sheffield orthopaedics ltd

Important medical advice prior to your

Foot & Ankle Surgery

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A Patient's Guide

This booklet is intended to give you an idea of what is involved in undertaking foot and ankle surgery. It provides information to help your decision, with your surgeon, on whether surgery is the right treatment for **you**.

When your consultant offers you an operation, their decision is based upon their experience and expertise and numerous factors relate to you as the patient. However, you should also be aware that:

- **Surgery should be considered to be the final option**.
  Foot and ankle problems can be treated in many ways without having an operation. These include custom-made insoles and/or shoes, physiotherapy and exercises, medicines and injections, or a change in activity level. Surgery may be offered if these treatments are unlikely to help or have failed to improve your symptoms.

- **Surgery aims to improve your function.**
  This occurs by reducing pain and helping you to walk more efficiently. **Surgery is not performed for cosmetic reasons**. Satisfaction with an operation to improve the appearance of your foot is unpredictable and the risks of surgery outweigh the benefits. Your surgeon will not offer you an operation for a purely cosmetic problem.

- **You must have realistic expectations of surgery.**
  We perform surgery to enable patients to cope with day to day activity. However, this may involve changing the way the foot or ankle works forever. The foot does not always respond kindly to injury or surgery and can take many months to recover. It is unusual for the foot to be perfect when it comes out of bandaging or plaster and, in general, ***it takes 12-18 months before the final outcome is appreciated.***

- **You must take control of your treatment.**
  You will need to follow instructions given after your operation. Failure to do so can have detrimental long term consequences. For example, if your foot is not elevated after surgery, swelling can quickly occur, leading to pain and increased risk of delayed wound healing and infection. Successful results require a contribution from the patient, as well as the surgeon and the hospital team.

- **In general, the success rates of surgery are high**.
  For some complaints, however, there may be no operation available to reliably improve your symptoms; in these cases, surgery may carry unnecessary risks. Rarely, in cases of extreme suffering you may be offered surgery even when the chance of success is poor. However, this would only happen after thorough discussion and your acceptance of this increased risk.

- **All surgery has risks.**
  Your surgeon will talk you through the operation and the most relevant complications that could potentially occur. You should think about these and ask for clarification if you are uncertain about them. As surgeons, we aim to reduce complications as much as possible but they still occur. This booklet includes a list of complications that could happen to you. They are fortunately not common, but, if you cannot accept the risk, do not have the operation.

Before Your Surgery

You will be asked about your general health and smoking status when you are put forward for surgery. A further pre-operative clinic check-up maybe required in order for you to undergo your operation. This can highlight health problems that may put you at increased risk of complications. If these can be remedied or improved upon before surgery, then it may be appropriate to postpone your operation.

Smoking

If you are a smoker, you should seriously consider stopping completely before having a general anaesthetic and surgery. Smokers have more complications after surgery with a much higher risk of wound breakdown, wound infection, deep vein thrombosis (DVT) and failure of bony operations. The risk of complications and failure is so high after certain operations that your surgeon may be reluctant to perform it without evidence of you stopping smoking. If you wish to give up smoking your GP can offer you help and advice on stopping smoking.

Oral Contraceptive Pill

The risk of DVT and pulmonary embolism is higher in women taking oestrogen-containing oral contraceptive pills, even low dose oestrogen preparations. You should stop the pill a minimum of 4 weeks prior to elective surgery, and preferably 6 weeks before. If you do not know whether the pill you are on contains oestrogen, ask your doctor or the clinic that prescribed it. You should also see them to get advice on preventing pregnancy whilst off the pill.

Hormone Replacement Therapy (HRT)

HRT contains lower levels of oestrogen than the oral contraceptive but may still increase the risk of DVT. It is recommended that you stop HRT for two weeks prior to your operation date. If, however, the effects of stopping are too unpleasant, you may restart it, but we will then prescribe medication(s) to help reduce the risk of DVT. These will start on the day of surgery and continue until you are fully weight bearing.

Podiatry Treatment

If you are having chiropody or podiatry treatment, it is important that you tell your podiatrist that you will be having surgery. Your last treatment should be one week before the date of surgery at the latest. Do not resume any treatment after surgery without consulting your surgeon.

Athlete's Foot

If you suffer with athlete's foot, you should try to have this cleared up before any surgery. It is acceptable to use antifungal treatment regularly but do not let your foot get too moist from excess use. Treat your socks and footwear with antifungal powder, to prevent reinfection. Ask your GP or pharmacist for advice if you need help treating this common problem.

Other Medicines and Allergies

Some medicines cause problems with anaesthesia and surgery. Some hospital drugs may be used routinely to which you may be allergic. You must bring a list of all medications and non-prescription medication to the Pre-operative assessment clinic. Please inform us of any allergies you may have.

Extra help you will need after surgery

Plan to rest; you may be far less mobile than normal for some time. Ensure you have friends or family to help as necessary. If you live alone, you will need to consider help with certain tasks like shopping and preparing meals. Will you be able to negotiate your house/stairs with crutches/sticks/zimmer frame? Inform the clinic as soon as possible about your needs and the necessary help can be arranged.

Before Admission

You MAY require a **Pre-operative assessment appointment** where you will be asked many questions about your health. Tests will also be arranged as appropriate but typically include blood tests, heart tracings and x-rays. Occasionally the clinic highlights health problems that require further specialist tests and/ or treatment to be carried out necessitating a postponement of surgery. Although this causes frustration for everybody, it cannot be avoided and is clearly in your long-term interest.

Please ensure your foot hygiene is as good as possible on the days leading up to surgery. If you have difficulty with addressing your foot care, arrange a timely visit to your chiropodist at least a week prior to surgery.

On the Day of Admission

Usually you will be admitted to the ward on the day of surgery, depending on the hospital you are attending. If you have difficulty arriving early in the morning, on the day of surgery, then we need to know in good time to prevent a delay to the start of the list.

Some patients with certain health problems may need to be admitted the day before surgery. If this is necessary, you will be informed at your Pre-operative assessment clinic.

The Operation

Your surgeon and anaesthetist will see you before the operation. The surgeon will answer any further questions you may have, take verbal and written consent for the procedure, if not already obtained, and mark your leg. The anaesthetist will discuss their role and the options specific to you and your surgery; this includes general and/or local anaesthetic (numbing injections) as well as post-operative pain control. Local anaesthetic blocks around the foot and ankle have greatly improved the experience of patients in recent years and may last for up to 24 hours. You are advised, however, to start regular pain killers well before it wears off. At the time of surgery, you will leave the ward and be taken to the anaesthetic room, next to the operating theatre.

After the operation, your foot and ankle will either be bandaged or in a boot/ plaster cast. You will wake up in the ‘recovery room’ before being returned to the ward once you are awake and comfortable.

After the Operation

When in bed, you will be instructed to keep your leg elevated in the bed before attempting to get up. The nurses and physiotherapy staff will assist you when you are ready to mobilise on the ward. They will also provide further advice for when you are at home, especially if you still have a numb foot from the anaesthetic. You will not be discharged until you are safe to mobilise in the manner the surgeon intended.

Increasingly, foot and ankle surgical patients are discharged home on the same day of surgery. This depends upon the patient, the type of surgery or anaesthetic undertaken and the surgeon’s preferences. Please organise transport home as you will not be allowed to drive.

When you get home:

Elevate Your Foot - This is vital to reduce swelling and to speed the healing process. For the first couple of weeks after surgery, keep your foot up 50 minutes every hour, ideally at the level of your heart. As a guide if you are not preparing meals, bathing or toileting, your foot should be elevated. Please do it until your wound has been checked in clinic and is healing as expected. Excessive swelling may also be reduced by applying ice (or a bag of frozen peas) wrapped in tea towels applied directly on to the dressings. Foot surgery can be very painful and: **Reducing the swelling will reduce the pain!**

Check Your Foot - Observe the colour of the foot or tips of the toes. Bruising is normal as is some oozing of the wound(s). However, blue or white toes, worsening pins and needles, and massive swelling need urgent attention by medical staff. You should ring the ward, contact your GP, or attend your nearest A&E department for an urgent assessment.

Other aspects of your care include:

Pain relief

Initially take painkillers regularly for a few days (as prescribed) whether you are in pain or not. Note that you may need them for several weeks after surgery (very variable). Discuss with your GP if you encounter any side effects.

Dressings and wound care

Keep your bandages clean and dry. Do not tamper with the dressings. The initial dressings are usually left on several days; your surgeon will determine when your wound is first re-dressed and/or inspected. This may be within the first week or at two weeks depending on the operation and the surgeon's clinic times. Plaster casts must remain dry at all times.

Weight bearing and mobilisation

An operation may involve placement of metal ware and repair of soft tissues that cannot tolerate 'full weight bearing' initially. Therefore, after your operation you might be instructed to be 'non-weight bearing'. Other forms of weight bearing include 'heel weight bearing', 'toe touch weight bearing' and 'partial weight bearing'. These will be fully explained to you by the staff after your operation and must be strictly followed to prevent failure of surgery. Often, we supply a special form of post-operative shoe to take the pressure off the site of surgery or to provide splintage. Physiotherapy may also advise simple exercises, at an early stage, depending on the operation you have had.

Driving

You should not drive until you can wear a normal shoe and can perform an emergency stop with confidence. Inform your insurance company about your operation after returning to driving.

Sport

Discuss this with your surgeon before returning to activity. Non-weight bearing activities (such as swimming) may be tolerated soon after wounds have fully healed. Contact activities will be resumed only after controlled, gradual increases in activity without pain or swelling. This may be several months - your physiotherapist will help to supervise this.

The Risks of Foot & Ankle Surgery

Your surgeon will explain the risks that are involved with your surgery. Occasionally, even operations with predictably excellent results can result in a poor outcome when a complication occurs. We cannot always predict which patients will get a complication, but we can look for the conditions that may increase the chances of a complication occurring, such as diabetes or smoking. It is for you, the patient, to decide what level of risk you are prepared to accept. Your surgeon will use their knowledge of your risk factors, the surgical procedure and their experience to help you make an informed choice as to whether to proceed with surgery.

Complications related to the operation site

- Bleeding, bruising, swelling (long term)
- Infection and wound breakdown
- Damage to blood vessels that may require surgical repair, or result in poor circulation that leads to loss of tissue or toes or the foot
- Persistent tenderness or sensitivity near scars, or ugly scars
- Damage to major nerves leading to absent, abnormal or painful sensations, or local weakness or paralysis of the foot or ankle
- Complex regional pain syndrome (unpredictable pain, stiffness and circulation changes)

Your surgeon will discuss any complications that are specific to your procedure.

General complications - some of these complications can be fatal but this is fortunately extremely rare.

- Heart attack
- Stroke or mini-stroke
- Blood clots in leg veins (Deep Vein Thrombosis) or lung (Pulmonary Embolus)
- Stomach/ bowel ulceration (response to 'stress' of surgery)
- Chest infection
- Allergic reaction to drugs or blood transfusion
- Temporary worsening of diabetes
- Protecting the foot after surgery can put additional strain on other joints e.g. hip and back

Although this is a fairly frightening list you should remember that planned, modern surgery is very safe compared with many activities we all encounter every day.

Finally, we hope this leaflet assists your decision making when it comes to your treatment and helps to separate the truth from fiction when it comes to foot and ankle surgery. Don't hesitate to discuss with your surgeon any questions you may still have after reading this booklet.

Frequently Asked Questions

Before your operation, you might like to consider asking the following questions:

- Will I have stitches that need removing?
- How will my foot/ankle be immobilised?
- For how long?
- Will I need physiotherapy as part of my treatment?
- Other recovery details
- When might I get a normal shoe back on?
- When might I be able to drive again?.....weeks (variable)
- When can I go back to work?.....weeks (variable)
- When can I get back to my normal level of recreational activity?

Contacts

Tel: **0114 263 2115** (and request your consultant's secretary)
Foot and Ankle Consultants at Sheffield Orthopaedics Ltd:

- Mr Mark Davies
- Mr Howard Davies
- Miss Carolyn Chadwick

Other information

Please visit **www.sheffieldorthopaedics.com** to see more information and some patient's comments
Internet sources of patient information you may find useful:

- www.arthritisresearchuk.org
- www.arthritisresearchuk.org/arthritis-information/surgery/foot-and-ankle-surgery)
- www.bofas.org.uk

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