

Name: _____	
Mrun#: _____	DOB: _____
Date of Service: _____ Acct# _____	
If no label write patient information in this box.	

**Postoperative Instructions for Foot / Ankle Surgery****Your Surgery Included:****Arthroscopic:**

- ☐ Debridement / OS Removal
- ☐ Articular Cartilage Repair
  - ☐ Microfracture ☐ OATS
- ☐ Synovectomy
- ☐ Lysis of Adhesions
- ☐ Subtalar Joint

**Open:**

- ☐ ORIF Fracture
  - ☐ Ankle ☐ Syndesmosis ☐ Lisfranc
  - ☐ Metatarsal / Jones
- ☐ Tendon Repair
  - ☐ Achilles ☐ PTTD ☐ Peroneal
- ☐ Ligament Repair / Reconstruction
- ☐ Debridement / OS Removal
- ☐ Articular Cartilage Repair
  - ☐ Microfracture ☐ OATS ☐ ACI

Call our office (315-363-4651) immediately if you experience any of the following. If you are calling after business hours, you will be connected to the Answering Service who will connect you to the on call provider for Oneida Orthopedics.

- Excessive bleeding or pus-like drainage at the incision site
- Uncontrollable pain not relieved by pain medication
- Excessive swelling or redness at the incision site.
- Fever above 101.5 degrees not controlled with Tylenol or Motrin
- Shortness of breath or severe calf pain
- Any foul odor or blistering from the surgery site

**FOR EMERGENCIES:** Our office is the best way to contact us. If on the weekend, call 315-363-4651 and the Answering service will direct your call appropriately

1. **Pain Management:** A cold therapy cuff, pain medications, local injections, TENs unit, and in some cases, regional anesthesia injections are used to manage your post-operative pain. The decision to use each of these options is based on their risks and benefits.

**Medications:** You were given one or more of the following medication prescriptions during your preoperative appointment. Follow the instructions on the bottles.

**Narcotic Medication** (usually Percocet, Roxicodone, or Norco): Begin taking the medication before your incision starts to hurt. Some patients do not like to take any medication, but if you wait until your pain is severe before taking, you will be very uncomfortable for several hours waiting for the narcotic to work. Always take with food.

**Nausea / Vomiting:** For this issue, we prescribe Zofran or Phenergan, use this medication as directed as needed for nausea.



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**Cold Therapy:** You may have been sent home with a Polar Care® cold therapy unit and wrap. Fill with ice and water to the indicated fill line. You can use 20-30 minutes on then off, several times a day. This will help relieve pain and control swelling. Do not sleep with on.

**Regional Anesthesia Injections (Blocks):** You may have been given a regional nerve block either before or after surgery. This may make the entire area numb for 24-36 hours.

Do not use any of these medications with alcohol, while driving, nor take any additional acetaminophen (Tylenol). Long-term use of any narcotic pain medication can cause dependence, however if you hurt, don't hesitate to take it as prescribed and then gradually wean off the medication. You will know when you do not need it any longer.

All of these medicines will cause drowsiness. Tramadol does not contain Acetaminophen (Tylenol).

Avoid taking anti-inflammatories for 12 weeks following surgery including a repair, reconstruction, or replacement.

After 24-36 hours, you will feel more clear-headed and pain management will be easier. At this time, these medications may be tailored to your specific needs.

Pain medication should be weaned as soon as possible. You should first discontinue taking the Percocet or Norco and wean to Tramadol and Tylenol/Acetaminophen and then wean to Tylenol/Acetaminophen only. Do not take Tylenol/Acetaminophen while still taking Percocet or Norco as these medications have Tylenol/Acetaminophen in them as well. It is recommended that you not take more than 3,000mg of Tylenol/Acetaminophen in a 24 hour period.

2. **Diet:** Eat a bland diet for the first day after surgery. Progress your diet as tolerated. Constipation may occur with Narcotic usage. We recommend Colace 100mg twice a day while taking narcotics.
3. **Activity:** Limit your activity during the first 48 hours. Keep your leg elevated with pillows under your heel. After the first 48 hours at home, increase your activity level based on your symptoms.

**Elevation:** Elevate your foot frequently throughout the day while swelling is still present. To properly elevate place pillows under your heel and lie back so that your foot is higher than your heart.

#### ICE:

Ice your foot/ankle 5-6 times a day, 20-30 minutes at a time. This can be done using the cooling unit that was in place after your surgery or you can use regular ice packs. Please remove the unit completely 2-3 times daily to prevent impressions on your skin and to let your skin fully warm before the next application. Have your TED hose or a towel under the cooling unit to protect your skin from the cold when using the cooling unit. Ice is stronger than anti-inflammatory medication. Be diligent about icing! Be sure to ice down your foot / ankle for 20 minutes after therapy. Be careful to check your skin, as there have been rare cases of cold induced damage to the skin. Do not sleep with the cooling unit on.

4. **Dressing Change:** Proper dressing changes are key to your success after surgery. Dressing instructions will be discussed on a case-by-case basis. If you have a splint on, please do not remove it and keep it clean dry and intact. Keep wounds as dry as possible for first 2 weeks. It is normal for some blood to be seen on the dressings. It is also normal for you to see apparent bruising on the skin around your foot / ankle. If you are concerned by the drainage or the appearance, call the office at 315-363-4651 for further direction. After hours, you will be connected to the Doctor on call.



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To minimize skin irritation, rotate bandage orientation by 90 degrees daily.

Do NOT use ointments on your incisions. Keep wounds as dry as possible for first 2 weeks.

5. **Showering:** You may NOT shower with a splint on. Getting the splint wet could cause serious problems with the wound. If bathing, make sure the splint is safe from water. It is recommended you cover the surgical area (dressing) with plastic wrap to avoid it getting wet. Do not submerge limb in any water for 4 weeks or incisions completely healed.
6. **Brace :** You may have been sent home in a fracture boot. Wear the boot as instructed and comply with weight bearing precautions. If instructed, the boot may be removed for gentle exercises. Otherwise, the boot is to remain on except for showering.
7. **Weight Bearing** You may have been sent home with crutches. If instructed (see below), use these crutches at all times unless at complete rest.

- ☐ Non-weight bearing for \_\_\_\_ weeks (You may touch your toes to the floor)
- ☐ Partial weight bearing for \_\_\_\_ weeks ☐ 25% Body Weight ☐ 50% Body Weight
- ☐ Full weight bearing after \_\_\_\_ weeks

8. **Exercises:** Begin these exercises the first day after surgery in order to help you regain motion and strength. You may do the following marked exercises:

- ☐ Toe Curls – Pick up a towel with your toes
- ☐ Heel Raises – Beginning with your feet flat on the floor, rise up onto the balls of your feet. Perform 3 sets of 10 repetitions.
- ☐ Ankle Pumps – with your knee straight, move your ankle in a “pumping” fashion to activate your calf and leg muscles



9. **Physical Therapy:** Physical therapy is an essential component to your recovery from surgery. Your physical therapy will start in \_\_\_\_\_ days / weeks.
10. **TENS Unit:** You may be supplied with a TENS unit before or after surgery. Be sure to inquire if you are purchasing or renting the unit and how much it will cost out of pocket after your insurance company provides or does not provide coverage. This unit hooks up to the 4 wire patches that were placed strategically on your skin, close to your surgical site. This helps with pain management along with your ice unit and your prescriptions.
11. **Compression:** your TED hose (the white stocking) will help decrease swelling after surgery. These are to be worn for the first 2 weeks after surgery. They serve the dual purpose of decreasing the change of blood clot formation as well as aid in controlling swelling in the left. You may remove them daily to wash, but should wear them as much as possible to get the maximum benefit. They can be worn for longer than 2 weeks if swelling persists. If a re-circulating ice unit is used, the TED hose should be worn under the pad.



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12. **Other:**

- **DRIVING:** Following surgery, you are not able to drive during the time you are instructed to be on crutches, wearing a brace, or while you are on pain medications.
- **URINARY RETENTION:** Should you experience a decrease in your urine output or are unable to urinate following surgery, this can be due to the medications given for anesthesia during surgery. We recommend contacting the emergency line for a urology department appointment for a same day or next day appointment. Ask to schedule an appointment for the next day. If unable to, please contact us to facilitate.
- **EMERGENCIES:** If you experience any of the following:
  - Fever over 101°, chills or sweats
  - Non-clear drainage around the incision or increased redness/swelling
  - Calf pain and swelling, redness and warmth on either leg
  - Chest pain or difficulty breathing
  - For any emergencies or concerns after office hours, contact the on call line at 315-363-4651 or go to the nearest emergency room and have the admitting physician contact Dr. Khalid.
- **FIRST POSTOPERATIVE VISIT:** As scheduled.

