 2 weeks. If you or your family have had a blood clot or other reason to have an increased risk for a blood clot, you may need more aggressive treatment. Please discuss this with Dr. Allred within 24 hrs after surgery. What does a blood clot feel like? Usually (not always) blood clots surface a few weeks after surgery. They usually (not always) cause calf pain and increased ankle swelling that is new. Rarely, they cause shortness of breath. If you think you may have a blood clot call the office immediately (during office hours) or go to the ER (if after hours)

### Swelling

The best way to control swelling is by keeping your foot above your heart (sitting up in bed usually does NOT get your foot above your heart). Swelling control dramatically affects healing and complications!

### Physical therapy

You will attend PT. We will arrange PT during your first post op visit.

### Medications

As discussed above, I recommend Aspirin for two weeks. Rotate over the counter ibuprofen and Tylenol. For example take regular Tylenol followed by Ibuprofen 2 hrs later. Do not take more than the recommended daily dose for each. I also recommend over the counter Pepcid or other antacid while on ibuprofen to prevent a stomach ulcer. Narcotics: see below.

### Narcotics

You may need them for a few days but the quicker you stop using them the better you will feel. It is very rare to need a refill. We **DO NOT** refill medications after hours or on weekends so plan ahead. It takes about 72 hrs to get a refill. If you take narcotic medications regularly you will need to make arrangements with your prescribing provider.

### Post Operative Visits

Call for an appointment approximately 2 weeks after surgery.

### **Precautionary Measures**

- 1) To prevent infection, you were given IV antibiotics prior to your surgery.
- 2) To prevent blood clots, you will need to be active. I want you to walk around your living room once every hour while you are awake. Also take Aspirin 325 mg twice daily for 2 weeks to prevent a blood clot.
- 3) If you are taking narcotic pain medication (Percocet or Vicodin), you may need a stool softener to prevent constipation. Over-the-counter medication such as Docusate or Milk of Magnesia is recommended.

### **Emergencies**

Call the office at if you experience the following:

Incision opens  
Increased redness at incision site  
Pain uncontrolled by pain medicine  
Uncontrollable bleeding  
Fever > 101 ° F or shaking chills  
Difficulty breathing or chest pain  
Severe pain or redness in calf  
Painful swelling

### **Contact**

Please refer to the website for the office phone number.

### **Recovery at a glance:**

- At no point should the patient be doing any stretching against resistance. This is contradictory to my usual protocols and not-intuitive, but this is to protect the repair and prevent over-lengthening or over-stretching. **NO CALF STRETCHING** unless specified in written instructions. Please contact me to discuss if you feel that the patient needs achilles/ calf stretching.
- **Begin moving your ankle up and down (range of motion) out of the boot to prevent your ankle from becoming stiff. We usually change you from splint to boot at 2 weeks.**
- **2 weeks non-weight bearing in a splint.**
- **Return to the office at about 2 weeks for suture removal.**
- **At 3 week mark: Begin using wedges and start slow progressive weight bearing in the boot for 4 weeks.**
- **Follow up 6 weeks post op. Begin transition out of the boot and into regular shoe wear.**
- **You may begin gentle biking and swimming after 6 weeks.**
- **12 weeks post-op you may begin elliptical trainer and progress to advanced strengthening**
- **At 16 weeks post-op you may begin higher impact activities.**
- **Once you can come up and down on your toes (single heel rise) on the surgical side, or you can hop on the surgical foot (single leg hop), you may return to running, other sports and all activities. This may take 6 months to a year.**