



Welcome We are pleased you have chosen
The Institute for Foot and Ankle Reconstruction at Mercy
to take care of your foot and ankle healthcare needs.
Our goal is to provide the best care possible for our patients
and their family members.



THE INSTITUTE FOR
FOOT AND ANKLE RECONSTRUCTION
AT MERCY

Preparing for Surgery

- Call your primary care physician's office to set up an appointment for your preoperative physical and lab tests within 30 days of surgery. In addition, if you are followed by a cardiologist, you will need to see him/her prior to surgery to be cleared for the procedure.

**All preoperative testing should be faxed to 410-659-5586.*

- A nurse will call you approximately 2 days prior to surgery to review your medical information and provide pertinent instructions. A scheduler will call you 24-48 hours prior to surgery with your arrival time.
- Do not eat or drink anything after 12 midnight the night before surgery, including no mints, gum or candy. You may brush your teeth, but may not swallow any water. Your surgery will be cancelled if you eat or drink after midnight. Being under anesthesia with anything in your stomach places you at risk for complications. If you are not receiving anesthesia, follow your doctor's instructions.
- Do not smoke or consume alcohol for 24 hours prior to your surgery. Recreational drug use is never recommended, especially prior to surgery, and can lead to serious side effects under anesthesia.
- Consult your primary care physician about the use of medications, especially routine prescriptions for heart conditions, high blood pressure, asthma and seizures. If instructed, take these medications with a small sip of water on the day of surgery.
- Ask your primary care physician about when to stop taking blood thinning medications, such as Aspirin, Ibuprofen, Coumadin, Plavix or Lovenox.
- Do not take diabetic medications on the day of surgery unless instructed to do so by your primary care physician.

- Use the scrub brush, which was provided to you by the surgical coordinator, the night before or morning of surgery. Clean your leg from your knee to your toes, being sure to scrub between the toes as well.



- Plan how you will get around and care for yourself in your home after surgery. This includes practicing using crutches and deciding where you will be sleeping.
- You will need a responsible adult (18 years or older) to drive you home and to stay with you for at least 24 hours to assist you.

Day of Surgery

- Wear loose, comfortable clothing that can fit over a bulky dressing. Wear shorts, sweat pants, pajama pants, skirt or dress. Do not wear jeans.
- Do not wear contact lenses, barrettes, hair pins or hair pieces.
- Do not wear any make-up, especially mascara.
- Nail polish on fingers and toes is permitted. Chipped polish or jewel embellishments are not allowed.
- Do not wear any jewelry, including body piercings, or bring valuables to the hospital. However, a photo ID, insurance cards and prescription cards should be brought and left with a family member during surgery.
- Bring a list of your current medications and dosages. Include over-the-counter medications.
- Bring a list of your drug and/or food allergies.
- If you have crutches/walker or Roll-a-Bout, leave them in the car. You will not need them for discharge from the hospital, but you will need them to get inside when you get home.
- Bring glasses (leave contact lenses at home) and hearing aids. They will be removed prior to surgery and given to a family member or secured in your belongings bag.
- The morning of surgery, take the McAuley Plaza Elevator, across from the gift shop, DOWN to Level 2 and sign in at Surgery Registration.
- Bring your parking ticket for validation at the registration desk.
- Bring 3-4 pillows to elevate your foot on the ride home. Leave these in the car.
- Please remember that your procedure time is approximate. On some occasions, due to emergencies, we may need to delay your procedure. Our goal is to stay on schedule, but if your procedure is delayed, we will keep you informed and as comfortable as possible.





After Surgery

- After your surgery, you will be taken to the recovery area while your anesthesia wears off. Most patients receive oxygen at this time. As you wake up, you may be especially sensitive to lights, noise and temperature.
- The recovery area nurse frequently will be checking your blood pressure, pulse and breathing. This is routine and does not mean anything is wrong. You may experience some side effects from the anesthesia, such as nausea, shivering, sore throat or headache. Let the nurses know if you experience these or any other side effects and they will do what they can to assist you.
- Most patients receive a nerve block during surgery, which will numb the nerves that go down to the foot/ankle area. This block will last approximately 8-10 hours. However, some patients will still experience some discomfort after surgery. Your nurse is there to help assess your pain and give you the most effective medication that has been prescribed for you.
- When your nurse and anesthesiologist think you are ready, you will be discharged from the recovery area. If you are being admitted to the hospital after your surgery, you will be taken to your room at this time. You will receive your discharge instructions when you are ready to go home.
- If you are an outpatient and going home after your surgery, the nurse will help you to sit up and give you fluids to drink prior to discharge.

Circulation

- If you have had toe surgery on the metatarsals, it is important that you check the circulation to the toes more frequently. By pressing lightly on the toe, you will note that the color of the toe changes and gets a little pale (blanches). When you release the pressure, the toe returns to a more normal pink color (this is called capillary refill). The toes must not be dusky, pale or blue. If you notice any adverse changes, contact the office immediately.

Drainage and Bleeding

- Drainage and bleeding after surgery is normal. You may notice blood or drainage on the dressing or splint. It is OK to place extra gauze over the dressing to reinforce it, but do not remove the entire dressing.
- If the blood or drainage continues to drip and the dressing is saturated with wet blood after the first 24 hours, call the office.
- The type of dressing you will have post-operatively depends on the type of surgery performed. On the day of surgery, you will receive specific verbal and written instructions about your dressing. If you have a splint, you will not have to do anything. Occasionally, if you have a small dressing, you may be instructed on how to change it prior to your first post-operative appointment.
- Regardless of the type of dressing, you should not get the incision wet for 10-14 days. This interferes with proper healing and may result in infection.

Elevation

- You will need to elevate your operative foot on 3-4 pillows for the car ride home and after surgery at home.
- Elevation helps to minimize post-operative swelling and is recommended for 5-7 days after surgery.
- It is recommended that you limit ambulation (minimal walking) to walking between rooms (bathroom, kitchen, bedroom, TV room). Even when switching rooms, continue to elevate foot when you sit down.
- Avoid standing for long periods of time. Aching, throbbing, thumping is a strong indicator that your foot needs to be elevated.



Mobility Aides

- After surgery, you may be non-weightbearing for a period of time, varying from a day or two to several weeks. The length of time will depend on the kind of surgery you have and your compliance with post-operative instructions.
- Non-weightbearing means that your foot may not touch the floor, even in a splint or boot. Any weight put on the healing bones or joints will adversely impact your recovery.
- For mobility during this time, your doctor will recommend crutches, a walker or a Roll-a-Bout to help you get around. For your safety, you need to learn how to use these properly. Please call Mercy's outpatient physical therapy center (410-659-2933) or a physical therapist closer to your home to schedule a mobility training appointment. We will provide you with a prescription for this appointment but you also may need a referral from your primary care physician depending on your insurance requirements.
- If your doctor recommends crutches, they will be provided, adjusted to your height and you will be instructed in the proper way to use them. If you already have crutches at home, you might want to practice with them prior to your surgery.
- A walker is another option as a mobility aide. A prescription for this may be needed to ensure insurance coverage. This can be provided to you prior to your surgery.
- Instead of crutches or a walker, your doctor may recommend or you may prefer to use a Roll-a-Bout. This is a wheeled support for your leg that enables easier mobility than crutches. The Roll-a-Bout can be rented or purchased. Information can be provided by clinic staff when you schedule your surgery or you can contact the company at 888-736-6151 or www.roll-a-bout.com.
- You should decide which mobility aide you will be using and make arrangements for it before your surgery. You will need to bring it with you on the day of surgery, but leave it in the car. Clinic staff will take you to your car when you are discharged, but you will need your mobility aide to get from the car when you get home.



Attention

If you are undergoing bone surgery (osteotomy, fusion or arthrodesis) you are not allowed to take any nonsteroidal/anti-inflammatory medications following surgery until otherwise instructed by your surgeon. Taking these medications following surgery inhibits bone formation. This does not apply to soft tissue or ligament surgeries.

These are just a few medications to avoid:

- Lodine (Etodolac)
- Relafen (Nabumetone)
- Celebrex
- Mobic
- Ibuprofen/Motrin, Advil
- Naprosyn/Aleve
- Voltaren/
- Arthrotec (Diclofenac)

Pain Management

- **RATING PAIN** – Using a pain scale to describe your pain will help the staff understand your pain level so it can be managed effectively. “0” means you have no pain; “5” means moderate pain and “10” is the worst pain possible.

Which face shows how much hurt you have now?



0
No Hurt



2
Hurts Little Bit



4
Hurts Little More



6
Hurts Even More



8
Hurts Whole Lot



10
Hurts Worst

- **NERVE BLOCK** – This is an injection administered during your surgery which will numb your foot/ankle after surgery. The duration of the block will be variable, but in most cases will last 8-10 hours. In some cases it might last longer.
- **TAKING YOUR PAIN MEDICATION** – It is advisable to begin taking your prescribed pain medication before your nerve block wears off. Preferably, start within a couple of hours after surgery and continue every 4 hours for the first 24-48 hours. Our goal is to make you as comfortable as possible; however, you may still experience some pain. Pain medication should not be taken on an empty stomach.
- **WEANING OFF MEDICATION** – After your pain begins to diminish (24-48 hours), begin to taper your medication by taking fewer pills or taking them less often, as needed.
- **POST-OP NAUSEA** – You may be prescribed Vistaril/Hydroxyzine for the prevention of nausea during your post-op course. This medication is to be used as needed.
- **CONSTIPATION** – A side effect of pain medications may result in constipation. Senokot-S (over-the-counter) is recommended, if needed. Drinking plenty of fluids and eating fresh fruits and vegetables also will help.

Visitor Guidelines

We always seek to maintain and respect the privacy of all patients. To ensure the safety, comfort and privacy of our surgery patients, we ask you to please follow these guidelines:

- Visiting the patient care area is limited to 1 or 2 adults.
- As a courtesy to other patients, please do not bring children under the age of 12 to the hospital. **Unattended children may not be left in the waiting areas.**
- Recognize that we will respect the patient's wishes in regards to having visitors. Some patients may prefer not to have visitors.
- It is important that patients rest during their recovery time.
- Food and drink are not allowed in the pre-operative/recovery area. This is an infection control issue. Food/drink also may contribute to nausea for the patient being visited or others affected by the smells.
- Cell phones should not be used in the pre-operative/recovery area. Please place phones on silence or vibrate in consideration of patients recovering.
- If you have an upper respiratory infection and/or symptoms such as coughing, sneezing, runny nose or fever, please refrain from visiting.
- The recovery area nurse can answer your questions and address concerns you may have about your family member/friend's recovery from surgery.

