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## General Patient Information

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Foot and Ankle surgery is specialised surgery with specific and extensive rehabilitation. The postoperative protocols are of utmost importance to ensure a positive and successful outcome. Please look at the general recommendations below to ensure positive outcomes.

### Post-operative care

#### Dressings

- A bandage or below knee cast will be placed depending on procedure undertaken but will be discussed with you by your surgeon.
- It is important to take care of your dressings and to ensure that these dressings do not get wet.
- Dressing protectors and shower covers are available at the rooms or at Dischem pharmacies.
- Please do not remove your dressings or casts yourself. If any problems arise, please contact your surgeon.

#### Stitches

- Absorbable subcuticular stitches are used for most cases.
- If any nylon sutures are used these will be removed at your 2-week follow up.
- The wounds and dressings must always stay dry and in place.

#### Pain medication

- Your anaesthetist may give you a block behind the knee or in the foot which will reduce the postoperative pain for 12 to 24hrs. This will be discussed by your anaesthetist in more detail.
- You will receive oral analgesics and/or anti-inflammatory medication upon discharge.

#### Swelling

- Swelling in foot and ankle surgery is detrimental and must be always avoided.
- Swelling can cause wound breakdown and infection.
- To prevent swelling strict bed rest and foot elevation is recommended for the first 2 weeks post-surgery. The foot should be elevated above the heart (continental pillows or 3 to 4 pillows always works well). Mobilising to bathroom and back only is advised.
- After 2 weeks mobilising around the house can be increased systematically.

#### Mobilisation aids and devices

- Surgery of the foot and ankle will hamper your walking during recovery.
- Crutches or a mobilisation scooter will be recommended to help you to mobilise easier while staying non weight bearing or partial weight bearing. Your surgeon will give you more information depending on the surgery required.

#### Thromboprophylaxis

- Foot and ankle surgery can have an increased risk for deep vein thrombosis and pulmonary embolism, especially in cases where cast application and non-weightbearing is required.
- More detail around this will be given to you from your surgeon.
- If you are in a cast, thromboprophylaxis will be prescribed for a duration of 4-6 weeks. This will be to reduce the risks of blood clots forming.

#### Vit D supplements

- Vit D supplements will be prescribed in cases of osteotomies or arthrodesis. This has been shown to increase union and decrease complications significantly.

#### **Please contact your specialist in case of:**

##### Infection

- Infection is a risk associated with any surgical procedure. It is possible to treat with antibiotics easily and effectively if detected in the early stages.
- Symptoms include:
  - A body temperature above 38.0°C.
  - Drainage of foul-smelling fluid from the wounds.
  - Excessive redness, pain, burning, or temperature increase around the wound.

##### Signs of blood clots in the lungs or legs

- Unfortunately, blood clots are a potential risk with any surgical procedure. It can be life threatening if it is ignored, but it can also be successfully treated if diagnosed early enough.
- The incidence in foot and ankle surgery is low, and thromboprophylaxis will be given to you by your surgery in cases with higher a risk.
- Symptoms include:
  - Sudden onset shortness of breath or chest pain.
  - A swollen, tender calf muscle. The muscle may feel harder than the non-operated side.

- Pain in the calf when flexing the ankle up towards the knee as to stretch the calf muscle.
- Stiffness only after foot surgery is normal.
- If your toenails and toes have a blue greyish discolouration.

### **Advise for the following 6 to 12 weeks after foot and ankle surgery**

- Foot and ankle surgery has an extensive recovery period, but once that is over you will have a significant improvement of your quality of life. Be sure to arrange your schedule in such a way so that you have sufficient time to recover and are not pressed by the stressors of general life.
- It is important to allow yourself at least 2 weeks bed rest and elevation to prevent swelling and wound complications.
- It may be necessary to temporarily reorganize your house and housework, or to get assistance for the first few weeks.
- You will not be able to drive for the period that a prosthetic shoe, moon boot or cast is applied. You will only be allowed to resume driving once you are transitioned back into a normal shoe/tekkie (driving of an automatic car may be earlier if the left foot is operated).
- You may sleep on either side, but it is advised to sleep with your prosthetic shoe in place. Special circumstances will be discussed with your surgeon.
- Return to work:
  - This will depend on the specific work requirements as well as surgery performed.
  - The first 2 weeks strict bed rest and elevation will be required.
  - If administrative work via a computer is possible, working from home from approximately 2-3 weeks post operatively may be possible.
  - For more physical work, one may have to wait until mobility is restored, usually ranging from 6-8 weeks.
  - Longer duration of work may be required for more extensive pathologies and surgical procedures and can be discussed with your surgeon.
- Smoking has detrimental effects on foot and ankle surgery. Smoking causes decreased union and increases wound breakdown and infection. This is because smoking reduces the amount of oxygen being delivered to the tissues, which is vital for the healing process. It also contributes to lung, heart, and other medical problems.
  - Please stop smoking a minimum of 6 weeks before surgery.
  - Your surgeon may ask you to stop smoking before he continues to do your surgery to minimise risks of complications.

- A healthy weight will make the technical aspects of the surgery easier, decrease your complication rates and improve your recovery and rehabilitation.
- Physiotherapy and/or biokinetics will be crucial to your rehabilitation and will be discussed and prescribed by your surgeon.
- Scar management should start between 4 and 6 weeks post operatively. This will entail gentle massaging of the surgical scars with bio-oil or vitamin-e oil. This will assist in breakdown of the deep scar tissue, preventing scar contractures and ensuring a soft scar. It will also decrease the size and width of the scar and create a lighter scar.

#### **Role of physiotherapy post operatively:**

- To reduce swelling and pain.
- Improve range of motion in the foot and ankle.
- Improve muscle strength and flexibility of the leg.
- Assist with gait training and mobilisation devices.
- Assist with balancing and proprioception of the leg.
- Enable you to function on a normal level to carry on with your normal daily activities.

#### **Role of Biokinetics in rehabilitation:**

- Biokinetics will only start once the pain after surgery is under control and the physiotherapist is satisfied with the progress made.
- This transition usually occurs between 6 and 12 weeks postoperatively and will be discussed by your surgeon.
- The focus will be on progressing the strengthening exercises and to improve your balance, proprioception, agility and flexibility and functional readiness to return to sporting activities and more demanding activities of daily living.
- This final phase of rehabilitation is very important, as muscle weakness and imbalance can be detected and corrected in advance to prevent re-injury of the operated leg.

#### **General risks of foot and ankle surgery:**

- Infection may occur. This may be treated with a course of antibiotics or surgical debridement.
- Occasionally the bones may fail to unite or fuse. This is minimised by optimising patient general health, optimising surgical techniques, surgical implants, and post-operative patient protocols.
- Rarely, recurrence of the pathology or malunion of the bones may occur.



- Some sensory nerve fallout causing numbness or tingling surrounding or distal to the incision site may occur. This is due to small nerve branches running close to the incision site being injured or irritated during original injury, the surgery, or the post-operative swelling. This sensation can return up to 1 year post surgery, or in rare occasions not at all.
- Screws and fixation devices inserted during the surgery may become prominent and uncomfortable. They can be removed at a later stage if needed.
- Surgical scars may be irritating and painful.
- Stiffness or recurrence of toe deformity may occur after toe surgery. Pressure may be transferred to the neighbouring toe, causing callosity formation under the toe as result.
- There are general risks to any surgery as described above, including blood clots (DVT&PE), anaesthetic and tourniquet complications. Generalised pain, nerve pain, swelling and stiffness can occur (Complex Regional Pain Syndrome)

*Please note: The purpose of this document is to provide extra information to the patient. Please ensure you get exact details from your Orthopaedic Surgeon. This is a specialised procedure that should be done by a surgeon trained in Foot and Ankle surgery.*