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## Patient information on Foot & Ankle Surgery

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**OrthoSolutions** <sup>TM</sup>  
Group

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Advancing Foot & Ankle Care

# Doctor Informs Patient Chooses

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This booklet provides information on what to expect when you have foot and ankle surgery.

The information will help you to decide whether the planned treatment is the best option for you at this time.

You will get the best outcome by taking an active role in your care, by talking with your surgeon and planning ahead.

Every individual is unique and this booklet provides general information on many different types of procedures. It is a guide so that you can have a talk with your surgical team.

You, your family and friends should read this booklet carefully before surgery and refer to it during your healing process.

There is space throughout this booklet for you to write your questions. Ask your surgical team to explain anything you do not understand. This will help if you are feeling a little worried.

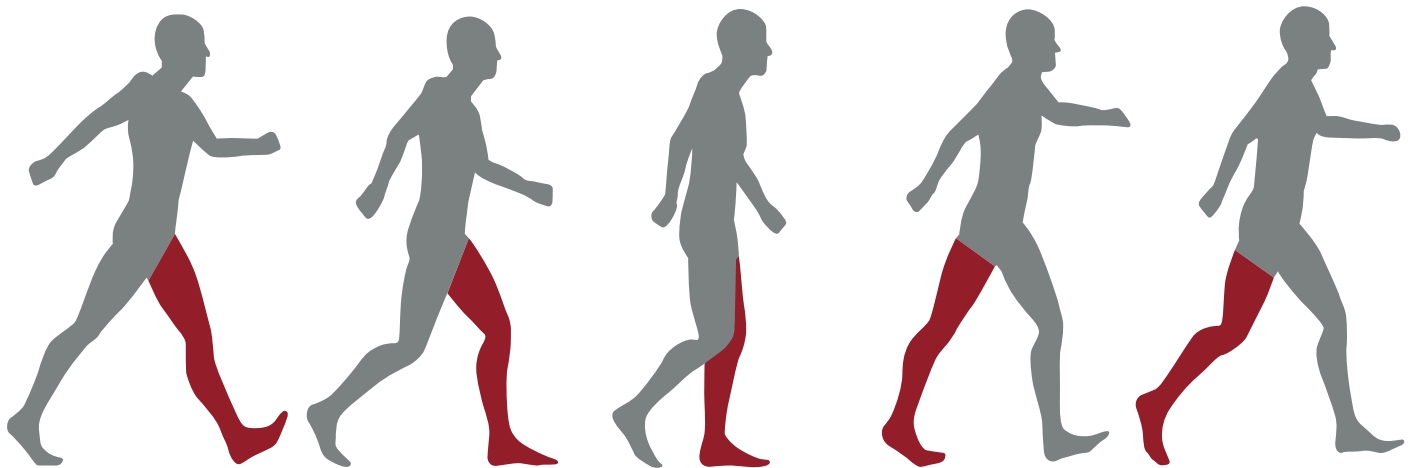


# The foot and ankle

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**The human foot is a marvel of anatomy and mechanics:** it can be supple to adapt to the ground and can also become a rigid lever that allows us to push off during walking or running. It is made of bones, joints, ligaments, tendons, nerves, blood vessels and specialised skin.

**The average person takes over 100 million steps during his or her lifetime:** therefore, your feet need to be strong and healthy! Many conditions affecting the foot can produce pain, deformity or functional limitation; surgery may then be required.



## Do I need surgery?

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Surgery should generally only be considered if you have symptoms and have already tried other measures such as medication, physiotherapy, changes to your footwear, weight loss (if appropriate), insoles or other orthotic devices, walking aids, injections and so on.

You should also consider what will happen if you do not have surgery. Will the condition just get better on its own, stay the same or get worse? Your surgical team can tell you about this.

We do not recommend surgery just to improve the appearance of your feet because the potential risks may outweigh the potential advantages.



**Each individual is unique and every procedure is different; you will have to choose what is best for you in your circumstances.**

# What should I do at home before coming into hospital?

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- Get rid of clutter and take up loose rugs so that you have more room to move and fewer objects to trip on especially if you need walking aids.
- Organise one or two areas of your home as the place you will spend time recovering.
- Make it comfortable so you have back support and can raise your foot or feet.
- Have a phone, drinks, book, laptop, television, handicrafts and so on easy to reach.
- Stock up on food and drinks and store them so that they are in easy reach.
- Keep clothes within reach.



# Work, driving and leisure

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- Time off from work will depend on lots of factors - your job, the type of surgery, whether you can work from home, your work environment, change in working hours, how you travel to work, what footwear you need and so on.
- Most people tend to underestimate the time associated with recovering from foot surgery. Talk to the team about a realistic time frame.
- When you can drive again will depend on your operation, whether the right or left foot is operated on if you drive an automatic car, and so on. Do not drive until you have discussed this with the team and your insurers.
- Flying involves sitting still for long periods and increases the risks of getting a blood clot in your leg (deep vein thrombosis). You need to consider time spent at the airport, length of the flight, flight socks and medication to reduce blood clotting. Talk to your GP or the team.
- If you do any sports, when you can start them again will depend on the type of surgery performed and you should discuss this with the team.



# What should I discuss with my surgical team?

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- You may be invited to go to a pre-admission clinic to have some tests. Use the time to share information and ask any questions you may have to reduce your anxiety.
- You may need to stop some of your medication before surgery.
- If you take oral contraceptive pills or hormone therapy (which could increase blood clotting), you may need to stop this four weeks before surgery and you should use other forms of contraception if appropriate.
- If you take blood-thinning medication (anticoagulants, aspirin, antiplatelets and so on) which reduce blood clotting and you should discuss the risks with your GP or cardiologist as well.
- If you take biologics (strong medication used in some types of inflammatory arthritis or other conditions, which can affect wound healing), discuss stopping them with your rheumatologist or GP.



**Don't forget to tell your doctors & nurses about any allergies that you may have to drugs, latex or metal.**



**Stop Smoking at least two weeks before surgery & at least until your bone heals.**

- If you take herbal remedies, talk to you GP or the surgical team as you may need to stop taking some.
- Check that you can take your other medications on the day of the operation.
- If you smoke, you should stop smoking at least two weeks before surgery and at least until your bone heals. Nicotine and other chemicals in cigarettes, e-cigarettes, chewing tobacco and marijuana narrow blood vessels in the foot and ankle and considerably delay healing. Discuss with your GP well before your surgery.
- Check how long you should stop eating and drinking before surgery. As a rule, you can have a light meal up to eight hours before and water up to three hours before your surgery. Milk or a milky drink is considered as food, so avoid these.

# What happens when I come into hospital for surgery?

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- You should have been told where and when to arrive on the day of surgery.
- Organise your transport home after you leave hospital. You should have been given a length of stay and planned discharge day and approximate time.
- You should also have been given an appointment for your postoperative visit, usually around two weeks.
- Make sure that you have a flat sturdy shoe to wear on the un-operated foot after your operation.
- Remove all nail polish, cut your toenails and clean under the nails the day before the surgery.
- You should have a bath or shower the evening before or the morning of the day of surgery.
- Shaving can cause broken skin and so you should avoid this.
- Body cream can affect the antiseptic used on your skin during surgery and so do not put any on your legs.
- It is important to again mention any medication that you are taking, either prescribed or non-prescribed. Mention any allergies. If you are asthmatic, make sure that you bring your inhalers with you.



Your notes:

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# What happens when I come into hospital for surgery?

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Most major foot surgery is performed under general anaesthetic.

If it is less major, it can be performed either under general anaesthetic or a local anaesthetic block may be used together with a sedative - your anaesthetist will discuss this with you before surgery.

A local anaesthetic block may also be given to numb the area and help with pain relief immediately after the procedure.

The feeling of numbness or tingling may last between 12 and 48 hours after your operation and this is normal.



# What happens after surgery?

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When you arrive back on the ward from theatre you will either have a padded bandage or plaster cast. Your operated leg will be lifted up either on pillows or on a special frame. It is important to keep your leg up to reduce bleeding, swelling and pain. Do not get out of bed too quickly and use a bedpan if necessary. As with all surgery there will usually either be stitches or clips to be removed. Both the bandage or cast and stitches or clips are usually removed around 14 days later in the outpatient clinic.

You will be prescribed painkillers. It is better to take these painkillers regularly and not to wait till you are in severe pain before you have painkillers. Playing catch up with pain relief is harder than having painkillers before you start getting pain. You should consider having painkillers as soon as you get tingling as the anaesthetic block wears off.

The wound will usually be covered with a non-sticky dressing and you may have a plaster cast. Some wounds may ooze or old blood may leak from the wound - you should not panic, this is quite normal. However, if the bleeding carries on, tell the ward staff. The dressing must stay on, and clean and dry, until your outpatient visit.



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# What is PRIE?

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P

## P = Physiotherapy

A physiotherapist will carry out a walking assessment either before or after your surgery. If you need crutches, you will be told how to use them correctly. The physiotherapist may give you an exercise sheet and will also show you exercises during your stay as an inpatient. It is important to wriggle your toes gently. If your leg is not in a plaster cast, you should gently move your foot up and down at points throughout the day and also bend your knee and ankle. This helps your circulation and helps reduce swelling.

R

## R = Rest

It is extremely important that you rest and keep your foot elevated. Following surgery your foot and ankle will tend to swell. This is painful and can lead to problems with the wound healing. You must rest after your surgery - a few days for minor surgery and about two weeks or more for major surgery. Your body will 'tell' you if you have overdone things - rest and elevate your foot or feet as this will help to reduce painful swelling and improve circulation and help with healing.

I

## I = Ice

Putting a wrapped ice pack on your foot will help reduce swelling and help with pain relief. Keep the dressing covering your wound dry and remember that direct contact of ice over the skin can cause frostbite. It is important to protect the dressing with a waterproof plastic sheet and a clean damp towel before you put the ice on - often a bag of frozen peas is very effective. Apply for 10 minutes three times a day. (Mark the bag clearly, as it is not safe to eat refrozen peas!)

E

## E = Elevate

For the first two days after minor surgery, sit or lie with your foot raised well above groin level for 55 minutes out of every hour. For major surgery, you should do the same for two weeks. Get up for 5 minutes out of every hour to do necessary tasks (go to the toilet, make a cup of tea, toast and so on) but then you must go back and elevate your leg. You can then reduce the time each hour you have to elevate your leg by 5 minutes every day. But, if your foot swells or is uncomfortable, keep it lifted for longer.





# What happens after surgery?

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You will usually be sent home with painkillers which will help you control the pain. You can reduce the painkillers as the level of pain tails off.

You may also be sent home with a supply of injections to reduce the risk of developing blood clots (deep vein thrombosis). You and the surgical team will discuss the risks and benefits of this. And you will be shown how to inject yourself.

You will need to wear a graduated compression stocking (the ward nurse will provide you a correct size) on the un-operated limb (if appropriate) until you are fully mobile. This will help reduce the risk of blood clots following surgery. Wriggling your toes, massaging your calves and regular movements of your lower limbs (if you are able) will help maintain healthy circulation while you cannot move around as much.

If you have 'wires' in your toes, take extra care not to catch them as this may dislodge them and they may 'back out'. If this happens, do not try to push them back in as this may result in infection. Contact your surgical team if this happens. Wires usually stay in between four and six weeks after surgery and are removed in the outpatient clinic. Because the wires are being pulled out of a hole in the bone, removing them does not usually cause pain.



# What about walking and moving about after surgery?

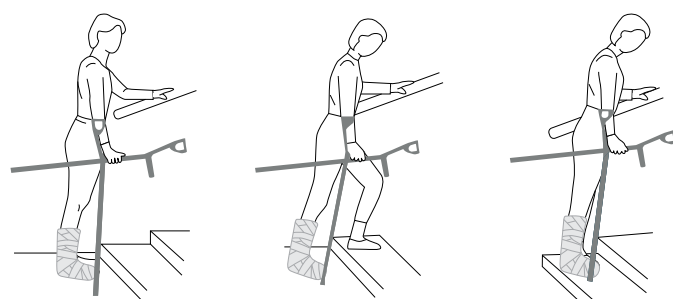
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The physiotherapist will show you how to manage stairs.

## To go up

Lead with your good leg

Good leg - operated leg - crutches

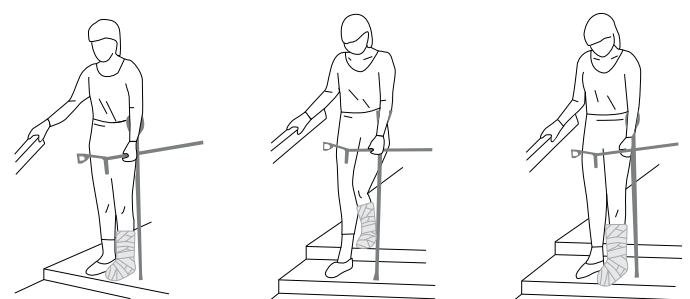


## To go down

Lead with your crutches & then your operated leg

Crutches - operated leg - good leg

Or go up and down on your bottom.



# What if I have a cast?

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- Lift your foot to above groin level as this helps prevent swelling. If your foot becomes too swollen, your cast will become tight and restrict your circulation.
- If you can, wiggle your toes up and down regularly throughout the day, as this helps to increase blood flow and helps your circulation. Move your hip and knee regularly as this prevents them from becoming 'stiff'.
- Keep the plaster cast dry at all times. If the cast gets wet, the cast is no longer keeping your foot still! The underlying wounds will then also be at risk of becoming infected if the dressings become wet. You can buy protective waterproof covers for bathing and showering. You can get a leaflet about them if you are thinking of buying one.
- If you have a nitch, do not 'poke' objects inside your cast as this can cause sores to develop.
- If the plaster cast becomes loose, cracked or soft, contact theplaster techniciansor surgical team to arrange an appointment to have it assessed.

# What are the advantages to surgery?

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We have given you information on what to expect from foot and ankle surgery. This information will allow you to help with your care and you can talk to your surgical team about anything you are not sure of.

You should consider what benefit you are wanting out of the proposed surgery and consider whether the timing of the planned procedure is correct for your medical, social and emotional needs.

## **The main advantages of foot and ankle surgery are usually:**

- **Long-lasting pain relief**
- **Better function and mobility**
- **A greater choice of comfortable footwear and**
- **Improved quality of life.**

# What are the possible risks of surgery?

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Foot and ankle procedures, like all operations, have small risks. You should consider the possibility that the surgical procedure may not give you the expected outcome even though it is carried out with professional care.

From the list of possible complications or risks listed right, consider those that matter to you and talk to your surgical team about them. You should also consider that medical conditions that you suffer from (for example, diabetes) may worsen due to the operation.



# What are the possible risks of surgery?

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## Common but minor risks

- **Pain** - This is worst in the first few days after surgery but responds to the prescribed painkillers. As time passes and your body starts to heal, this pain will reduce and you will only need simple painkillers (like anti-inflammatories or paracetamol) until the pain settles completely.
- **Swelling** - Operated feet tend to swell, and this can last several months.
- **Scarring** - Any type of surgery will leave a scar. Sometimes this may be painful and enlarged.
- **Blood or fluid leaking from the wound** - This is common and usually stops after a day or so.
- **Bruising or discolouration** - This is almost inevitable after surgery. However, if you get a lot of bleeding, a white toe or a black toe, let the team know.
- **Minor redness around the wound** - As with all surgery there is the risk of infection, and some minor redness of the wound can happen and the wound edges take longer to heal fully. You may need antibiotics to get this to settle. Risks are higher if you are diabetic, suffer from a rheumatoid condition or smoke.
- **Prominent metal work** - In some cases the screws or plates (if used during your operation) can become prominent under the skin and you will need to have them removed at a later date.

# What are the possible risks of surgery?

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- **Numbness** - After surgery you are likely to have some minor numbness and tingling around the scar due to damage to small nerves.

## Less common but more significant risks

- **Deep infection** - Although the operation is performed under sterile conditions and all precautions are taken to prevent this, a deep infection may happen, and if the wound does not settle on antibiotics, you may need further operations.
- **Blood clots** - because you won't be able to move around as much after the surgery, you can get blood clots in the veins (deep vein thrombosis or dvt), which can lead to pain and swelling of the calf or thigh. In very rare cases these blood clots can travel to your chest (pulmonary embolism) and can be fatal. Your surgical team will probably discuss whether you should have thromboprophylaxis (drugs to reduce, but do not completely eliminate, the risks of forming blood clots).
- **Thick (keloid) scar** - Scars which grow excessively can occur in some people and cannot be predicted although you are at greater risk if you have a previous keloid scar. Special dressings, injections into the scar or rarely surgery may become necessary to improve the appearance.
- **Delayed healing of the bone** - This may happen if your bone is cut or fused. Some people heal slower than others and those who smoke are at a greater risk of this happening. If the bones don't seem to be knitting together, you may have to take weight off the area for longer or need more surgery.
- **Bone healing in a wrong position** - This can sometimes happen and you may need more surgery.
- **Persistent or recurrent symptoms** - In some cases, you may continue to suffer pain and the foot may be deformed. You may need surgery or other measures.
- **Broken bone or metalwork** - A bone could fracture or a metal pin or screw could break during or after surgery and you may need another operation.
- **Developing secondary problems** - This can include overloading areas close to the ones operated on. In other words, surgery on your big toe may lead to pain transferring to the second toe or, unusually, an overcorrected bunion may lead to a reverse deformity. A fused ankle joint can cause an overload of the surrounding hind foot joints and cause pain. Surgery to the newly affected areas may be needed.

Your notes:

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# What are the possible risks of surgery?

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- **Chronic pain** - This is rare, but a syndrome (such as chronic regional pain syndrome, CRPS) can cause swelling, stiffness, pain, and colour and temperature changes to the foot. Treatment includes medication and physiotherapy and it could take several months to improve. Doctors are still not sure exactly what causes this syndrome.
- **Toe deformities** - Insurgery to the toes, a toe can become floppy or stiff or heal in an abnormal position which might need further surgery.
- **Damage to the blood vessels** - If the blood supply to part of the foot is damaged, it could lead to an area of permanent damage which needs surgery, but this rare.
- **Nerve injury** - If a larger nerve supplying the foot becomes damaged or caught in scar tissue, it could lead to ongoing pain, numbness and tingling. This damage often doesn't last and the sensation usually returns over a period of time. However, in some cases it can be long-lasting or permanent and need further surgery.
- **Amputation** - In very rare cases, part of the foot or lower leg may need to be removed if there is severe infection or blood-vessel damage or uncontrolled pain.
- **Death** - this also is extremely rare for foot and ankle surgery but can happen if you have other medical conditions such as heart problems.

# Where can I get more information?

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This booklet provides general information so that you can talk to your surgical team about what happens before, during and after your operation.

You should also look for information about the particular condition that you have and the specific procedure you are having. (Your surgical team may give you another booklet with this information.)



Your notes:

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# You should also consider

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You should consider the **SPANIARD** acronym

- S** **Situation**  
What is your situation (medical, social emotional and so on)?
- P** **Plan**  
What treatment or procedure has been suggested?
- A** **Alternative**  
Are there any other procedures that could be considered?
- N** **Nothing**  
What will happen if you do nothing?
- I** **Individual**  
What do you as an individual see as the best way forward?
- A** **Advantages**  
What are the advantages of the proposed procedure and alternatives?
- R** **Risks**  
What are the risks of the proposed procedure and alternatives?
- D** **Document**  
Write down your questions on the following page and remember to raise them when you talk to the surgical

Your notes:

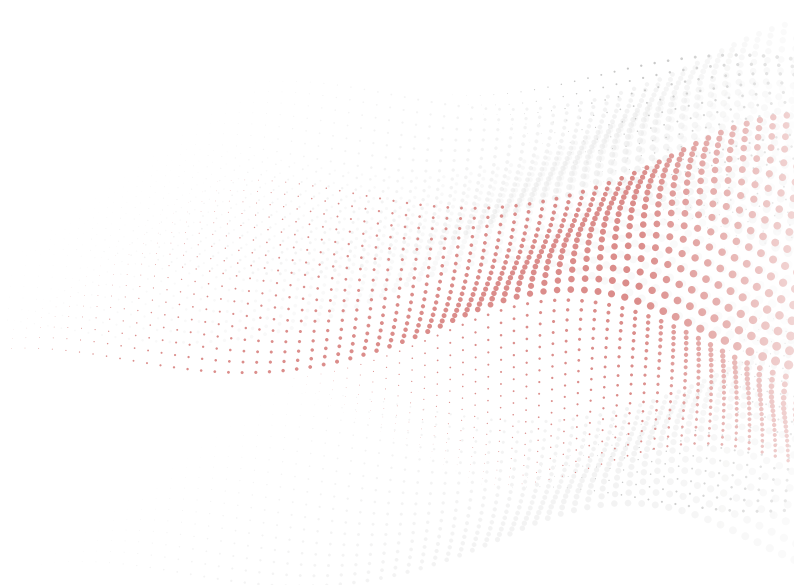
Every patient having foot and ankle surgery is unique. Write below any questions you may have and bring this guide with you, as a reminder, to the preadmission clinic or on the day of surgery

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**In case of an emergency, please contact or attend your local Accident and Emergency Unit.**

**Ortho Solutions Group would like to express their very great appreciation to Mr. Dishan Singh MBChB FRCS (Orth) for creating this booklet**

