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Foot and Ankle Surgery Post-Operative Instructions

Congratulations! You are now ready to begin your recovery after your foot and ankle surgery. These are some simple instructions to help you in your first steps in this new phase of your journey. Please feel free to contact our office if you have any specific questions or concerns.

Wound Care

DO NOT remove your dressings or splint until you are evaluated by the orthopaedic surgeon at two weeks.. Please DO NOT apply any lotions, ointments or creams to the surgical site. Please leave sutures on your wound until you see the doctor. If there is any drainage, keep covered with new dressing daily until dry.

Unless stated otherwise, you may shower 3 days after surgery, or as instructed by your doctor. Do not allow the shower water to hit the incision directly. PLACE A CAST BAG OVER YOUR DRESSINGS/SPLINT to prevent wetting your dressings. Whatever you decide to do, please use CAUTION!! Be careful not to slip, twist, or fall. A stool placed in the shower so you can sit is a great idea so you can stabilize yourself. Do NOT soak in a bath tub, hot tub, or pool until the doctor tells you it is O.K. to do so. Once you are done showering pat the wound dry.

Post-op Splint:

A well-padded dressing with plaster reinforcement may be applied to your leg/foot at the conclusion of your surgery. This splint helps to protect your foot/ankle and control swelling. **DO NOT BEAR WEIGHT ON YOUR SPLINT!** It is **NOT** meant to be removed and needs to remain clean and dry (it is **NOT** waterproof). Do not attempt to scratch your skin underneath the splint. If it feels too tight, elevation will help to decrease swelling and improve your comfort. If the splint becomes wet or feels excessively tight despite elevation, please contact our office and it can be evaluated/changed.

Post-Op Shoe:

Depending on your specific type of surgery (typically bunions and toe surgeries), a hard-soled shoe may be provided to you in the recovery area to help protect your foot. This is particularly important for you to

wear when you are up and on your feet. Specific weight-bearing instructions with the shoe will be given. The post-op shoe does not need to be worn in bed or while resting.

Pins:

Pins may be used in certain cases, especially toe surgery, to hold your toes in the appropriate position during the healing process. You may see "pin balls" on the ends of the pins. These protect the pin ends from catching on clothing, carpet, or other objects. It is not unusual for the pins to "back out" or protrude beyond their original position. If this happens, it is not an emergency. Do not push the pins back in. Call our office during business hours to make us aware and we can advise you further.

Activity

The the orthopaedic team will advise you on your specific weight-bearing status. These guidelines should be strictly followed to appropriately protect the surgical site. Typically, a set of crutches or a walker will be dispensed to accommodate these restrictions and improve your mobility, which is important in preventing complications, such as a blood clot. The nursing staff will ensure that you are safe to go home with the appropriate instructions on ambulation and crutch/walker use.

If you decide to rent or purchase a knee scooter/knee walker, then you should plan ahead for this. We can provide you with a prescription for this device, which may help with insurance coverage. Please make these requests prior to your surgery day so that you are prepared.

Elevation of your foot/ankle on multiple pillows when sitting or lying down is crucial to limit postoperative swelling, especially during the first 72 hours following surgery, and through at least the first two weeks. Your foot should at least be at the level of your heart. Elevation of your operative extremity is extremely important to avoid compromising the blood supply to your foot. Remember when your foot is down it will swell, which will increase pain and slow healing. Wiggle your toes frequently if possible.

- If you go home with a regional block, (a type of anesthesia) the foot and leg will be numb. Think of ways to get into your house and around the house until the block wears off.
- Keep in mind that it may be a legal issue if you drive while in a cast or splint, especially when the splint is on the right foot. You may call the Department of Motor Vehicles to schedule a road test if you have adaptive equipment applied to your car.
- The amount of weight you are allowed to bear on your foot will be written on your discharge sheet filled out at the time of surgery. The following is an explanation of the possibilities:

ICE the shoulder for 20-30 minutes, 3-5 times a day, especially after therapy or exercising. Do not put ice directly on your skin! This can cause serious injury to you skin! Cover the skin with a towel or cloth before applying an ice pack.

DVT Prevention

One possible complication after surgery is a blood clot, or deep vein thrombosis (DVT). The best way to reduce your risk for a blood clot is to walk several times per day. If you are at increased risk for blood clots, you will be prescribed an additional medication.

Post-Operative Medications

Medicine after Total Joint Replacement are used to reduce your risk of a blood clot (DVT), control pain, and limit common side effects after surgery. Sometimes it is appropriate not to take some of your regular home medications until cleared to restart by the Total Joint Team or your Primary Care Provider. Ask, if you are not sure.

DVT Prevention

- **Aspirin: 81mg, Take 1 tab every 12 hours for 4 weeks after surgery.**
 - This is a blood thinning medicine to help lower your risk developing a blood clot, also called a deep vein thrombosis (DVT).
 - Please take with food. This medication may upset your stomach.
- **NOTE:** If you were on a different blood thinner before surgery, we will likely restart that medication. If you have had a DVT or PE before, have had a stroke, or have an allergy to aspirin (and you were not on a blood thinner) we will likely use a different medicine based on the best medical recommendations.

Pain Medicine

- **Norco (Hydrocodone): 5mg IR, take 1-2 tabs every 6 hours, as needed for severe pain.**
 - This is a narcotic/opioid pain medicine and potentially addictive. Long-term use is discouraged.
 - We recommend using 1-2 tabs every 6 hours for the first 3-4 days after surgery.
 - As your pain levels improve, taper to 1 tab, and discontinue as tolerated.
- **Tramadol: 50mg, take 1-2 tabs every 6 hours, as needed for pain.**
 - This is a narcotic/opioid pain medicine and potentially addictive. Long-term use is discouraged.
 - We recommend using 1-2 tabs every 6 hours for the first 1-2 weeks after surgery.
 - As your pain levels improve, taper to 1 tab, and discontinue as tolerated.
 - This medicine may not be provided for all cases.
- **Meloxicam: 15mg, take 1 tab every 24 hours, as needed for pain.**
 - This is a medicine for pain and inflammation. This medicine is not addictive.
 - We recommend using this regularly for the first 3-4 weeks after surgery.
 - Generally, when used with the acetaminophen, this will help provide steady baseline pain control.
 - Please take with food. This medication may upset your stomach.
 - This is a Non-Steroidal Anti-Inflammatory Drug (NSAID), and is not appropriate to take with other NSAIDs or if you have kidney problems.
- **NOTE:** If appropriate, Dr. Akoh's Team will provide for pain management for the 90 days following your surgery. Pain medication needs outside of this window should be discussed with your Primary Care Provider or Pain Management Physician.

Other Medications

- **Docusate: 100mg, take 1-2 tabs once a day, as needed for constipation.**

- This is a stool softener that you should only need while you are taking the narcotic/opioid pain medications. It will help reduce constipation, a common side effect of narcotic/opioid pain medications.
- **Ondansetron: 4mg, take 1 tab every 8 hours, as needed for nausea.**
 - This is a medicine to reduce nausea. You only need to take it if you vomit or feel like you may vomit.

Common Concerns

A low-grade fever is not uncommon. If you develop a significant fever greater than 101, or if you develop redness or excess drainage from your incision(s), call the clinic during business hours or go to the Emergency Room after business hours.

Atelectasis is a common condition in patients who have been under anesthesia and is a common cause of low-grade fevers during the first 24-48 hours following surgery. It occurs if a patient is not taking normal (deep) breaths and not moving around with normal activity, which is what often happens when patients are recovering from surgery. Taking narcotic pain medications and not doing the normal amount of walking and other activity restrictions can predispose a patient to this condition. However, it is easily remedied by either taking 10 deep breaths at least once or twice every hour, or using the incentive spirometer instrument (ball that floats up in a tube when take a deep breath) if your doctor prescribed one for you when you were discharged.

Constipation commonly occurs after surgery due to taking narcotic pain medication, being inactive, or both. If your bowel habits have slowed significantly or you are unable to have a bowel movement, and you were not sent home on a stool softener, you may need to call the Ortho clinic and ask your doctor to order a stool softener to help you have a bowel movement.

Discoloration:

It is common for the toes to swell after surgery and turn a bluish color, especially if the foot is in a dependent position (below the heart). If the toes turn dark blue, dark black, or completely white, please communicate this to our office immediately.

Swelling:

Post-operative swelling to the leg/ankle/foot is common and expected for up to 6 - 12 months. This is mostly related to the effects of gravity/dependency on the limb. *Once you are out of your post-operative splints/casts/dressings, you should use a compression hose/stocking/sock (knee high) to limit swelling and pain.* These can be found at local pharmacies, medical supply stores, and online. Jobst is a common brand of compression stockings. Typically, around 15-20 mmHg is good compression.

Infection:

Infection is uncommon, especially during the first week after surgery. A low-grade fever (temperature < 101.4 F) is very common following surgery and is not a sign of infection. Infection is typically characterized by streaking redness up the leg, a foul smell from the operative area, excessive drainage, and high fevers (> 101.4 F). If any of these events occur, please contact our office immediately.

It is important to watch for:

- Increasing pain after 4-5 days
- increasing redness, warmth, or swelling of your operative leg
- drainage from your wound
- a temperature over 101°

If you have any of these symptoms, you should call the office immediately, (706) 266-1250.

Driving After Surgery:

The ability for someone to resume driving after surgery is seldom a medical question, but usually a legal question. It is the responsibility of all licensed drivers to always drive safely, no matter what their permanent or temporary impairment may be. Reaction time following surgery may be compromised, secondary to medication and/or pain. The ability to fully use all extremities may be impaired after surgery.

Follow-Up Instructions:

1. Call to confirm the date and time of your appointment, (706) 266-1250. Usually the first Post-Op appointment is 3-5 days after surgery with the Orthopedic Surgeon or the Physician Assistant.
2. Contact your physician's office during office hours at 770-266-1250. The orthopedic staff on-call can be reached through this method if a medical emergency arises.

When to Call the Office?

Do not hesitate to contact our office if any concerns arise. We make every effort to return phone calls in a timely manner. During normal business hours please call the office at 770-266-1250. If after hours, please use the same number, but your call will be routed to one of the physicians on call for our group.