

Total Ankle Replacement

General Post-Operative Instructions for Total Ankle Replacement

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. Don't drink cold water, as it can upset your stomach.

Bathing and Wound Care:

It is not unusual for some blood to show through on the dressing. If bleeding seems to be continuing after the first 12 hours and the area is larger than 2 inches or so, please call the office. You may cover your dressing with a plastic bag to take a shower but do not get the dressing wet.

The 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.

DO NOT Remove the dressing until you have been seen in the office.

Pain Management:

A long acting local anesthetic is injected into the ankle after surgery and usually wears off 6-12 hours later. As it wears off your ankle will begin to hurt more.

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 a narcotic pain medication. This medication should be taken to relieve pain, 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.

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. These work well and do not cause bleeding. After the first day or two you may start an over the counter anti-inflammatory. An average sized adult may take three 200 mg ibuprofen (Advil/Motrin) tablets 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. Please ice and elevate your leg for at least the first three days after surgery. On the fourth or fifth day following surgery please begin to GENTLY move your big toe. Do this WITHOUT removing the dressing. Gently grasp your toe with one hand and stabilize your foot with the other. Then move the big toe up and down for 5 minutes every couple of hours.

Weight Bearing:

You may weight bear on your heel when you feel comfortable to do this. Crutches will be provided to assist you during the first two weeks out from surgery.

Driving:

If your injured 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 foot is the injured 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.

I can tell you if you should be mechanically able to do the things needed to drive. I 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 2 weeks. Physical therapy should begin shortly thereafter. It is okay to schedule that appointment ahead of time.

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)

Redness or swelling that is spreading from the edges of the incisions

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

Chest pain, shortness of breath

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