

PRE/POST OPERATIVE INFORMATION

Patient Name: _____

PRIOR TO SURGERY

(Weight Bearing)

DATE OF SURGERY: _____

Allergies

It is very important that you make our office, as well as the surgical facility, aware of all drug, latex and metal allergies or sensitivities. If you have issues with lower end jewelry causing a reaction to your skin, please let us know. Please bring this information to your pre-operative appointment and call our surgery staff should you need to add any information to your records.

If you or your family have a history of problems with anesthesia or problems healing our office needs to be notified prior to surgery.

Please notify our office if you have a history of keloid scar formation, which is a larger than normal, raised scar.

Feeling Sick prior to surgery???

Call the office if you develop a cold, flu, urinary tract infection or other illness prior to your surgery date. This may result in postponing surgery for your safety.

Prescriptions

Have your pain prescription filled immediately. **Do not take this prior to surgery.** This prescription will not be refilled if taken before your surgical procedure. If you have questions regarding your medication, contact your pharmacist or our office at any time. Take your pain prescription only as directed.

Medications

Our office and the surgical facility will need to know all of your medications and supplements. Bring a legible list of your medications and dosages/times both to the pre-op appointment and to the surgical facility.

- Please stop all herbal containing vitamins/dietary supplements (gingko, garlic, ginseng, kava, Echinacea, St. John's wart, ephedra, ginger) at least two weeks prior to surgery.
- Please stop all NSAID medications 2 weeks prior to surgery. (Aleve, Motrin, Advil, Ibuprofen and Aspirin) Should you be taking Aspirin per another provider's orders please notify the office at your pre-op appointment.
- Please stop all over the counter and prescription weight-loss supplements two weeks prior to surgery, including injectables.
- Avoid alcohol consumption 48 hours prior to surgery.
- Avoid tobacco use both before and after surgery as this significantly inhibits bone healing.

Handicap placard

If you choose to take advantage of the handicap placard, take the form given to you at the pre-operative appointment to the Kansas/Missouri Department of Revenue (the same place for tags and taxes on your vehicle). There may be a small fee associated. This temporary tag should be good for 6 months and is typically not renewed.

Home Environment

Simplify your life by planning meals that are easy for the first week after surgery. This minimizes unnecessary activity. Items that are on shelves and not easily accessible should be moved to a more convenient location. Clean your home prior to surgery so you feel comfortable relaxing and allowing your body to heal.

Arrange transportation for the day of surgery and post-operative appointments. Depending on the type of surgery and use of pain medication you will need a driver for 1-5 weeks post-operatively.

Arrange for a support person the first night after surgery to care for your needs (fluids, food, ice) and most importantly to monitor for problems.

Think through your showering situation prior to surgery. If you do not have a built-in shower seat we recommend a shower chair. Do NOT wear your surgical boot or shoe in the shower. We highly recommend the use of a shower-cast protector as this keeps your bandage dry while showering. You will have a bandage on for a minimum of 3 weeks to protect stitches. Ask our staff should you need additional bathing techniques.

Family/Friend Contact

Should you have family members/friends/neighbors helping to assist you – sign a release of information so we can discuss your care via phone. Please ask our reception staff for this form.

WEIGHT BEARING SURGERY ONLY

You will be able to walk, as tolerated, wearing the ortho fracture walker boot/pt-op shoe that was provided at our pre-op visit in the clinic.

If you do not currently take a Vitamin D-3 supplement, we recommend starting Vitamin D-3 5,000 IU daily before surgery to encourage proper healing. Please consult the pre-operative nurse prior to this recommendation as this may have negative consequences and not be for everyone.

EVENING/MORNINIG OF SURGERY

Do not eat or drink anything after midnight the night before your surgery. This includes water and even gum! Morning medications need to be discussed prior to your surgery. A decision will be made regarding what you may take. If morning medicine is necessary, please discuss this with the staff. If you have suffer from diabetes please consult your managing physician for special instructions concerning your medication/insulin dosage prior to surgery.

Please arrive to the facility on time and freshly showered with NO make-up and or polish on your hands or feet. We recommend using a pre-surgical wash on the surgical foot/ankle 3-4 days in advance and on the morning of surgery. A clean pair of socks and sturdy shoes should be worn to the surgical facility. Please no high heels!

Childbearing age? A urine sample to test for pregnancy will be necessary upon arrival to the facility. If you are unable to provide a urine sample a blood sample will be taken. If you have begun menstruating and have not yet reached menopause you will be tested for pregnancy. The only exception is if you have had a Hysterectomy or Tubal ligation. Lifestyle choices as well as birth control of any form will not disqualify a person from being tested.

Metals

Remove all jewelry, no metal is allowed on your body. This means ALL piercings. If metal is anywhere on your body, you could potentially sustain an electrical burn. We recommend you leave all jewelry, including rings, at home. Remove hair clips before you arrive. **Non-removable metal in your body needs to be communicated with your pre-operative nurse and hospital staff upon arrival for surgery.**

Dentures and eyeglasses may be removed just prior to surgery. Should you wear contact lenses, please bring a case and solution for storage while you are in surgery as these will need to be removed. Please tell your nurse upon arrival should you have dentures, glasses or contact lenses.

Clothes

Wear comfortable and loose-fitting clean clothes that are non-restrictive or difficult to remove. The bandage may be bulky. You will want a loose, wide leg pant to slide on and off easily. You will be changing into a surgical gown once checked in at the facility.

What to bring

Bring an insurance card, I.D. and list of current medications & allergies to the hospital. **Bring your surgical boot or shoe** with you to surgery. If you forget it, the facility may have extras available, but you will be charged for one at the hospital. All boots are non-returnable *and* non-refundable. We want to protect your surgical site best as possible to avoid complications and problems. Please bring crutches and an extra pair of socks with you if applicable.

Transportation

During surgery you will be given medication to make you sleepy. You will be drowsy for several hours after surgery. Pre-arrange a family member or friend to drive you home from the surgical facility. You may not drive yourself home. You may not leave via taxi, Uber, city bus or any other method of public transportation.

Bring an escort! You will not be discharged without an adult to accompany you home. If you are under 18 a parent or legal guardian must accompany you to sign forms and to speak with the nursing and anesthesia staff. A parent or legal guardian are required to stay at the facility while you are in the operating room.

Your doctor will communicate the findings and outcome of your surgery to your caregiver. The staff do not have time to go over post-operative care at that time. Questions should have been answered at your pre-operative appointment, a reminder to bring your caregiver to the pre-operative appointment for this reason. Please refer to this post-operative packet for questions and answers.

POST SURGICAL INSTRUCTIONS

Rest/Elevate

When resting, the operated foot (or feet) should be elevated. The goal is to have the foot above your hip so there is a downward slope of your leg allowing gravity to help bring the swelling down. We recommend you support the foot with 1-2 pillows under your calf. Do not place pillows directly under the knee. Poor elevation of your foot may impede proper blood flow.

Icing

Icing can also decrease swelling and pain. Icing is most beneficial for the first 48-72 hours following surgery. Place an ice bag behind the knee or above the bandage for 10-15 minutes every hour. **DO NOT LEAVE ICE ON FOR LONGER THAN 20 MINUTES.** This may leave the area too cold and decrease the blood flow to the area. Do not place ice pack directly on the bandage. Make sure your ice pack is sealed to ensure no leaking; the bandage needs to remain dry.

Range of Motion Exercise / Boot or Shoe

Bend your knee and rotate the ankle and foot gently when awake for at least five (5) minutes during each hour following your operation. If you are allowed to bear weight following surgery, limit walking to tolerance, and keep it to a minimum. Stay off your feet as much as possible. Do not take any steps without your protective shoe/boot for any reason. Wear your surgical boot/shoe whenever you are walking or standing. A nerve block will be given during surgery and typically lasts from/up-to 6-24 hours. We recommend wearing your boot at night as a reminder. You will need to refrain from any stressful activities, including exercise. Do not wear your surgical boot or shoe in the shower. *Plantar Fasciitis surgery only= it is recommended you walk a short distance every hour you are awake the day after surgery as tolerated. This is a short distance. Walk around your couch, to get a drink of water, etc.

Venous Thrombus Event (VTE) Deep Vein Thrombosis (DVT) Prophylaxis

As previously discussed, any surgery that decreases your ability to walk, primarily non-weight bearing surgeries but also to some extent weight bearing surgeries, do pose a risk of developing a blood clot in the lower extremity. This is called Deep Vein Thrombosis (DVT). DVT is a serious complication that can lead to unwanted health problems including swelling, pain, pulmonary embolism (blood clot in the lung which is called a PE), cardiac arrest and some cases death. Please refer to the "Post-Surgical Instructions" section of this document for signs and prevention and symptoms of VTE.

Diet

Follow a light, general diet after surgery to avoid nausea. Foods that contain salt, MSG, spice or heavy grease, can cause you to retain fluid and increasing swelling in your foot. Please avoid these foods. Instead eat lean meats, leafy vegetables and micro nutrient rich foods, according to any dietary restrictions you may have. Drink plenty of fluids to keep your body hydrated.

Driving

Do not drive while wearing your surgical boot or if you have a fiberglass cast on or if you are taking narcotic pain medication. Your driving ability is severely limited by these devices and excessive pressure on your feet could compromise the outcome of the surgery and cause severe injury to your foot.

MEDICATIONS

Surgery will cause pain and discomfort. It is our goal that pain is kept to a minimum, which is the reason for the prescribed pain medication. It is not anticipated that your pain level will be a 0/10 post-operatively. We expect you will experience some discomfort after surgery and during your recovery. Please let our office know if you are experiencing an increased amount of pain (i.e. you are finding it hard to breathe through the pain, you have difficulty performing a task or watch a television program).

Pain Medication- The doctor will administer a pain block during surgery. The duration of this block varies. It is recommended to start your prescribed pain medication once you are home or at least two hours prior to going to sleep. This will help to keep your pain down to a manageable level and will help determine if a possible reaction to the medication occurs. It will be easier to manage your pain if you take the pain medication as prescribed the first 48-72 hours following surgery. If you are not allergic, you may add a dose of Advil/Ibuprofen with your pain medication. Please do not take Tylenol; the pain medication may already contain Tylenol. Narcotic prescriptions will not be refilled over the weekend so please plan ahead.

Abstain from the use of alcoholic beverages or recreational drugs while taking the pain medication(s). Use of these products while using the pain medication can cause over sedation, decreased breathing or death. If you use tobacco products, it is recommended you refrain. Nicotine products decrease circulation to your feet and can impede healing.

- **Common Side effects-** Pain medication can cause multiple side effects
 - Nausea/Vomiting
 - Constipation
 - Drowsiness/sedation
 - Over stimulation/Insomnia
 - Headache
 - Dry mouth
 - Dry Eyes

Some of these side effects may be avoided or alleviated by taking your pain medication with food and keeping hydrated. If nausea persists you may ask for a prescription to help. Do not get up quickly. Move slowly from sitting to a standing position, stand for one minute then move. This will decrease the chances of becoming dizzy. To avoid constipation, start a stool softener or stimulant laxative and drink plenty of fluids.

If you begin itching, notice a rash, or have difficulty breathing, stop taking all medications. This may be a sign of an allergic reaction; our office needs contacted **immediately** or seek immediate medical attention at the nearest Emergency Room.

Once your pain level has decreased you may start to decrease the amount of pain medication you take. Space the medication out from 4 hours to 6 hours to 8 hours and so on. You may substitute Advil with your pain medication if no known allergies exist to Advil.

SEEK MEDICAL CARE IMMEDIATELY if you have heart palpitations, difficulty breathing or throat swelling.

Track your pain prescription. If it looks as if you will run out in the middle of the night or weekend call the office during business hours (reminder Mon.-Thurs.) Not all pain prescriptions can be filled over the phone. Plan ahead. When in doubt please call and talk to our staff.

A 24 HOUR EMERGENCY PHONE CALL SERVICE IS AVAILABLE 1 (913) 381-5225

You will receive a courtesy call from our staff the day after your surgery. Should you have any questions or concerns at any time please contact the office. If you need the doctor after hours, please contact the 24-hour answering service.

Things you may need to call about are as follows:

Bruised or Bleeding

- Keep your bandage clean and dry. **Do not remove the bandage** for any reason. If the bandage accidentally becomes wet, starts to slip off or becomes too tight, inform our office immediately. Do not change your own bandage.
- Should you bump, fall or otherwise injure your foot or surgical site in any way, notify the office immediately.
- Blood spotting on the bandage is normal and should be monitored. Anything smaller than a fifty-cent piece is within normal range. However, if there is active and persistent bleeding, call the office at once.
- If you have any undue discomfort, swelling, bleeding or any questions at all, contact our office and ask that the doctor be notified.
- Bruised toes are normal. If you notice other color changes to your toes, perhaps they are turning dark blue, purple or black, please notify our office. Ideally your toes should have a pink fleshy color.
- Should you notice pain, redness, swelling, or warmth/heat in your calf muscle notify the office immediately as this may be a sign of a blood clot. Present to the nearest Emergency Room if after hours.
- Should you experience prolonged fever, chills, cramps, constipation, loss of appetite, night sweats, vomiting, nausea or anything abnormal - please contact the office immediately.

During normal business hours, please contact Siobhan Gray, APRN at +1 (913) 381-5225 Extension 6397. If you need the doctor after hours, please call +1 (913) 381-5225.

A 24-hour emergency service is available.

In the event of a medical emergency, call 911. Once at the ER, ask them to page the doctor for communication purposes regarding your care.

Return to office

You will need to return to our office for post-surgical follow-up care in approximately one week following surgery. An appointment should already be pre-scheduled prior to your operation. Should you not have one pre-scheduled, please call our office and ask to speak to the surgery staff.

POSSIBLE COMPLICATIONS OF SURGERY

Pain

Pain after surgery is usually the concern for most patients. Some discomfort can be expected but there are other things that may cause an increase in pain. Problems that may increase pain include, but are not limited to, swelling, infection, over-use, smoking, tight bandage, surgical boot, tight muscles/tendon.

To reduce you post-surgical pain:

- Rest and elevate your foot
- Ice behind your knee or above the bandage
- Take your pain medication as prescribed the first 48-72 hours following surgery
- Keep your bandage clean, dry and intact
- Refrain from nicotine
- Perform range of motion exercises.

Infection

The procedure will be done in a sterile environment at the Hospital/Surgery Center. An antibiotic is given prior to surgery through an IV to help decrease the chance of infection. If an infection does occur, the skin and the soft tissue are usually involved. Oral antibiotics will be given. Should the infection be resistant to the antibiotic and the infection is not resolved, IV antibiotics and an Infectious Disease Specialist may be warranted.

Please call if you notice red streaks running up your leg, an extreme increase in pain at the surgical site, fever, nausea, vomiting or night sweats.

Once your bandage is off and you can see your incision please call if it becomes bright red, angry, or a creamy/odorous drainage appears.

Swelling

Swelling is a common side effect after foot surgery. This happens in most foot surgery patients. The foot is the farthest thing from the heart and fluid likes to follow the flow of gravity, this means that even if you are sitting with your feet dangling the fluid will pool. Being active on your feet all day or wearing overly tight shoes may increase the swelling in the foot. If swelling becomes a problem, compression devices, inactivity, longer time non-weight bearing or even longer time off work/school may be warranted to resolve this problem.

Remember: swelling is a part of healing, this may take 6 months to one year to completely resolve following foot surgery.

Sensory Changes

During surgery the skin is cut. In the skin are small nerve endings which may be cut as well. This nerve trauma may result in a change in sensation to the incision site or the area around the incision site. One may have a feeling of numbness, tingling, burning, even an increase in sensation. The changes in sensation are usually temporary and may last up to one year. On rare occasions these changes may become permanent.

Scar

The scar is the natural way for the body to heal itself after surgery. In most people the scar will fade in time. For some who are prone to scarring, abnormal scarring may occur. Scars may be thick (keloid formation), have changes in the pigment or color, or may be sensitive. We will attempt to decrease the complications of scars by putting them in a place that provides less tension, use different suture for closure, or have odd shapes. One must realize the foot is vulnerable to problematic scars. There is extra tension on the foot due to swelling and weight bearing. To help decrease the formation of scars you may use topical Vitamin E oil to the incision site once the scar has formed and the incision site is completely closed. Should you have an allergy to Vitamin E consult the pre/post-operative nurse for other options. Your scar may fade in 6-12 months, it is normal to experience numbness or tingling at the incision site or the area surrounding your incision. Use sunscreen to protect and help prevent permanent discoloration of your scar. All patients having foot surgery should expect cosmetic changes depending on the procedure(s).

Delayed Healing

Even when we do everything in our power to prevent delayed healing after surgery, there are chances of this still occurring. There are multiple reasons delayed healing may occur. These include, but are not limited to:

- Nicotine
- Age
- Vitamin deficiency
- Diet
- Infection
- Trauma
- Ambulation too soon
- Disease processes like diabetes, Parkinson's, auto immune disorders, circulatory problems.
- Alcohol
- Drug use
- Keloid scars
- Complications with Anesthesia
- Personal/family history of delayed healing
- Non-Compliance

Blood tests and vascular tests (pulses, capillary filling time, for example) are usually needed to give a good indication whether the patient is a good surgical risk, but it is always possible that a patient may not heal as quickly or as well from surgery as expected or desired. Slower-than-desired healing may occur with anyone.

Bones usually heal in 6-8 weeks. When they are slow to heal, they would be classified as a "delayed union". Rarely, (less than 1%), the bones may never heal, something called a "non-union". This is a possible outcome.

Soft tissues, too, may heal slowly. Wounds may dehisce (pulling apart before they are healed), weep or discharge, or ulcerate. In rare cases, (less than 1%, but more common with diabetics and those with poor circulation) soft tissue may die. This is a possible outcome and may require medical and/or surgical intervention.

Kansas City Bone & Joint
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1-913-381-5225

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DIPLOMATE, AMERICAN BOARD OF PODIATRIC SURGERY
FELLOW, AMERICAN COLLEGE OF FOOT & ANKLE SURGEONS

Disclosure:

I understand all information provided to me at this time. I have had the opportunity for all my questions to be asked, addressed, and answered. I understand I may call the office during normal business hours for any questions I may have in the future.

Patient Signature

Date

Witness