

Foot or Ankle Surgery

Your surgery and recovery at home

This booklet belongs to: _____

I am having:

- Bunion Removal
- Ankle Arthroscopy
- Ankle Replacement
- Joint Implant
- Joint Fusion
- Tendon or Ligament Repair
- Fracture Repair
- _____

We also give you **'Preparing for Your Surgery'** booklet.

Read both booklets carefully.

Bring both booklets to every hospital visit before your surgery.

Foot or Ankle Surgery

You are having surgery (an operation) on your foot or your ankle.

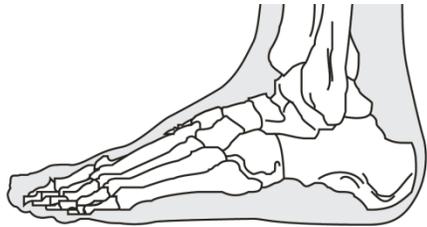
Examples of reasons for surgery

Foot	<ul style="list-style-type: none"> bunions hammer toes broken bones (fractures) osteoarthritis rheumatoid arthritis
Ankle	<ul style="list-style-type: none"> osteoarthritis fractures tendon or ligament problems

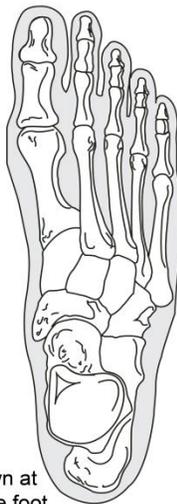
The surgeon explains to you how the surgery is done.

Depending on whether you are allowed to put weight on your foot after surgery, you might need to learn how to use crutches or other walking aids.

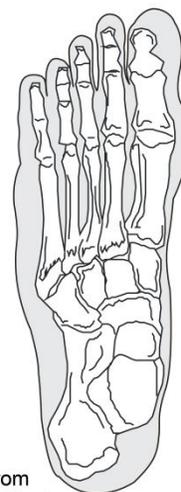
Bones of the Foot and Ankle



Side view
Outside of foot



Looking down at
the top of the foot



Looking up from
the bottom of the foot

Read **'Preparing for Your Surgery'** booklet for instructions on how to prepare for your surgery.



Getting ready for your surgery

We check off (☑) the instructions here that are **specific for you**.

Make sure you get your mobility aids before your surgery and know how to use them safely.

You can rent or buy this equipment from pharmacies or medical supply stores. Many of these items can be borrowed from the Red Cross Health Equipment Loan Program. You will need a form signed by one of your care team to borrow items.

Mobility

You might need to use a mobility aid. This depends on how much weight you will be allowed to put on your foot after surgery.

You work with your surgeon, physiotherapist, or occupational therapist to decide what aid is best for you.

If your surgery is planned (elective), your surgeon will give you information on where to get this equipment.

If your surgery is not planned (due to an accident), the hospital physiotherapist or nurse helps get the equipment you will need while you are in the hospital.

Mobility aid(s) you will need

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Crutches | <input type="checkbox"/> Cane |
| <input type="checkbox"/> Walker | <input type="checkbox"/> Air walker boot |
| <input type="checkbox"/> No wheels | <input type="checkbox"/> Knee scooter |
| <input type="checkbox"/> 2 wheels | <input type="checkbox"/> Post-operative shoe |
| <input type="checkbox"/> 4 wheels | |



Make sure you **bring your mobility aid with you** to the hospital.

Washing

You might be allowed to shower or only allowed to take sponge baths.

To be safe while washing, you will need the following equipment:

- A shower chair or bath bench
- A non-slip mat inside and outside the shower stall or bath tub
- A hand-held shower hose
- A shower bag (or large garbage bag) to cover your foot

After Your Surgery

Going home

Most people can go home the same day as the surgery or 1 day after surgery.

How long you stay in the hospital depends on:

- your health before the surgery
- the type of surgery
- how you recover from the surgery

If you have an air walker boot, your surgeon, physiotherapist, or a cast technician fits your boot and shows you how to use it.

If you have another mobility aid, a physiotherapist or nurse fits the aid to you and teaches you how to use it.

You are ready to go when:

- ✓ Your pain is well controlled with pills.
- ✓ You know what medications (including new ones) you are taking, how to take them, and why you need them.
- ✓ You have prescription(s) for your medications, if needed.
- ✓ You have a ride home from the hospital.
- ✓ You have arranged for some help at home for the first few days, if needed.

Caring for Yourself at Home



Questions about medicines?

Call your local pharmacy and ask to speak to the pharmacist.

For after-hours help, call 8-1-1. Ask to speak to a pharmacist.

Family Practitioner:
Refers to either a family doctor or nurse practitioner

Managing pain

If you have been living with pain before surgery, be sure to tell your surgeon how you manage this pain, such as with medicines, herbs, supplements, cannabis products, other substances, massage, yoga, meditation, etc. This helps your surgeon create the best plan with you for managing pain after surgery.

Expect some discomfort or pain. The most pain you will have is in the first few days. The pain should steadily get less but could last up to a couple of weeks.

How much pain you have and how much pain medicine you need depends on the type of surgery you had, and if you were using anything for pain before surgery. Your pain should be at a comfortable level that allows you to move, and to do every day activities.

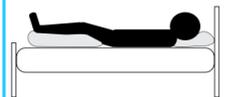
When you are ready to go home, your surgeon will give you instructions to take pain medicine. This might include a prescription for an opioid (narcotic).

For the first few days:

If your pain is at an uncomfortable level, take your pain medicine as directed. As your pain improves, take your pain medicine less often and/or a smaller amount until you have little or no pain, then stop.

At first, you might have to take an opioid pain medicine. As your pain lessens (usually within 1 to 2 days), a non-prescription pain medicine should be enough to manage your pain.

To help with the pain and any swelling, place your lower leg and foot up on several pillows when sitting or lying down. Place an ice pack over the painful area for 10 to 20 minutes, 4 to 5 times a day.



Remember

You can do other things to help ease your pain or distract you from the pain:

- ✓ Slow breathing
- ✓ Listen to music
- ✓ Watch T.V.

Non-prescription pain medicines (also called ‘over-the-counter’ medicines) are ones you buy at the pharmacy without a prescription. You might only need to take this type of medicine if you don’t have much pain after surgery.

Examples of non-prescription medicines (and brand names):

- acetaminophen (Tylenol®)
- non-steroidal anti-inflammatory drugs (NSAIDs)

Examples: ibuprofen (Advil®, Motrin®) ★
 naproxen (Naprosyn, Aleve®) ★

★ **Note:** **NSAIDs are not for everyone after surgery.** If you have (or have had) health problems such as stomach ulcers, kidney disease, or a heart condition, check with your surgeon or family practitioner before using NSAIDs.

Opioid (narcotic) pain medicines are only meant to be taken for a short time, if needed at all, to manage pain after surgery.

Examples of opioid pain medicines:

- Tramacet® (tramadol and acetaminophen) ★
- Tylenol #3® (codeine and acetaminophen) ★
- Oxycocet® / Percocet® (oxycodone and acetaminophen) ★
- tramadol, hydromorphone, morphine, oxycodone

★ **Note:** These medications also have 300 to 325mg acetaminophen in each tablet. All total, **do not** take more than 4000mg of acetaminophen in 24 hours (too much can harm your liver).

Always read the label and/or information from the pharmacist for how to safely take medication.

Safe use of opioid pain medicines

If you are using any medicines with opioids (narcotics) in them, we want you to do so safely. Many people have used opioids without any problems. However, serious problems have happened, such as becoming addicted and overdosing. The following reviews important safety information.

Before taking opioids:

- Tell your surgeon if you have sleep apnea. Opioids can make your sleep apnea worse.

Safely taking opioids:

- Always read the label and/or information from the pharmacist for how to safely use medicines.
- Use only as directed.
Do not crush, cut, break, chew, or dissolve opioids before taking. Doing this could cause serious harm, even death.
- Always use the least amount possible for the shortest amount of time. Work with your doctor on a plan for pain control if you need to use opioids for more than 1 week.
- Opioids can affect slow body functions down. Common side effects include constipation, feeling sick to your stomach (nausea), a dry mouth, sweating, dizziness, and feeling drowsy.
 - Keep your bowels regular by drinking water and including fibre in meals.
 - **Do not** drive or drink alcohol while taking opioid medications.
- Opioids can affect how other medicines work.
Do not start taking any new sleeping pills.

Safely storing opioids:

- Store opioid medicines in a secure place.
- Keep out of sight and out of reach of children, teens, and pets.
- Never share your opioid medicine with anyone else.

Safely disposing of unused opioids:

- Take any unused opioid medicines back to your pharmacy to be safely disposed. **Do not** keep unused medicines at home.

Drinking and eating

Return to your normal diet when you get home. You might feel sick to your stomach (nausea) or throw up (vomit). This should not last long. It is important to stay hydrated.

If you feel sick or throw up:

- Drink 'flat' ginger ale, clear soups, and clear fluids, and eat mild foods until you feel better. Other good choices include dry toast, crackers, popsicles, and gelatin dessert (such as Jell-O). Stay away from caffeine, carbonated soft drinks, and acidic fruit juices while feeling sick.
- Drink and eat small amounts often.
- Rest in bed until you feel better. Place a cool, damp cloth on your face and neck.
- Try not to smoke or be around smoking. It can make your nausea worse.

To heal, your body needs extra calories, nutrients, and especially protein. To get the nutrients you need:

- Drink at least 6 to 8 glasses of liquid each day (unless you have been told differently because of a medical condition).
- Eat foods high in protein such as meat, poultry, fish, eggs, dairy, peanut butter, tofu, or legumes.

Keeping your bowels regular

You can get constipated because you are less active, eating less fibre, or taking opioid pain medicine.

To prevent constipation:

- Drink water throughout the day (unless you have been told differently because of a medical condition).
- Eat high fibre foods such as bran, prunes, whole grains, vegetables, and fruit.
- Move around as much as you can.

If you continue to be constipated, talk with a pharmacist or family practitioner about taking a laxative.

Need help with food choices?

Call 8-1-1.
Ask to speak to a dietitian.





Caring for your incision

Always wash your hands before and after touching around your incision site(s). Before you leave the hospital, we teach you how to care for your incision(s).

Depending on the surgery and type of bandage on your incision, you might be able to shower or you might only be allowed to take sponge baths. See the specific instructions checked off for you at the end of this booklet.

If you need staples or stitches removed, you get instructions about when they are to be taken out before you leave the hospital.

Until the stitches/stapes have been removed and/or incision is healed:

- ✗ No soaking in a bath tub or hot tub.
- ✗ No swimming.
- ✗ No creams, lotions, or ointments on your incision, unless directed by your surgeon.

Doing any of these things could delay healing.

Being active

Activity and exercise help build and maintain your muscle strength, give you more energy, and help with recovery. Find a balance between rest and activity. Pace yourself for the first few weeks.

If you are having pain, take your pain medication 30 minutes before doing an activity.

You can expect your foot to swell after surgery. To help reduce swelling:

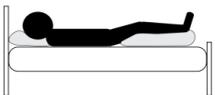
- Rest your foot up on pillows when sitting and lying down.
- Do not stand for long periods

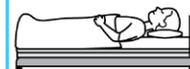
To help make sure your surgery heals well, you must:

- Use your mobility aid as instructed.
- Follow the instructions from your surgeon on how much, if any, weight you can put on your foot (called weight bearing).

Depending on what foot is operated on and type of transmission (standard or automatic), you might not be able to drive until you can use the foot to accelerate, brake, or change gears. If you are not sure about driving, ask your surgeon.

Remember: Do not drive when you are taking opioid pain medicines.





Getting rest

It is very common in the first few weeks to feel tired and have low energy. Rest and sleep help you heal.

Try to get at least 8 hours of sleep each night. Take rest breaks and naps during the day, as needed.

If you have trouble sleeping, talk to your family practitioner.

Questions you might have:

Examples: 'When will I be able to return to my regular activities?' 'When can I go back to work?' 'When can I return to my sports?'



When to get help

Call your surgeon's office if you have any of the following:

- You have a fever over 38°C (101°F).
- Your incision is warm, red, swollen, or has blood or pus (yellow/green fluid) draining from it.
- You have redness, tenderness, or pain in your calf or lower leg.
- Your pain does not ease with pain medicine, or stops you from moving and recovering.
- You feel the splint or bandage on your foot is too tight.
- You have numbness or tingling in the toes.

After speaking to your surgeon's office, they might direct you to your family practitioner.

Call your family practitioner if you have any of the following:

- You have a cough that continues to get worse.
- You are throwing up often.
- You feel increasingly tired or dizzy.
- You have diarrhea that is severe or continues for more than 2 days.

Cannot contact the surgeon or family practitioner?

Have any questions about your recovery?

▶ Call Fraser Health Virtual Care, 10:00 a.m. to 10:00 p.m., daily **1-800-314-0999**
fraserhealth.ca/virtualcare

▶ Call **8-1-1** (HealthLinkBC) to speak to a registered nurse any time - day or night.

▶ **Call 9-1-1** if you have any of the following:

- trouble breathing or shortness of breath
- chest pain
- sudden, severe pain

9-1-1



HealthLinkBC is available in 130 languages.

For an interpreter, say your language in English. Wait until an interpreter comes on the phone.

Your Specific Instructions for After Surgery

Follow only the instructions checked off (☑) for you

Incision and bathing instructions

- Do not remove the splint or bandage.
 - Keep the bandages dry at all times.
 - Take only sponge baths.

- Leave the bandages in place.
 - Keep the boot, tensor, or post-operative shoe on at all times.
 - Loosen the boot, tensor bandage, or post-operative shoe, if feeling tight.
 - Take sponge baths or sit in shower or tub. Place foot in plastic bag and securely tape around leg. Keep foot up out of the water.

- 2 days after your surgery:
 - Remove your surgery bandages.
 - You can take showers. Allow water to flow over your incisions. Gently pat the area dry.
 - Cover your incision(s) with an adhesive bandage or light bandage. Change the bandage at least daily.
 - Once your incision is dry and healing, leave your incision(s) uncovered.
 - Keep the stitches clean.
 - Do not soak your foot and ankle in water (tub, pool, etc.) until the stitches have been removed.

Weight bearing

- Strict non- weight bearing
You **cannot put any weight** on or through your foot. This means your foot cannot touch or rest on the ground when standing or walking.

- Feather weight bearing
You can let your foot rest on the ground but **do not put any weight** on it.

- Partial weight bearing – Heel only
You can only put weight onto your heel.

- Weight bear as tolerated
You can put as much weight on your foot as is comfortable for you.

Appointments after surgery

Arrange for physiotherapy following surgery.

See your family practitioner 7 to 10 days after going home.

My appointment is on: _____

See your surgeon after surgery.

My appointment is on: _____

Go for an x-ray (medical imaging) before your appointment:

Yes **No**

Location of appointment:

www.fraserhealth.ca

This information does not replace the advice given to you by your healthcare provider.

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To order: patienteduc.fraserhealth.ca

