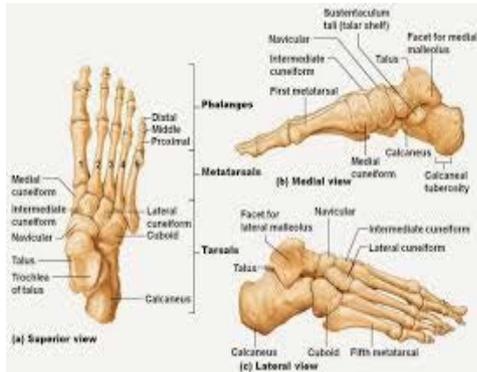




## I am having Foot or Ankle Surgery



The anatomy of the foot is complex, having 26 bones, 33 joints and more than 100 tendons, muscles and ligaments. The structures of our feet change as we age. For example, the padding tissues become thinner. Muscles lose strength and ligaments and tendons lose elasticity. Joints may develop degenerative changes, and the circulation can become impaired. Injuries can also cause serious problems.

Badly fitting shoes can worsen the problem. For some of these problems, the best treatment option may be surgery. After an examination of your feet by your surgeon, he will be able to determine what treatment you require to correct a deformity or reduce pain and discomfort. Most procedures are done in hospital, under a general / regional anaesthesia.

Because the foot has so many bones, joints, muscles, tendons, ligaments and blood vessels, foot surgery can be lengthy, and recovery may take longer than you would expect. As with any operation, foot surgery involves risks such as infection, nerve injury, post-operative pain, scar formation and complication from anaesthesia.



**Bunions:** when the big toe deviates from its normal alignment towards the other toes. Your surgeon will suggest the most appropriate procedure to correct the deformity for each case. This will involve releasing tendons, shaving bone and using screws and plates to hold alignment. After surgery you will be in a bunion bootie. You will remain in this for up to 6 weeks post procedure.

**Morton's Neuroma:** when a swelling develops on the nerve, usually between the third and fourth toes.

**Flat Feet:** this can be either a developmental condition or occur later in life when the tendon that maintains the height, structure and strength of the arch ruptures. Your surgeon will discuss with you the most appropriate surgical correction for you.

**Fusion of Joints:** this is known as arthrodesis

**Claw Toe and Hammer Toe:** this is the condition where the two joints of the toe are deformed and become bent to look like a claw. This condition causes pressure and the development of painful corns.



**Achilles Tendon Rupture:** the Achilles Tendon is found at the back of your ankle and lower leg. Its rupture is likely to affect your ability to walk properly. Surgery is often performed to repair the rupture. The rupture can be partial or complete.

#### **What happens before my surgery?**

Planning ahead is the key to having less stress and achieving the best outcome from your surgery. Recovering from foot and ankle surgery can take up to 3 months. You can take steps before surgery that will help make your recovery easier and faster. Having a positive attitude and looking forward to getting back a good quality of life is an important part of the recovery process. As you may be in a surgical shoe, moonboot or cast for up to 6 weeks you will need to organise a support person to drive you home and take care of your day to day activities.

Before your surgery, many people will be asking about your insurance coverage, medical history and legal arrangements. You may feel that you are answering the same questions over and over again. If you have everything written down, you can reduce your frustration and speed the process.

You should be in the best possible health before your surgery. The physical preparations you can make, can affect both the outcome of the surgery and your recovery time. Eat well and start some light exercise. If you are diabetic make sure you have clear instruction from your doctor about your medication.

If you take **Blood Thinning** medication please let your surgeon know.

If you smoke, it is highly recommended that you quit or cut down, because smoking can change blood flow patterns and delay healing, resulting in a slow recovery. If you drink, limit the amount of alcohol for at least 48 hours before surgery. If you are more than a social drinker please let your surgeon know to reduce the incidence of withdrawals.

#### **Day Surgery Admission Process**

As your admission is planned and to ensure that it is quick and easy, you must first register your details with the Day Surgery or Hospital well in advance of your planned admission date, through the Admission Call Centre. Make sure you have all the relevant information at hand e.g. Medicare, Work Cover, Private Health Care provider. The Admission Call Centre will then contact you closer to the date of surgery to acknowledge your admission and confirm health fund details. You will then be contacted by an admission nurse to obtain your medical history and provide you with information about your impending procedure and offer you the opportunity to ask questions about what to expect during your stay and remove the fear of the unknown.

What happens the day before my surgery?



The days before coming into hospital for your surgery are usually busy. Use this check list to make sure you don't forget anything.

- **Bring your Orthopaedics Toowoomba surgical folder as it contains your Consent Form completed by you and your surgeon.**
- **All X Rays and Scans, if taken outside Toowoomba area.**
- Your Medicare Card, Pension Card and Health Benefits Card.
- Your Pharmacy Benefits/Safety Net Card/Work Cover/ Third Party claim details/DVA Card.

The hospital will notify you with an admission time, where to arrive and a fasting time on this day. Fasting means no food or fluids after the time given. If you are required to take medication, take with a sip of water only.

- ❖ Shower prior to coming into hospital. Do not wear talcum powder, deodorant, perfumes or nail polish.
- ❖ Wear comfortable clothes that are easy to remove
- ❖ Do not wear jewellery or bring valuables with you to hospital.
- ❖ Bring aids you usually require e.g. glasses, hearing aids, or walking aids – in good working order.

#### **What happens while I am in hospital?**

On the day of your surgery please arrive punctually at the allocated time. Inform the reception staff of your arrival and they will check your admission details and make sure that all documentation is signed and witnessed. An admission nurse will discuss your past medical history, known allergies and current medication/s regime.

You will be changed into surgical attire and your operative site prepared. You will then be taken to a waiting room where the anaesthetist will discuss with you your anaesthetic options and what to expect. At this time you will be asked the same questions over again by the theatre staff to check the side and site of surgery and if you have any allergies.

#### **What happens when I go home?**

You will need to have a designated driver to take you home. You might need your friends and family to do most daily tasks for you, although you should be able to do your own basic care tasks (such as getting dressed, using the toilet, etc.). The recovery time following a foot or ankle operation varies widely, depending on factors including how complex the surgery was, your age and general health, and your compliance with instructions (such as weight bearing status, rest, elevation. For most foot



and ankle operations, tenderness and swelling can take 3-4 months to resolve, while for more complicated procedures, the recovery may take a full year (or more).

For the first two weeks after you get home, you will need to rest. Keep your leg elevated (at least 15 cm higher than your heart) most of the day.

If you are required to wear a surgical shoe, foot wear for the non-operative foot needs to have a sole approximately 2cms for comfort when walking.

#### **Dressings:**

Your surgical dressings should remain intact till your first appointment with your Surgeon, 10 to 14 days after surgery. Keep your dressings dry and clean. You will need to cover with a bag for showering. If you are in a Moon Boot, Surgical Shoe or a Bunion Boot these need to remain in place until your review appointment. If your dressings do become wet when bathing please contact the rooms for advice.

#### **Swelling:**

You should expect some degree of foot swelling for 4 months since the foot is the lowest part of the body and thus, the anatomical area that is most subject to the effects of gravity. The amount of swelling will be different for each person and also depends on the kind of surgery you had.

- If you have had minor surgery and have less swelling, you will not need to elevate your foot as much.
- If you have had major surgery and have more swelling, it is very important to keep your foot elevated most of the time. For the first 48hrs elevate on 3 pillows or “bean bag” on the end of the bed with your big toe level with your nose

Ice can help reduce pain and swelling, leave in place for no more than 10 minutes each time you use it with a single layer of towel between the ice bag and your skin.

#### **Pain Relief:**

You will have been given pain relief medication on leaving hospital. Continue to take this medicine the way your surgeon has prescribed for you. Take your medicine regularly. Plan to take it an hour or so before you do activities or exercises that might cause you pain. Don't wait until your pain gets really bad before taking medicine or using other ways to ease the pain.

Some of these medications may cause constipation. Way to prevent constipation are to increase your fluid intake and eat lots of high-fibre foods. You may need to take a laxative for the period of time you are on pain relief medication e.g. Movicol.



### **Follow Up Visits:**

On discharge from hospital you will be given instruction to organise a post-operative appointment, or it may have been arranged prior to your surgery, for a follow up in the Surgeon's rooms. Most surgeons will want to see you at 10-14 days, at 6 weeks and 12 weeks after your surgery.

At the 10-14 day appointment your bandages will be removed and sutures taken out by the practice nurse and the wound checked that it is healing the way it should. The surgeon will assess your progress and review the recovery plan that he wants you to follow until the next visit. The post-operative nurse will give you a wound care facts sheet.

### **What to do in an emergency:**

In the event of any of the following please contact your surgeon's rooms during business hours. Out of business hours contact your local GP or the emergency department.

#### **Bleeding that will not stop**

- Press on the area for 30 minutes. If the bleeding does not stop and soaks the dressing.

#### **Pain**

- If your pain becomes very bad and it doesn't get better when you take the pain medicine that we prescribed.

#### **Swelling**

- Your foot or ankle is very swollen, or
- Your toes are cold or have changed colour (they are pale white or bluish), or
- You have less feeling in your foot/ankle, or
- You can't move your toes

#### **Fever**

- If your temperature goes higher than 38 C.