

## POST-OPERATIVE INSTRUCTIONS

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### MEDICATIONS:

In general, foot and ankle surgery can be painful, primarily due to the density of nerves in the area relative to other areas of the body. We make every effort to manage your pain, typically with a variety of different modalities and medications.

I typically have the anesthesiologist give you a nerve block immediately before surgery, so they don't have to give you as much medicine during surgery. Your leg will be numb for a period of time afterward, usually 12-18 hours, but you never quite know how long the block will last. It is critical that you get started on your medications once you are holding food down, and continue to take the medications on schedule until the block has resolved and you have a sense of how much medicine you need. Do NOT wait until the nerve block has resolved before starting your medications, as it is then very difficult to "catch up".

**OXYCODONE OR HYDROMORPHONE:** These are both powerful, narcotic pain medications. You may TAKE 1-2 tablets every 4-6 hours with food. If you are taking 2 pills every 4 hours (after the block has resolved), and still experiencing pain, you may alternate Tylenol every 4 hours in between doses of pain medication.

If you are given Percocet or Norco, these medications already contain Tylenol, such that additional Tylenol would exceed the recommended amount and potentially harm your liver.

Do NOT take Ibuprofen, Motrin, Advil or Aleve with contacting our office, as these medications have an additive effect with baby Aspirin, and can irritate your stomach. These same medications can also slow bone healing.

*DIAZEPAM: This medication is for muscle spasms and cramping. You may take 1 pill every 6 hours. It can have an additive effect with pain medication, so it can make you drowsy.*

*PROMETHAZINE: This medication is for nausea and vomiting, which is somewhat common with surgery and pain medications. You may take 1 pill every 6 hours as needed. This medication can also make you feel drowsy.*

*BABY ASPIRIN: This medication inhibits platelets, to prevent blood clots. You should take 1 pill per day, and continue to take it until you are able to move the ankle and foot. Be sure to get up and move around every few hours to prevent blood clots. If you experience swelling or tightness in the calf (that doesn't respond to elevation), or shortness of breath, contact our office IMMEDIATELY. Although blood clots in the legs are rare following elective foot & ankle surgery, they can still happen even if you are on medication to prevent them. You will likely need to get to an emergency room to have an ultrasound to determine if you have a blood clot.*

#### *SPLINT OR DRESSINGS:*

*The splint/dressings must be kept clean and dry, and should be left in place until your first post-operative appointment. Because these are specifically placed under sterile conditions in the operating room, they should never be changed without contacting with our office.*

*You may shower while seated in a waterproof stool or chair, but the splint/dressings should be covered with a trash or waterproof bag and taped to your leg, making every effort to keep things dry. If you are placed in a fracture boot, the boot should be left on and covered accordingly.*

You should contact our office if the splint becomes uncomfortable, or gets loose, wet or soiled. We can coordinate a splint or dressing change at one of our offices if need be.

#### ICE & ELEVATION:

Because the skin surrounding the ankle and foot is somewhat thin relative to other areas of the body, it is important to ice and elevate the involved leg frequently in order to keep the swelling down and enhance healing of your incision(s). The leg should be placed on pillows slightly above the level of your heart. Avoid placing the pillows directly beneath your heel, but should instead be placed beneath the calf and lower leg. Ice will not typically penetrate a splint, so it is best to place the ice behind the knee. If you are in a fracture boot, you may remove the boot to ice the involved area. It is recommended that you ice for 15-20 minutes every hour while you are awake. Avoid placing the ice directly on bare skin, but instead on a thinner washcloth or towel.

#### DRAINAGE / BLEEDING:

Some degree of drainage or bleeding is not unusual initially following surgery. If the drainage or bleeding soaks through the Ace wrap, you may place additional gauze and overwrap with another Ace wrap. Do NOT remove the entire dressing.

Be sure to contact our office if the drainage or bleeding continues beyond 24 hours.

#### CONSTIPATION:

Narcotic pain medications and anesthesia commonly cause constipation. Over-the-counter stool softeners (Colace) can be taken daily to prevent

constipation. If you have not had a bowel movement in 2-3 days, you may also take an over-the-counter laxative (Correctol, Senakot, Fleets). Drinking plenty of water, and eating fruits and vegetables will also help. If none of these measures work, contact our office for further instructions.

#### ITCHING:

Itching is a common side effect with surgery, and can also be related to narcotic pain medications and anesthesia. Over-the-counter Benadryl can be taken as needed, using 25-50mg every 6 hours as needed. If you notice swelling in your face, mouth or tongue, or having trouble breathing, call 911 IMMEDIATELY or proceed to the nearest emergency room.

Itching beneath the splint is also common. In addition to Benadryl, you may use a hairdryer on cool setting to the area. Do NOT stick anything down your splint to try to itch the area.

#### NUMBNESS:

Numbness initially following foot and ankle surgery is common, and so long as your toes are pink and warm, nothing to be concerned about. There are multiple sensory nerve branches throughout the ankle and foot, and bleeding from the bone and soft tissues with surgery results in localized swelling, which tends to make these sensory nerves stop functioning. As the sensory nerves recover, you may experience electrical type symptoms, including tingling, burning or shooting sensations in the area. Time needed for sensory nerve recovery is variable from person to person, and is somewhat difficult to predict. If the numbness extends from the thigh or knee downward, it can be related to the nerve block, which may take longer to resolve.