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## WHY HAVE FOOT SURGERY?

Many conditions affecting the foot can produce a good deal of pain and discomfort which can limit mobility. Therefore, your feet need to be strong and healthy! The foot is a complicated part of anatomy and consists of 26 bones, 33 joints and numerous tendons, ligaments and muscles. Sometimes the structure and mechanics of your feet change (for a number of reasons) and surgery may be required to address these. Surgery is usually only considered when all conservative measures have been exhausted.

## PATIENT INFORMATION PRIOR TO FOOT SURGERY

Surgery of the foot and ankle is indicated to reduce pain, improve deformity and increase function and **not** for cosmetic purposes! Surgery should be considered as the last option after **all non operative interventions have failed**. Patients often ask if both feet be operated on at the same time; many factors have to be considered: your circumstances as well as the type and complexity of the surgery being undertaken (the surgeon will advise you whether or not surgery to both feet is an appropriate option). Each individual is unique and every procedure is different. The following statements should be taken as rough guidelines only.

IF YOU HAVE FOOT SURGERY, REMEMBER THE HEALING PROCESS:

3 MONTHS – FAIR

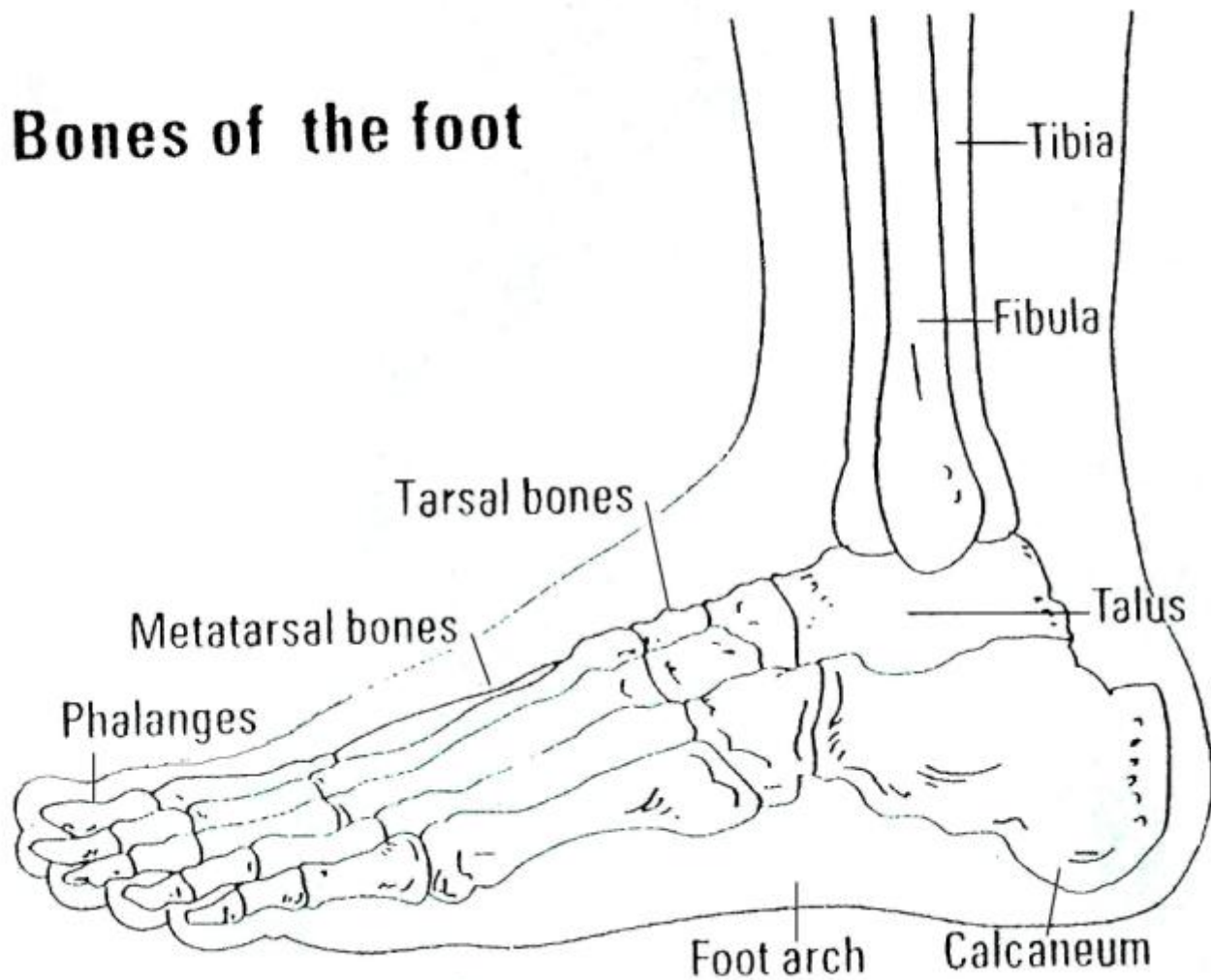
6 MONTHS – GOOD

12 MONTHS – TO REGAIN A FEELING OF NORMALITY

Prior to admission for your surgery there are a number of issues that need to be considered; patients often generally overlook this and just think about having the surgery performed! Take time to think and reflect upon these questions:

If you live alone, do you have access to someone who is able to help you carry out basic every day tasks such as prepare food and importantly shop for food? Do you have stairs at home? How will you manage to get up and down the stairs? Do you have sturdy hand rails? If your toilet is downstairs, would it be easier to have your bed downstairs until you have sufficiently recovered to be able to safely negotiate the stairs?

## Bones of the foot



A member of the multi-disciplinary team will be available to offer advice if you have any concerns in relation to the above questions and may put you in touch with an occupational therapist or other relevant health-worker to help you with these arrangements if necessary.

Upon admission to hospital ensure that you have a flat sturdy shoe to wear on the un-operated foot following surgery.

It is **IMPORTANT** to mention any medications that you are taking, either prescribed or non prescribed. This may include over the counter medications or herbal remedies or aspirin, warfarin, hormone replacement therapy (HRT), the contraceptive pill or medications for high blood pressure etc...Inhalers – if you are asthmatic ensure that you bring your inhalers into hospital with you

The majority of foot surgery is performed under a general anaesthetic; however, in certain circumstances a local anaesthetic may be used in conjunction with a sedative – your anaesthetist will discuss this with you prior to surgery. A local anaesthetic block will be administered; this is to numb the area and helps with pain relief

immediately following the procedure. This feeling of numbness may last between 12 to 24 hours following your operation and is normal; however, each individual is unique so allow for minor variances.

## WHAT TO EXPECT FOLLOWING FOOT AND ANKLE SURGERY

When you arrive back on the ward from theatre you will either have a padded bandage or plaster of paris cast in-situ. As with all surgical incisions there will either be stitches or staples/clips to be removed. Both the bandage/cast and stitches/clips are usually removed around 10 to 14 days following your procedure. The wound site will be inspected at this stage to ensure that the healing process is progressing with no complications.

**Joint stiffness** occurs following some surgical procedures and you may be instructed to begin gentle movements of the affected joint (instructions will be given to you).

## IMPORTANT POST OPERATIVE ADVICE

**Cast** – If you have a cast, it is important that this does not become wet. If this happens, the cast is rendered ineffective; therefore, it is not doing the job that it is meant to be doing, i.e. immobilising the affected limb! The underlying wounds will then also be at risk of becoming infected if the dressings become wet

**Wound(s)** – These will usually have a non adhesive dressing in-situ. Some wounds may ooze or old blood may leak from the wound – **do not panic**, this is quite routine. However, if the bleeding persists inform the ward staff. The dressing must remain intact until your outpatient visit, (usually at 2 weeks following procedure). The wound site **must be kept dry**. In some cases, it is possible to take a shower with a **waterproof** dressing in place. Avoid taking a bath. **Ask advice** regarding protective waterproof measures to apply to the operated area.

**Driving** – you will be informed of when it is safe to return to driving: this will depend on the nature of your procedure, do not resume driving until instructed to do so. **You should notify your insurance company of the procedure that has been undertaken to ensure that cover is valid.**

**Sport** – resuming sports depends on the type of surgery performed and will be discussed with you. Obviously competitive sports such as football, rugby or squash will take longer than gentle activity such as swimming (provided that

open wounds are completely healed and no ooze is apparent).

## PRIE REGIME

**P** – physiotherapy, **walking** - an assessment by a physiotherapist will be carried out either before or after your surgery. If crutches are required, you will be instructed on their correct use. The crutches are adjusted to the individual and are not intended for use by others! The physiotherapist will have given you an exercise sheet and will also have shown you exercises during your stay as an in-patient. It is important to wriggle your toes gently. If your leg is not encased in a cast, you should gently move your foot up and down periodically throughout the day and also bend the knee and ankle (if able) as this aids circulation and helps reduce swelling of the affected limb (refer to exercise sheet.).

**R** – rest. For the first two days after your operation, you are instructed to sit or lie with your foot raised well above groin level for 55 minutes out of every hour. You should decrease the amount of hourly elevation by 5 minutes every day (ie 50 mins on day 3, 45 mins on day 4 etc) but you should adjust this by the degree of swelling or discomfort that you observe.

**I** – ice. ice, application of an ice pack will help reduce swelling and assist with pain relief. It is important to **protect the affected area with a damp tea towel prior to application**; often a bag of frozen peas is very effective! Apply for 10 minutes 3 times a day. Once the dressings are off and the wound has healed, application of an ice pack will help reduce swelling and assist with pain relief. It is important to **protect the affected area with a damp tea towel prior to application**; often a bag of frozen peas is very effective! Apply for 10 minutes 3 times a day (Mark these clearly, as refrozen peas are unsafe for human consumption!)

**E** – elevate, **the limb** - it is **extremely important** that you keep your foot **elevated**, above groin level as much as possible for the first two weeks following your surgery ; this is aimed at reducing **swelling** of the foot. You will usually be sent home with pain tablets which will also help with pain control. The foot can be very swollen for several weeks following your operation – this is normal, do not be alarmed. However, if you notice that the foot is becoming increasingly swollen following this period then it may be an indication that you have ‘overdone’ it! Use the amount of swelling to determine and adjust your level of activity accordingly. Therefore return to **rest, ice and elevation**.

## POST OPERATIVE OBSERVATIONS

**Check your foot:** It is normal to have a degree of bruising following surgery. However, if you experience worsening pins and needles, if numbness persists or the foot/toes become excessively swollen, then you need to contact a member of the foot and ankle team immediately. If you are unable to reach a member of the team, then you must either ring the ward or your GP.

## POST OPERATIVE SHOES

You may require a special surgical shoe following your operation, depending on the type of foot surgery that you have undergone. These shoes are designed to fit over the foot with its dressings and protect it from injury. Shoes are usually provided by the ward staff or physiotherapist these should be worn until instructed otherwise.

### YOU NEED TO WEAR THE:

Flat trauma shoe..... Y/N

Wedge shoe..... Y/N

Your own footwear..... Y/N

## WALKING AND MOBILITY

The degree of mobility allowed following your surgery depends on the type of procedure that has been performed.

**Full weight bearing** – you may walk as normal taking the weight through the operated foot.....Y/N

**Partial weight bearing** – you may walk taking a partial degree of weight through the operated foot, using a walking aid. The consultant will instruct you on the degree of weight that is acceptable..... Y/N

**Heel weight bearing** – you may walk with the majority of your body weight transferred through your heel and outside of your foot. This is usually recommended following procedures such as bunionectomy/metatarsal osteotomy.....Y/N

**Non weight bearing** – you may not be allowed to put any weight through the operated foot. The consultant will advise as regards when it is recommended to gradually apply weight. If this is the case, instructions on the correct and

safe use of crutches will be demonstrated by the physiotherapist.

## STAIRS

The physiotherapist will instruct you on the safe and correct way to cope with managing stairs.

**TO GO UP** – Lead with good leg. (up to heaven)GOOD LEG-----

OPERATED LEG-----CRUTCHES TO GO DOWN – Lead with the operated leg. (down to hell)

CRUTCHES-----OPERATED LEG-----GOOD LEG

**OR ASCEND & DESCEND ON YOUR BOTTOM**

## POSSIBLE RISKS /COMPLICATIONS OF SURGERY

**Infection** – as with all invasive procedures there is the risk of infection, more so in those patients who are diabetic, suffer from rheumatoid disorders or those who smoke.

**Scarring** – any type of surgery will leave a scar, occasionally this may be painful and inflamed.

**Nerve damage** – results in numbness and tingling. This is often as a result of stress or injury during surgery. Such damage is seldom permanent and sensation usually returns over a period of time.

**Failure of bone to unite** – this may occur in operations where bone is fused. Some people heal more slowly than others, those who smoke are at greater risk of this occurring – the surgeon may decline to perform surgery unless you refrain from smoking.

**REPORT SEVERE PAIN, MASSIVE SWELLING, EXCESSIVE REDNESS OR DISCHARGE FROM YOUR WOUND TO YOUR GP**