



NARENDRA R. PATEL, DPM

PODIATRIC FOOT AND ANKLE SURGEON

PERI-OPERATIVE PATIENT EDUCATION

Understanding Your Foot and/or Ankle Surgery

Dr. Narendra Patel, your foot and ankle surgeon, has recommended surgery as the best treatment for your foot and/or ankle condition. Surgery becomes an option when conservative (non-surgical) methods have not adequately provided relief of pain, improvement of function or correction of a deformity. Surgery may also be undertaken as a preventive measure to keep some conditions from worsening.

This information sheet is designed to help you understand the surgery that has been recommended for your condition. It describes what you need to do before and after your procedure to obtain the best results.

We want you to be a partner in the success of your surgery. We have tried to address the most important points. If you have any further questions either Dr. Patel or his clinical team are always available to help answer them.

Dr. Patel's Team

Hannah Kelly, MS, ATC
Clinical Assistant

Mo-nik Patel, CST
Certified Surgical Technologist

WEIGHING THE RISKS AND BENEFITS OF SURGERY

The major benefits of foot and/or ankle surgery are decreased pain and improved function. In some cases, surgery is also beneficial as a means to keep a condition from getting worse or causing other problems in the future.

As is true in all areas of surgery, surgical procedures carry risks. The possible risks of foot and ankle surgery include, but are not limited to:

- Infection, possibly leading to antibiotic therapy and/or hospitalization or further surgery
- Loss of blood
- Damage to nerves, arteries, and veins in the surgical area
- Numbness
- Failure of bones to heal (non-union)
- Bone healing in an imperfect position (mal-union)
- Failure of incision to heal
- Incomplete correction or worsening of the condition rather than improving
- Painful scars
- Continued pain, especially when wearing shoes or walking
- Recurrence of the condition or need for additional surgery
- Gangrene and loss of the toes, foot, or leg
- Deep vein thrombosis (DVT) – blood clot or pulmonary embolism
- Risks associated with anesthesia (to be explained by the anesthesiologist)
- Stroke, heart attack or possible death

PREPARING FOR YOUR SURGERY

Medical Evaluation

Hospitals may require a pre-surgical clearance done by your family doctor or internist. Dr. Patel will tell you if that will be needed based on your medical history. This must be done within 30 days of your surgery. You also may be required to obtain certain blood-work that will be determined by the hospital or surgery center.

Current Medications and Supplements

Make sure your surgeon has a complete list of your medications, supplements, prescriptions, over-the-counter medications, vitamins, and minerals.

Before surgery stop taking _____

Allergies

Make sure your surgeon has a complete list of your allergies to medications, latex, soaps, creams, adhesives, etc.

Stop Smoking

Stop smoking if you are a smoker; this is the perfect time to give up the habit. In addition to decreasing breathing capacity and causing other harmful effects, smoking constricts the blood vessels and therefore delays wound and bone healing after surgery, and increase your risk of infection and complications.

Nail polish removal

You may leave your current nail polish on unless instructed otherwise. Do not obtain a pedicure within two weeks of surgery or 3 months after unless told otherwise.

Feeling sick prior to your scheduled procedure

Inform our office if you become ill before your scheduled procedure – even if it's just a cold or the flu.

Dental Procedures and Antibiotics

Antibiotics are only required for joint replacement procedures. Screws, plates, pins do not require preventative antibiotics unless told otherwise. Do not have dental work for at least 4 months post-op.

Out-patient versus In-patient

The majority of procedures performed by Dr. Patel will be done as an out-patient, i.e. having the procedure done and going home the same day. More complex procedures will require a hospitalization and will vary as to length of stay.

Anesthesia

Your surgical procedure will take place at a hospital or surgery center. Anesthesia will be used and administered by an anesthesiologist and will either be a twilight (IV Sedation) or a general (breathing tube) anesthetic depending on the complexity of your surgery.

Weight Bearing Restrictions

Following your surgery you may be required to not place weight on the extremity that was operated on. You will be provided with crutches or a walker as needed. There are three different types of weight bearing

- *Non-weight bearing.* No weight can be placed on the operated extremity. An assistive device such as crutches, walker, knee scooter, or wheelchair will be necessary.
- *Partial-weight bearing.* You can place a portion of your weight on the operated extremity. Crutches, a cane, or walker will be necessary.
- *Full-weight bearing.* You can place all of your weight on the operated extremity with the surgical shoe or boot dispensed.

Assistive Walking Devices

There are a variety of devices available to assist your weight bearing restrictions. Crutches and walkers are the most common. An additional aide that is very popular is the rental of knee scooters. You will be provided information on these as needed.

Driving Restrictions

If you have surgery done to your right foot (or left foot if you drive a manual car), you will not be permitted to drive for safety reasons. If your surgery requires a cast or a boot then you must be cleared by Dr. Patel before you can drive. It is not uncommon for procedures that require casting or boots to not drive for at least three months.

Length of Surgery

Length of surgery varies from procedure to procedure. Most procedures range from 30 minutes to 3 hours depending on the complexity. Your family and friends are encouraged to bring reading materials or electronic devices such as tablets or computers while they wait for you.

Timing of Surgery

Most procedures are elective and can be done at your convenience. Delaying surgery may cause a worsening of your condition but severity and timing depends on a case by case basis. Surgery for fresh injuries such as fractures or tendon/ligament tears typically are done within a week of the injury. You may also want to consider the season in which you have your elective procedure done. Managing crutches for example in the icy winter can be dangerous. If you are planning on leaving town after your surgery or have vacation plans, please notify us to see if that would pose a problem or increase risks of your surgery. You must be in town for at least two weeks following your surgery as most complications when they occur happen in this window.

Post-Surgical Dressings

After your surgery you will have sterile dressings applied. These are not to be removed unless directed. Typically you will follow up five to seven days after your surgery. It is at that time when our clinical team will remove the dressings. In the event that you have excessive bleeding through the dressings notify our office immediately. You may be placed in a hard half cast (splint), surgical shoe, or a surgical boot. You are to leave these devices on unless directed to do otherwise.

Length of Healing

Length of healing time varies from person to person and from procedure to procedure. Most foot and ankle procedures will take a full year to recover fully. Swelling can take six months to a year to completely resolve. Numbness or tingling sensations can also take up to year to recover. Most procedures will have you functioning at a good level by about three to four months.



Incisions

You will have a scar after your surgery. Incisions are closed with a variety of methods including staples, stitches, glue, and surgical tapes. Sutures and staples are typically removed in the office between 7-14 days after the procedure. Incision care instructions will be discussed with you at the first post-operative visit. After your incision heals you may use scar products such as Mederma, Silicone Patches, or Cocoa-Butter/Vitamin E creams when instructed it is safe.

Hardware

Many foot and ankle procedures require the use of internally or externally placed pins, wires, screws, buttons, or anchors to hold structures in place until they heal. Most of the time these implanted devices do not need to be removed and can be safely left in place permanently. Certain metals can set off airport screening devices and can be discussed with you on a case by case basis.

Pain Management

Pain is normal and to be expected after surgery. We will give you prescription pain medications to help you with this. Often time's narcotic medications are given but our goal is for you to not require them by six weeks post-operative. You should not take any anti-inflammatory medications, i.e. Ibuprofen, Advil, Aleve, Naprosyn, etc., unless directed otherwise. These medications can interfere with bone healing. You may receive a nerve block injection after your surgery to help reduce your pain. Numbness and sometimes paralysis of the foot and/or ankle for up to 36 hours is normal after these injections. Please keep in mind that pain relievers may cause constipation and we recommend plenty of fluids and increased fiber intake or use the over-the-counter laxatives.

We recommend the daily intake of a multi-vitamin following surgery and if you are having bone surgery we also recommend Calcium/Vitamin D supplements and follow package dosing.

Physical Therapy

Physical Therapy is an integral part of your complete healing. This may consist of a home exercise program or a formal program done at a licensed facility.

Disability Forms

If you will be requiring disability forms to be filled out for your employment you must present those to our receptionist and fill out the appropriate requisition paperwork. We will then fill those forms out for you. Please allow up to one week for completion of those forms.



Handicap Sticker

You may request a handicap sticker if it is needed. We will process based on need and type of surgery performed.

Surgical Time

The hospital or surgery center will call you the day before about the exact time of your surgery and when to arrive. Keep in mind that other patient's procedures or emergencies that come in may delay the time of your surgery.
Return to Work/School

Most procedures will require you to keep the leg elevated to reduce swelling. You should make arrangements with your employer or school to allow for this. You may return to work/school as soon as you feel that your pain is under control. Please take into account any weight bearing restrictions you are given. We can provide you with hall passes and elevator access for your schools if needed.

Home Preparation for your Surgery

To help you plan ahead, here's what you can expect regarding activity restrictions after the surgery:

While you are recovering from surgery, your living quarters will ideally be on the first floor to avoid using stairs. For safety purposes, make sure that throw rugs, foot stools, electric cords, and other items are kept out the way to prevent tripping. If you are restricted from placing weight on your foot you may want to avoid stairs altogether or go up and down the stairs on your buttocks. Have extra pillows handy to prop up your leg. Also, arrange for help with household responsibilities and meals. Consider obtaining a shower chair or even a bedside commode if needed.

You should arrange for someone to drive you home and someone to stay with you overnight following your procedure. Arrange for extra help for personal and household needs especially if your weight bearing is restricted. You may also want to consider having someone to assist you during your entire recovery.

Food and Drink Restrictions

You may not eat or drink anything after midnight the night before surgery. You may take your prescribed morning medications with sips of water.

You may resume your regular diet as tolerated after the surgery. If your stomach is upset after the surgery you may consider trying bland and/or low fat foods. If this doesn't help your upset stomach we can provide prescription medications.

Bathing/Showering

Unless instructed otherwise all surgical dressings are not to be removed. You may shower after your surgery but must keep your dressings completely dry. You may consider commercially available water-resistant cast/bandage protectors. These can be purchased at most pharmacies. You could also use two layers of plastic bags to cover your extremity but place a towel around the top most part of your cast or dressing underneath the bags.

Post-Surgical Care Instructions

- Elevate your foot and ankle. To reduce swelling, your foot and ankle should be raised slightly above the level of your hip whether you are seated or lying down. We do encourage you to get up and move around a bit to reduce your chances of getting blood clots.
- Depending on your risk factors we may recommend blood thinners to reduce your risk for DVT-blood clots.
- Swelling is also reduced by icing the operated area. We recommend three times a day at least for twenty minutes.
- Try to stay ahead of the pain and take your medications as prescribed.
- Often times an antibiotic is prescribed for the first 24 hours only. Instructions will be given.
- Make a follow up appointment with Dr. Patel within 5-7 post surgery or as directed.



Possible Problems

Call our office immediately if any of the following potential problems occur (847-285-4200):

- Severe swelling or pain in the calf
- Excessive amounts of blood on the dressing
- Redness
- Toes, foot, and/or ankle that become cold or turns pale
- Blue or white toes or toenail beds
- Foul odor from your surgical site
- Fever above 102 degrees – Check your temperature daily
- Severe pain that is not relieved with pain medication
- If you cannot reach Dr. Patel or doctor on call go to the emergency room in case of emergency.