Edinburgh Orthopaedics

Foot and Ankle Surgery Booklet

NHS Lothian

Foot and Ankle Surgical Care booklet

This document provides pre and post operative information on the patient journey considering Foot and Ankle surgery.

Mr John McKinley | Mr Hisham Shalaby | Mr Colin Thomson

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1. Points to consider before surgery

Surgery is considered after conservative treatment options have been exhausted or there is no alternative but surgery. There is always a risk that an operation will not work, make your symptoms worse or result in new symptoms. Foot and ankle surgery is undertaken to reduce pain and improve function. It should never be considered for cosmetic purposes. After weighing up the potential benefits and drawbacks of surgery, you alone need to decide if your symptoms warrant any surgical intervention.

Home support after surgery- Foot and ankle surgery can affect your mobility and independence for a several weeks. It is important to consider the following:

- How will you manage to get to the toilet? Do you require any aids? If you have a downstairs toilet could you move your bed downstairs for the duration of your recovery?
- Who can help with essential daily tasks such as shopping for food and preparing meals?
- How will you manage to get up and down stairs if necessary?
- If you have pets, who will look after them, walk the dog for example?
- If you are a career who will look after the person you normally care for?
- Will you manage non-weightbearing with crutches if that is required?
- If you have young children, who will take them to school or look after them?

2. Pre-operative Assessment

Most patients will be asked to attend a pre-operative assessment appointment in advance of their operation. At this time you will see a nurse and assessed in a consultant clinic (you will generally see a surgeon or trainee) who will obtain informed consent. You may need to have a heart ECG and blood sample. A risk assessment will be made of your risk of developing a blood clot. This process is intended to ensure that you are fit to safely undergo anaesthesia and surgery.

Consent: Informed consent is the process and actions that take place as you learn about and think about a treatment before you agree to it. Informed consent involves the following steps:

- You are supplied information about the possible risks and benefits of surgery.
- You are informed of the risks and benefits of other options, including non-operative treatments.
- You have the opportunity to ask questions and get receive satisfactory answers.
- You have had time to discuss the plan with family, friends or advisors.
- You are able to use the information to make a decision that you think is in your best interest.

When these steps have been completed and you decide to go ahead with surgery, you are asked to sign a paper called a consent form. The consent form names the procedure informs the potential risks. The completed and signed consent form is a legal document that lets your consultant proceed with the treatment plan. If you decide that you don`t want the procedure or treatment, you **should not** sign the consent form. Your signature on the consent form is taken to be evidence that informed consent took place.

3. Preparation for your Operation

As you will be given a general anaesthetic, it is essential that your stomach is empty before your operation. You will be given Fasting instructions at the pre assessment appointment. **Failure to observe these guidelines may mean that your operation does not go ahead as scheduled**. For Local Anaesthetic procedures: eat and drink normally.

Essential Arrangements- Before your operation, you MUST arrange:

- For a responsible adult to collect you and escort you home by private car or taxi.
- A responsible adult to stay with you at home for the remainder of the day or overnight.
- Your Medications: If you take regular medicines, you can do this with a sip of water. However, do not take diabetic medicines unless you have been told to do so.
- Bring ALL of your medication. Please ensure that you bring them in their original containers.

Hygiene: Please have a bath or shower in the morning of your operation. In addition, skin wipes will be provided to clean your skin in advance of surgery. Do not wear make-up or nail varnish.

Jewellery: Do not wear jewellery (except a wedding ring). Please do not wear any body piercings.

Clothing: Storage space is limited, so please just bring the basics: dressing gown, slippers, nightwear, and toiletries. If staying overnight, towels will be provided.

Valuables: We would encourage you not to bring or keep valuables whilst in hospital.

Mobile phones should be switched to silent in the hospital. In order to protect patient`s privacy, photos must not be taken in the unit.

Waiting times: You may have to wait 3- 4 hours before the time of your operation. It is advisable to bring something to read or do whilst you wait.

Smoking: You are advised not to smoke for at least 24 hours before your operation. Smoking is not permitted anywhere in the hospital (including doorway entrances).

4. The Day of Surgery

On arrival at reception, you will be seen by one of the nursing staff, your consultant/ trainee and anaesthetist. Your consultant/ trainee will discuss the operation and answer your questions before you have surgery and confirm consent to surgery. Your Anaesthetist will then meet you and discuss your anaesthetic. A physiotherapist will (may) assess your need for walking aids. You will then wait in the waiting room/ lounge until it is time to prepare for your operation. An approximate time for your operation will be given to you on admission.

Just before your operation, your Nurse will show you the changing room so that you can change into a theatre gown and slippers. Depending on the procedure, you may be able to wear your underwear: the nursing staff will advise you. A bag can be provided for your clothes.

Recovering after surgery: After your operation, you will wake up in the Recovery Room where the nursing staff will look after you. When you are recovered you will return to the Day Surgery ward on your bed. When you feel able, the nursing staff will offer you something to drink and something light to eat. Nursing staff will advise you when you are fit for discharge. You may be asked to wait to see your surgeon.

5. Pain Relief

The anaesthetists will normally see you in the ward before theatre. They will have access to the clinical information you have already gave to the nurses at the preadmission clinic. You will be able to ask any questions you may have. The **routine** for anaesthesia for foot and ankle surgery is to have a general anesthetic (completely asleep). This is usually combined with local anaesthetic around the nerves either in the foot, ankle or the back of your knee.

Everyone will experience some pain after surgery, and unfortunately some more than others. If you have been given a nerve block during the procedure and your foot may still be numb when you go home. The length of time a block works is variable and in some cases can even last a day or two. It is important that when you feel sensation coming back you take pain killers. If it is still numb before you go to bed take painkillers in case it wears off while you are asleep.

You will have been prescribed take-home painkillers. These work best when you take them regularly. There are various types of painkillers and the instructions on how to take them will be given to you. **These all work in different ways and so can be used together**. They all can have side effects, so if you feel unwell try stopping one of them to see if it helps.

*Paracetamo**l*** – two tablets every four- six hours. Do not take more than eight in 24 hours.

Codeine – usually prescribed in a combination with paracetamol, such as co-codamol.

Dihydrocodeine – one tablet every four to six hours.

Tramadol – every four hours. Tramadol can make some people feel ‘spaced out’ – if this is the case stop using it.

Anti-inflammatories – (Ibuprofen, Brufen, Diclofenac, Voltarol) – maximum 3 times per day. Anti-inflammatories can theoretically slow up bone healing, so ideally you should stop this after a few days if pain allows. You should not take pain medication on an empty stomach; eating first will reduce the risk of nausea. You may get light-headed after taking pain medication, move slowly when you get up.

Morphine tablets/oral suspension – can be added if the drugs above are not controlling the pain. If you have queries about your pain/ painkillers after you get home, you can telephone the pain team during the day, or outside that time, the anaesthetic registrar via the hospital switch board.

It is important to remember that increased swelling will result in increased pain.

6. Swelling

Swelling is to be expected. However, it can have a significant contribution to pain and also slows wound healing. It is therefore very important to try and reduce the swelling as much as possible. You should elevate the leg as much as possible for the first two weeks until the skin has healed. Ideally the foot should be elevated to the level of the heart when lying down and on a high foot stool when seated. Placing cushions or a pillow under the bottom of the mattress may be helpful when you are in bed.

7. Bleeding

You may notice some bleeding through the bandages and this is nothing to be concerned about, elevation will help to prevent this. (see dressings for further information). If the bandage becomes saturated, or the bleeding continues, please contact us. The contact numbers are available at the end of this advice sheet.

8. Dressings

Unless you have been told otherwise the ***dressing*** should be left un-touched until your follow up appointment. Underneath the dressing the wound is sterile; removing the bandage may increase the infection risk.

KEEP YOUR DRESSING/WOUND DRY- If you are having a bath then keep the foot out of the water, hanging over the edge of the bath. Ideally get into the bath, then run the water and allow the water out before getting out. If showering, then cover the dressings in a bin-bag or commercially available waterproof wound/cast protectors which are available from the internet. It may be helpful to use a chair in the shower to avoid slipping.

If there is a problem with the bandage or dressing or if it gets wet, please contact us, (contact details are available at the end of this information sheet).

9. Plaster Cast

If you have a ***plaster cast***, then it is likely that it is a 'Backslab' rather than a full cast. This is a cast with a soft part, usually at the front, to allow for swelling. As a result it is not designed to walk on. It will be safe to place it on the ground, but not to take weight through it. This cast is generally changed two weeks following your operation. If this is to be changed to another cast you will get an appointment to have it changed in the treatment room – when the plaster technician is available.
If your cast feels too tight, it will generally be as a result of swelling, fully elevate the leg for a couple of hours. If able try to wriggle your toes regularly and squeeze your calf muscles and flex your knee – this improves the blood flow and helps circulation. If this does not help then contact us. You will not be able to wear tight fitting trousers with a cast.

10. Mobility

Post operative mobility will depend on the procedure that you have had. Your ability to put weight will be decided by your surgeon and will depend on the exact procedure you have had. For most forefoot procedures you will be mobilising fully weightbearing with crutches. For some bigger hindfoot procedures you may be placed in plaster and instructed not to put weight on the foot. If you need crutches, the physiotherapist will show you how to use them and how to do stairs if needed on the day of surgery.

11. DVT

Although ***Deep Vein Thrombosis (DVT) or*** blood clots are uncommon in foot and ankle surgery, keeping the muscles moving helps to prevent them. A post-operative anti-embolic stocking (provided by the ward) should be worn on the non-operated leg until you are fully mobile. You should contact your GP if you notice symptoms including: Pain, swelling and tenderness in one of your legs (usually in the calf area), a heavy ache in the affected area, warm red, tender skin at the back of the leg below the knee.

12. Pins / K-wires

If you have any metal pins take care not to catch them on bedding or clothing. If they do get pulled out **do not** attempt to push them back in. Contact us for further advice. The foot must be kept dry, dressed and the k-wire protected in a post operative shoe for 4- 6 weeks. The wires are removed at an out-patient appointment after 6 weeks and the foot can then be placed in normal footwear and normal bathing can be resumed.

13. Constipation

The combination of pain pills, dehydration and immobility after surgery may cause constipation. While missing a bowel motion for one or two days is not uncommon, try to be proactive to prevent severe constipation and pain. Things to consider are: Keep well hydrated, Change to non-narcotic pain medications, Eat lots of fibre and fruit. The anaesthetist may prescribe a gentle laxative to take in hospital and at home to try to prevent constipation.

14. Driving

Return to driving depends on which operation you have had and you should speak to your consultant. You should not drive on the day of surgery. You will be unable to drive with a cast or boot. You can return to driving when you are confident you can perform an emergency stop. Advice regarding driving should be sought from your insurance company.

15. Return to work

Advice on return to work, will be given by your consultant, consideration will be given to the type of employment and your surgery. In some cases you may return after one week; for others it may take six weeks or longer. Consider:

- Can you work while not bearing weight on the foot? If so, pain will be the main limiting factor. It is unlikely that you will be able to work for at least three weeks after the surgery.
- If you have to bear weight on the foot at work and you have had a fusion, it may take up to three months to bear weight on the foot. It will usually take six weeks after that to be comfortable enough to confidently return to work. If the pain is slow to go away, it may take longer. If you develop a nonunion (the bones are taking longer than usual to join) then it may take up to a year off work to recover if the surgery has to be repeated.
- HR- You should also discuss working arrangements with your employer

16. First review / removal of stitches

Occasionally there is a small amount of oozing from the wound after the sutures are removed. Expose the wound to the air or apply a thin, sterile gauze, dressing if needed. Check your incision daily for signs of infection. Clarify with your consultant when you can get your foot wet and who should change the dressings. If a further appointment with the consultant is required this will either be given to you prior to you being discharged or it will be posted out to you.

17. Caring for your scars

Scars are often dry and itchy. They may crack and become sore. You can help to avoid this by using creams to moisturise. You can help to avoid this by using creams to moisturize the skin. This is something that every scar will benefit from.

How do I do this? When the stitches are removed, and the wound is healed. You can start to apply a moisturising cream. Wash the skin with a non-perfumed mild soap. Pat the skin with a towel. Do not rub the scar. Apply a non-perfumed cream/moisturiser such as E45, aqueous cream, oily cream, Nivea etc, or a product of your choice. Dot the cream over the skin using your fingertips. Smooth the cream into your scar with your fingertips, applying gentle pressure in a circular motion until all the cream has been absorbed.

Why do I need to massage my scar? Gentle massage will help to soften the scar and make it more pliable. After a week or so your scar will be less fragile and will tolerate more pressure. Star by applying a little more cream than before. This will take longer to absorb. Apply firmer pressure with your fingertips. You should aim to move the scar over the underlying tissues. Concentrate on the thickened and raised bands of scars.

What is a Scar? A Scar is a mixture of blood vessels, cells and fibrous tissue where there was once a wound in the skin. People scar differently, and scars are as unique as the individual.

How long do Scars take to mature? A scar will go through a process of changing colour, depth, texture and shape over a period of 1 year to 18 months. It is important to care for your scar in the early stages after healing.

How do I care for my Scar? As scars often no longer have the ability to produce their own oil and sweat (like the rest of the skin) it is important to moisturise the scars regularly with a non-perfumed cream (e.g. E45, Nivea etc).

Massaging the scar with cream and using a degree of pressure on the scar regularly (minimum of 2 minutes-depending on the size of the scar, twice per day for approximately 3 months) can prevent the scar from sticking to the body tissues underneath it which over time can limit m o v e m e n t or cause contraction of the skin. By massaging the scar the blood supply is also stimulated around that area which helps to reduce redness and swelling and speeds up the maturation of the scar and its flattening. Another benefit of Scar massage is desensitisation. Scars which have altered sensation significantly improve with regular massage.

Use a high factor sun protection cream if exposing the scarred area to the sun or cover it completely.

18. Airport Security / Flights

The screws or plates in your foot or ankle should not set off the alarm as you pass through airport security. If it does occur, show the security officer the scars from your surgery and they will check for metal with a metal detecting wand. Notes for airport security will not be issued. There is a theoretical increased risk of developing a DVT for 6 weeks following surgery. Long haul flights could increase this risk.

19. Recreational Activity Guidelines

In most cases, it will take a while for the foot to feel comfortable during strenuous activities. Apart from minor surgery (such as ankle arthroscopy) it will take 4 to 6 months for your foot to feel comfortable during running or during racquet sports, if you wish to return to these activities. Listed are some approximate times that you can begin activities after an average foot fusion:

• Stationary cycle on a low setting: 4 to 6 weeks
• Swimming: 6 to 8 weeks.
• Upper extremity work out in the gym: 6 to 8 weeks • Walking: 10 to 12 weeks
• Hiking 14 to 16 weeks
• Running 16 to 18 weeks.
• Field or court sports: 18 to 20 weeks

20. Supportive walking shoes

Supportive shoes may be used when advised by your consultant. The single most important aspect of a shoe is to have it professionally fitted. Make sure that your shoe has:

• Tie lacing with several holes to secure the foot snugly in the shoe and to allow for swelling.

• Sufficient toe width and depth to accommodate your foot comfortably. No pointed toes.

• A firm, well-fitting heel counter which extends into the arch.

• The sole should provide good shock absorption and have a non-slip surface. It should be firm enough to prevent twisting but flexible enough to enable normal walking

• Heel height of approximately 1⁄2 to 1 inch. More than this will increase stress on the front part of the foot, less will increase stress on ankle and heel.

• Wide-based heel to provide stability.

• Smooth lining inside to prevent chafing of skin. • Shoe should be as lightweight as possible.

• Discuss any concerns with your consultant.

Shop for shoes in the afternoon as your feet tend to be larger during that part of the day. Stand during the fitting process so the length and width of the shoe can be carefully checked. There should be 3/8 in. to 1⁄2 in. of space for your longest toe at the end of the shoe. The width should be adequate so as not to squeeze your toes. Also, the depth must be adequate so toes do not rub on the upper of the shoe. Do not expect the shoes to stretch to fit your foot. If you have foot orthoses make sure you try the shoes with them on. Try the shoes indoors at home for a day or so to test their fit/comfort. Most stores will exchange shoes if the fitting is incorrect. If you have any doubt, ask the store if you can return them if they are not appropriate.

21. Some Final Notes

Recovery Time: It may take three to six months before you feel a definite improvement in the comfort of your foot. Swelling may take over a year to settle down. The range of motion may also take over a year to improve.

Operating Podiatrist/trainees: Your operation may be carried out by a Podiatrist. Podiatrists are not registered medical practitioners (medical doctors). The podiatrist is fully capable of performing this procedure to the highest standards and you will receive the same care as provided by a surgeon.

Surgeons/Podiatrists/Trainees: Another surgeon other than the surgeon taking consent may perform the operation. This may be an orthopaedic surgeon or a consultant podiatrist.

Part or all of your operation may be performed by a trainee under supervision. The trainee may be an orthopaedic trainee or a podiatrist trainee. They will have adequate training and supervision.

22. When to contact us

Contact us if you experience;

- Extreme pain, not relieved by painkillers
- Localised painful pressure
- New or progressive tingling or numbness
- Tightness at the back of your leg, not relieved by high elevation for an hour
- Your temperature goes up for more than 4 hours
- Breakage or damage to your cast
- Offensive smell or discharge from under the cast.

If you have any problems contacting the orthopaedic clinic you should attend the Practice Nurse at your GPs` surgery.

Seek immediate medical treatment if you experience: Sudden or gradual breathlessness, Chest pain (often when you take a breath in), or suffer from a collapse.

23. Next appointment

□ Your dressing will be reduced and stitches removed at an outpatient appointment.

□ Make an appointment with your GP Practice Nurse in 2 weeks for the removal of stitches and a wound check.

24. Contact Information

Should you have any problems once you are home, please do not hesitate to contact:

Mr McKinley Secretary 0131 536 3725,
Mr Shalaby Secretary 0131 242 3504,
Mr Thomson Secretary 0131 536 3725.
Day Surgery Unit RIE 0131 242 3166/ 3281 or St Johns 01506 524105