

Dr. Richardson Foot/Ankle Post-Operative Instructions

- **Follow-up appointments:** The typical post-operative protocol is meant to monitor your progress at set times and achieve the best possible outcome based on typical musculoskeletal healing after surgery
 - Week 1: post-op radiograph is splint, wound check, and dressing/splint change
 - Week 2: suture removal, conversion to short leg cast or CAM walker boot, physical therapy prescription provided based on surgery specific protocol
 - Week 4: post operative radiograph in cast, wound check, conversion to short leg cast or CAM walker boot, physical therapy prescription provided based on surgery specific protocol
 - Week 8: post-op radiograph outside of cast, conversion to CAM boot if not already done, physical therapy prescription provided based on surgery specific protocol
 - Week 12: post-op weight-bearing radiographs, return back to sport and activities of daily living based on healing
 - 6 month follow-up with weight-bearing radiographs of surgical foot/ankle
 - 1 year follow-up with weight-bearing radiographs of surgical foot/ankle
- **Bandages:** You have either a hard splint or thick bandage with gauze and an ace wrap on the foot/ankle. This needs to stay clean and dry.
 - **Please do not remove or change the bandage.**
 - **Do not get this splint/cast wet.** If you feel that this may have become wet, please notify us immediately. If it happens on Friday, Saturday or Sunday you may have to go to the Emergency room.
 - If your bandage feels too tight or too loose, please contact the office and speak to our staff. We will direct you to come into the office to have the splint/cast changed if Monday to Friday. On holidays, Saturdays, and Sundays you may need to go to the Emergency Room.
- **Elevation:** Please keep your operative leg elevated above the level of your heart for at least 80% of the time while at home for the first 5-7 days. **We like to say, “toes above nose”.** This will not only help decrease swelling but will help alleviate post-operative pain. It is normal for the foot/ankle to hurt more when in the dependent position (foot resting low or on the floor). After the first week, the foot will tolerate longer periods of being down, but continue to elevate at least 50% of the time to continue to reduce swelling allow for healing. Keep your heel off the pillow or bed to reduce your risk of heel ulcers developing.
- **Nerve Block:** If you had a nerve block, you will feel numb for 8-36 hours after surgery. The length of time the block is effective varies patient to patient. Please take the prescribed pain medication as soon as you start feeling pain/tingling sensation in your foot to allow the medication to take effect before the pain increases. **Unfortunately, sometimes the nerve blocks wear off in the middle of the night while sleeping. It can be helpful to take pain medication prior to going to sleep.** The nurses in the recovery room after surgery will discuss this with you as well on the day of surgery.
- **Bleeding:** “Spot” bleeding through your surgical dressing is normal. Elevate your foot to heart level. If the bleeding ‘soaks’ the dressing, or does not seem to be stopping after elevation, please contact our office. If this occurs on the weekend or after office hours,

call the main office number to speak to the answering service and have the doctor paged.

- **Weight Bearing:** Please do not bear weight on your operative leg until specifically told to do so. **This means you cannot put your operative foot on the ground.** If you do, you could risk having a complication. You will be provided with crutches to help with ambulation. If you have a rolling knee scooter, please speak with your surgeon for instructions as to when you may begin to use it. He does not want you to be very active for the first few weeks after surgery however. Your pre-operative packet contains material to help keep you safe while using these assistive devices.

The best way to learn how to stay off the foot/ankle is to do preoperative crutch or assist device training. Think ahead to make sure someone is able to help you after surgery for a few days or weeks. You may need to sleep on the first floor of your home or apartment as stairs can be difficult to navigate after surgery. You may need a commode (portable toilet) if you cannot easily get to the bathroom.

Preparing for your surgery by having help from family/friends will help make your recovery much safer and easier.

- **Medications:**
 - **Preop medications:** Please resume all of your previous medications after your surgery, unless otherwise directed by your physician. This will be outlined on your surgical discharge packet.
 - **Opioids:** Opioids, or narcotic pain medication, may be prescribed. Please take only for severe pain and plan to taper off the medication as soon as the severe pain is gone. These medications have many bad side effects such as dependence, nausea and vomiting, respiratory depression, constipation, and overdose that can lead to death. You should not drive or drink alcohol while on these medications or be on them long term.

You will not be prescribed these medications long-term after surgery. They are only prescribed for 1-2 weeks after surgery. The normal narcotic usage after foot and ankle surgery has been studied and we use the published guidelines for number of pills prescribed.
 - **NSAIDs:** Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) include medication such as Ibuprofen, Advil, Motrin, and Alleve. Depending on the type of surgery you have, you may be instructed to take NSAIDs as part of your postop pain management. If you have a history of ulcers or have been otherwise instructed by your primary care provider to avoid NSAIDs, please do not take them.
 - **Blood Clot/ Deep Venous Thrombosis (DVT)/ Pulmonary Embolism prevention:** While the risk of a blood clot is low in this type of surgery, you may be prescribed a medication to decrease your risk. You can expect to discuss this with your surgeon preoperatively. If you have had a prior blood clot/ DVT/pulmonary embolism in the past or have a family member who has had one, please let Dr. Richardson know so he can coordinate with your primary care physician or a vascular medicine specialist what medication should be given to you. Our typical medication is Aspirin and this will need to be taken for 4-6 weeks after surgery. Higher risk patients may take a medication called Xarelto, coumadin, Lovenox or apixaban. Please continue to take this medication until

told to stop by your surgeon. Blood clots after surgery usually present as increased leg pain and swelling. Blood clots that break off and go to the lungs are called pulmonary emboli.

- **Nausea/Vomiting:** An antiemetic, or medication that helps manage postop nausea, may be prescribed. Take as directed if needed. If the medication is not working, please contact our office to discuss. Certain anti-depressants may react with these medications. All narcotics/opiates can cause nausea and vomiting as a regular side effect. Try stopping your narcotic/opiate if having nausea.
 - **Constipation:** A stool softener may be given to treat constipation, a known side-effect of opioid medication. If having issues with constipation lasting more than 2-3 days after surgery, consider talking to your primary care physician or gastroenterologist for a medication plan. Prunes, MiraLAX, Dulcolax suppositories and enemas can be used, but please consider speaking to your primary care physician first.
 - **Acetaminophen:** (Tylenol) is a very effective pain reliever and may be taken as directed on the packaging as long as you are not taking another medication with acetaminophen in it (vicodin, Tylenol with codeine, etc.). The total amount of Tylenol you can take per day is around 3000 milligrams. Amounts greater than this can lead to complications. If prescribed oxycodone or Dilaudid for pain control, you likely have also been prescribed either 975mg or 1000mg of Tylenol to take every 8 hours for pain control. Taking Tylenol and a narcotic/opioid can be synergistic and have an additive effect on pain control.
 - **Antibiotics:** In certain case we have prescribed antibiotics. Please take them as directed and finish the entire course. Routine use of antibiotics after surgery is not typical practice for outpatient surgery.
- **Refills:** Please call our office, with any medical questions or for prescription refills of medications prescribed for your surgery. Only in special circumstances will narcotic pain medication prescriptions be refilled after the initial postoperative prescriptions have run out.
 - **Postoperative Visits:** You will return to our office at post-op week #2, and week #6, unless otherwise directed by Dr. Richardson. You should already have these dates booked with us. If not, please call the main office number and speak to my clinical scheduler for these dates. Please do not miss these appointments, as they are specifically made to monitor your recovery process.
 - **Driving:**
 - For left foot/ankle surgery, you must be off all forms of narcotics and have had your sutures out prior to returning to drive. You should be able to drive in approximately 2-3 weeks post-operatively.
 - For right foot/ankle surgery, you must be off all forms of narcotics, sutures must be out and you must be cleared for and able to bear full weight without any assistive devices or forms of any foot/ankle immobilization. You are not allowed to drive if wearing a cast or boot. Your physical therapist will help determine when your reaction time has returned to be able to safely operate a vehicle. For some fracture and fusion cases this can be over 3 months.

Pain after Surgery – What to Expect

You should expect some degree of pain after surgery – this is normal! Our goal is to make you as comfortable as possible in the safest manner possible. While medications can take away much of the pain, they will not make you pain-free. Most patients experience the worst pain the day after surgery, and then the pain reliably becomes less and less over the next few days.

Narcotic or opioid pain medication such as oxycodone, Vicodin or Norco (hydrocodone/acetaminophen), and codeine may have been prescribed. The typical patient only takes these medications for 2-3 days after surgery, even if the surgery is major. Studies have shown that patients who take more pain medication after surgery are not more satisfied with their pain control. These medications are not designed to take away all of the pain. Opiates/narcotics cannot be prescribed without a written prescription from a physician. We cannot “call them in to the pharmacy”.

Opioid medications are intended for use for a very short time postoperatively. They have many side effects, and some that are quite dangerous. Opioids are highly addictive, even when used after surgery, and not designed for long-term use. They can cause drowsiness and mental status changes and at high doses can slow or even stop your breathing. They cause nausea, vomiting, and constipation as well. Never drive or drink alcohol while taking these medications. Do not take other sleep medications (e.g. Ambien) or benzodiazepines if taking opiates without discussing this with your primary care physician or pain management specialist.

You do not have to fill the entire prescription given to you by your doctor. You can request a partial fill at the pharmacy, but will need a new prescription if you require more medication. A partial fill works as follows... If you elect to partial fill a narcotic prescription written for 30 pills and you only ask for 10, you cannot go back to the pharmacy to get the other 20 pills. You would need to call for a new prescription.

If you have any remaining pain medication, please do not keep it in your home. You should take it to a dropbox at your local police station or hospital.

If you are not tolerating the pain medication or if you feel the pain is out of control, please call our office to discuss this with the care team during office hours or call the answering service at the main number or after hours to reach a doctor.

Please alert your surgeon if you have a personal history or family history of drug or alcohol dependence. In this scenario we can outline a safe and effective strategy to manage your pain postoperatively to decrease any risk of substance abuse or relapse.

If you feel you are becoming dependent on the opioid medication, please reach out to your surgeon immediately. We will help any patient in this situation get the help they need.