

Foot + Ankle Fusion

General Post-Operative Instructions for Foot + Ankle Fusion

The Number To Call For Any Problems Or Questions Is: 503-214-5200

Anesthesia:

You will feel a little off for a day or two after the anesthetic. During that time you should not drink alcoholic beverages, make any important decisions or engage in any potentially hazardous activities. It is very common to be slightly nauseated and you should start with a light, low fat diet until your appetite comes back.

Bathing and Wound Care:

The cast and dressing should cover the wounds and support the leg but should not feel overly tight or uncomfortable. If it seems too tight you should call the office or go to the ER if it is after hours.

The cast is not removable. Leave it in place and keep it dry until seen in the office. You may cover the cast with a plastic bag to take a shower.

Pain Management:

The interval for taking pain medication, as noted on the bottle, is a minimum interval. You should not take the medication more frequently

than that. You may take the medication less often than on the prescription if you are not in pain.

You have been prescribed two narcotic pain medications. The first medication should be taken to relieve pain as necessary, not to prevent it. You should not set your alarm clock to remind you to take your pain medicine, nor should you take it on a set schedule even if you are not hurting, as this can result in overdosing of the medication. The second is a long acting narcotic. You should take it every 12 hours. It will decrease the need for the other pain medication and help you sleep more comfortably. As soon as you reasonably can you should take the narcotic pain medication solely at night and the anti-inflammatory medicine or Tylenol during the day. This encourages a more normal sleep/wake schedule.

If you do not have trouble with ulcers or stomach pain, and if you do not have kidney problems, you may also take an anti-inflammatory medication in addition to or instead of the narcotic medicine. An average sized adult may take three 200 mg ibuprofen (Advil/Motrin) every 8 hours, or Aleve two tablets twice a day, with food for a period of two weeks.

Activity

Elevation and Ice:

Elevation is the best way to decrease your pain and swelling. It only counts as elevation if your ankle is above your heart. Sitting in a chair with your foot on the coffee table is not enough. . Ice is important to apply often the first week at a minimum. The ice will penetrate the cast even though you may not feel the cold.

Weight Bearing:

You are not to put any of your body weight on your ankle or foot when you are walking around. It is ok to rest the foot on the ground but do not shift your body weight onto it.

Driving:

If your fused ankle/foot is on the left and you have a car with an automatic transmission, you should be mechanically able to perform the functions associated with normal driving.

If your right ankle/foot is the fused one, you are not able to use your right leg to push on the brake or accelerator and are thus not mechanically able to perform the functions associated with normal driving.

You should be mechanically able to do the things needed to drive. We cannot tell you what would happen if you did something that hurt and led to your losing concentration etc. You must make your own determination as to whether you are safe to drive.

You cannot drive if you are taking narcotic pain medication.

Follow Up:

If you did not have your post op appointment arranged prior to surgery, you should call the office to arrange for an appointment that works for you. You need to be seen in two and one-half weeks.

At the first follow-up appointment, your cast will be removed, the incisions inspected and the stitches removed. A new cast will be placed. Again there should be no weight bearing on the operative foot unless otherwise instructed. You will be seen again in 4-5 weeks.

At the second follow-up visit, new x-ray films taken. If the fusion looks good, you will be placed in a removable cast boot. This is to be removed 5-6 times

a day for range of motion to your ankle and/or foot. You will begin to put weight on your foot in a gradual fashion with the boot on. This begins by continuing to use the crutches or walker while placing about 25% of your body weight on your foot. When that becomes comfortable, increase the percentage of weight on the foot. Do this in a gradual fashion, so that by the time you return for the next follow-up in six weeks, you will be fully weightbearing on the foot with the boot but without crutches.

During this time walking in a swimming pool is excellent therapy. Do this in chest deep water without the boot.

At the third follow-up visit, new x-ray films will be taken. If the fusion appears solid, you may begin to transition into shoewear at your own pace. Please remember you had a significant operation to your ankle – swelling is normal and expected for the first six to nine months.

Ankle and foot surgery takes time to recover from. Most patients will find that improvement takes six to nine months to occur and can continue for up to 18 months.

Some Reasons to Call:

Fever greater than 101.5 (it is very common to have a low grade fever the first night or two after surgery)

Foul smelling drainage

Pain that is out of control or worsening and not relieved by rest, elevation, ice and pain medication.

Excessive bleeding

Chest pain, shortness of breath

Concern that things are not as they should be

If You Think That You Have An Urgent Problem That Needs To Be Seen Right Away, Then Go To The Emergency Room.