



OCR
ORTHOPAEDIC & SPINE
CENTER OF THE ROCKIES

SPECIALISTS IN THE
MEDICINE OF *motion*



George Le, DPM

Podiatric Medicine & Surgery

Please take a moment to look over the following instructions regarding your surgery. We know that surgery can be a very stressful experience for you and your family and that you may be nervous. This is normal, and we will make every effort possible to make your experience as the best it can be! We are dedicated to achieving the best possible outcome for you. This takes a team effort often between you, us, and many other healthcare professionals.

The following packet will hopefully be informative and decrease your stress prior to surgery! There are many other great resources about your condition, Podiatric Medicine, and surgery of the foot & ankle. We encourage you to learn more about Dr. Le, your condition, and access links to help helpful websites and videos at www.OrthoHealth.com.

We strive for nothing less than excellence in our quest to help you be the best version of you. We look forward to seeing you on the day of surgery!



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POST-OPERATIVE - FOOT & ANKLE

Pain Medicine:

Please refer to your specific discharge instructions. If you have had a block, you may not be able to move your foot or toes for 12-24 hours after the surgery; sometimes longer depending on how quickly your body metabolizes the block medicine. Start taking your oral pain medication as soon as the block begins to wear off. **DO NOT GET BEHIND IN TREATING YOUR PAIN.** You will take more medicine trying to catch up than if you keep it under control.

For the first 2-3 days there is an incisional burning pain. By 2 weeks post-op, the majority of patients are completely off their pain meds. If you have had joint fusions or bone work, avoid anti-inflammatories such as Aleve or Advil, they may slow bone healing. Otherwise, anti-inflammatory are fine unless you cannot take them for other reasons.

If you were written a prescription for Percocet (Oxycodone 5mg / Acetaminophen 325mg) you may take 1 tab every three to six hours as needed for pain. If you were written a prescription for Dilaudid (Hydromorphone 2mg) 1-2 tabs ever three hours, this is usually added to the Percocet if the Percocet is not enough. If you were written a prescription for Methocarbamol 750mg, you may take one tab every 6 hours for toe/foot/leg/back cramps or spasms. Make sure you are getting enough water.

If you were written a prescription for ECASA 325mg, this is enteric coated Aspirin for the prevention of blood clots.

Lethargy, dizziness, and nausea are signs that you may be taking too much of the pain medication; stop taking the narcotics as an overdose can cause you to stop breathing. If you are experiencing constipation, it is usually due to pain medications, inactivity, and dehydration. Make sure you are getting enough fluids and fiber in your diet. Colace may be purchased from the pharmacy and taken 3 times a day with meals. If you are experiencing itching or rashes, benadryl or a topical hydrocortisone may help. Call and let the office know. If you are experiencing hives or swelling of the mouth or tongue, stop taking the pain medications and call the office or your primary medical doctor immediately.

Elevate:

For the first two weeks after surgery, Elevate! Elevate! Swelling is tight, achy, and painful and stretches the incisions. The foot must be higher than the heart to drain excess fluid from the foot. If you have significant pain and swelling, try loosening the ACE Bandage leaving the underlying dressing intact. The OR is sterile, the dressing is sterile, and the best way to prevent postoperative infections is to prevent exposure to germs.

POST-OP FOOT & ANKLE

Ice:

Place bags of ice, frozen peas, or gel packs over the surgical area. For a thick postoperative dressing, you may leave the ice on.

- For Bare Skin - 20 Minutes On, 20 Minutes Off

Non-Weight Bearing:

You may use a cane, crutches, a walker, a rolling knee walker (go to Google Images and type in 'Rolling Knee Walker' to see different types), or a wheelchair. Crutches should not be pressing into the armpits. Medical supply stores often sell additional padding for crutches. The Rolling Knee Walker takes the pressure off the wrists and shoulders, but is not always covered by insurance. Renting or purchasing off of e-Bay or Craigslist are options.

Weight Bearing (Tolerated on Heel Only):

You will be placed in a special shoe that shifts your body weight to your heel. It is advisable to wear a shoe with a lift on the opposite foot (clog, mule, boot) to balance out your leg length and prevent back pain.

Showering:

Double bag with two tall kitchen trash bags. Place one over the leg and tape it, and then a second bag over the first bag and tape the top bag an inch or so above the bottom bag. You may also purchase a waterproof cast bag at a medical supply store or pharmacy. After two weeks if the wound is sufficiently healed, you may get the wound wet in the shower and pat dry. Do not submerge in a bath, hot tub, swimming pool, etc., until the skin is completely healed. Do not rub soap into the wound. If you are non-weight bearing, consider getting a shower chair/stool and an elephant trunk attachment to your shower head or faucet.

Dressings:

Do not touch until your Doctor, Dr. Le, sees you in the office.

WHEN TO CALL THE OFFICE:

If you develop fevers, redness around the wound, drainage from the wound (especially pus), or have increased pain (usually burning) around the wound. If you are diabetic and notice that your blood sugar levels are increasing. If you are having increased pain or swelling in the foot or the calf that is not related to activity or not elevating or if you are experiencing chest pain or shortness of breath.