

# WHAT TO EXPECT

Your Guide to Foot & Ankle Surgery



## TABLE OF CONTENTS

1. Introduction
  - Welcome Letter
  - Key Contacts
  
2. Surgery Preparation
  - Pre-Operation Checklist
  - Planning For Your Hospital Stay
  
3. Day of Surgery
  - Your Anesthesiologist and Anesthesia
  - Initial Recovery
  
4. Pain Management
  - Overview
  - Relaxation Exercises
  
5. Recovery & Rehabilitation
  - Overview of Post-Operative Recovery
  - Prevention of Post-Operative Complications
  - Rehabilitation

## TABLE OF CONTENTS (continued)

6. Discharge Instructions
  - Surgical Site/ Cast Care
  - Pain Management
  - Protection Against Infection
  - Follow Up Appointments
  
7. Home Recovery & Exercise
  - General Recovery Guidelines
  
8. Nutrition
  - Nutrition Before Surgery
  - Nutrition on Day of Surgery
  - Nutrition During Hospital Stay
  - Nutrition After Discharge
  
10. Other
  - Social Work & Pastoral Care

Dear Patient,

Welcome to New York-Presbyterian Hospital/Columbia University (NYPH/CU). In an effort to help you get the most out of your hospital experience, we have developed this guide to:

- 1) Prepare you for your surgery and hospital experience
- 2) Optimize your recovery while in the hospital and later at home

It is important to remember that this is only a general guide. Please keep in mind that not all patients have the same medical conditions or needs. Therefore, if your physician or therapist make any changes from this book- those are the instructions you will follow!

As one of the top medical centers in the country, NYPH/CU offers surgery to patients whose complex medical conditions may have prevented them from having surgery at other institutions. Our staff is committed to performing with excellence. Our common goal is to help you, our patient, achieve optimal success from your surgery. Safety is our #1 concern. Before, during, and after surgery, everything we do focuses on your safety.

You can help maximize optimal results from surgery by becoming an active, helpful part of the NYPH/CU team before, during, and after your surgery. We hope that you will continue what the team has taught you long after you have left us. You are the key to a successful recovery!

This guide outlines your participation. Therefore, it is important that you and your home care helper(s) read this book carefully and refer to it throughout your hospitalization. Bring this book with you to the hospital so you can refer to it as needed.

Sincerely,  
New York-Presbyterian Hospital/Columbia University  
Department of Orthopaedic Surgery

<b>KEY PEOPLE TO KNOW</b>		
<b>CONTACT</b>	<b>NAME</b>	<b>EXTENSION</b>
ORTHOPAEDIC SURGEON		
INTERNIST (MEDICAL MD)		
RESIDENT		
NURSE PRACTITIONER		
SOCIAL WORKER		
NURSE MANAGER		
NURSE		
<b>OTHER KEY CONTACTS</b>		
<b>CONTACT</b>	<b>NAME</b>	<b>EXTENSION</b>
PT / REHAB		
PHARMACY		



## YOUR PRE-OP CHECKLIST



### 1. Discuss With Your Surgeon:

- The planned surgery and the anticipated recovery
- If you will need pre-op Physical Therapy
- Any allergies (especially to medications, food)
- Any special concerns (living situation, return to work etc)
- Key medications, specifically Aspirin, Plavix, Coumadin (you may be told to discontinue taking any anti-inflammatory medications and birth control pills ONE week prior to surgery)

### 2. Complete Your Pre-op Testing

Our Surgical Scheduling office will assist you in setting up surgery and any necessary tests. They will help you to select the dates for surgery and pre-op testing appointments. The phone number of the Surgical Scheduling office is (212) 305-0622.

- Bring your medical history information and a list of your current medications to the pre-op testing appointments
- You may need diagnostic testing (xrays, EKG, blood tests, urine etc) and medical evaluation to clear you for surgery

When these appointments have been arranged, enter them here:

Date\_\_\_\_\_Time\_\_\_\_\_Location\_\_\_\_\_

Date\_\_\_\_\_Time\_\_\_\_\_Location\_\_\_\_\_



## YOUR PRE-OP CHECKLIST (continued)



3. Prepare your home for when you return from the hospital.
  - You may need a device (crutches, roll-a-bout, wheelchair) for mobility. General safety Measures: Be sure all walking areas are free of clutter. Remove throw rugs. Watch for small pets and grandchildren. Make sure hallways/stairways and bathrooms are well lighted.
  - You will be able to move around at home well enough. However, you will not be able to cook or clean normally. Having a plan for food preparation, grocery shopping, and laundry is important.
  - Also, it may not be easy to go up and down stairs. Some patients set up one floor of their home to be 'home base' with easy access to bed, couch, food and bathroom.
  
4. Complete Your Health Care Proxy.
  
5. Stay in Touch
  - If your physical condition changes during the few days before surgery – cold, rash, cough, fever, or stomach upset – notify your surgeon. He or she may want to reschedule your surgery.



## YOUR PRE-OP CHECKLIST (continued)




### 6. Follow day before instructions

- On the business day prior to surgery a nurse from the operating room (OR) will call you to tell you when and where to come, review your pre-op instructions, and answer your questions.
- DO NOT EAT OR DRINK anything after **midnight** the night before surgery unless otherwise instructed. You may take regular medication the morning of surgery with a **small** sip of water. If you have questions about this, confirm with your internist.
- Wash with an anti-bacterial soap
- Do not use alcohol or sedatives 24 hours before surgery.
- If you are delayed in getting to the hospital on the day of surgery please call (212) 305-2573.



## WHAT TO BRING TO THE HOSPITAL

	ITEM
	Telephone numbers of people you may want to call
	Short, lightweight bathrobe
	Personal toiletries
	Eyeglasses instead of contact lenses (They are easier to take off and less likely to be lost in the hospital)
	Dentures: we will provide a container which you must use (When you remove them, make sure to keep the container on your bedside table or in a drawer, not on the bed or a food tray.)
	Health Care Proxy
	Bring a written list of the medications you have been taking (include any you may have stopped in anticipation of surgery)
	Small amount of money for newspapers, items from gift cart, etc
	A book, magazine or hobby item to assist relaxation
	Sweat suit or loose, comfortable fitting clothes to wear home (your family/friends could bring these when you are ready to leave)
	Credit card, checks, or cash for telephone/TV services

## WHAT **NOT** TO BRING TO THE HOSPITAL

ITEM
Valuables
Jewelry
Large amounts of money
Credit cards other than one for the TV and other amenities/services

Cash in excess of \$20.00 should be deposited in the hospital safe when you arrive, or sent home with your family. Although we respect your property rights, the hospital staff cannot guarantee security for your personal property.

## PLANNING FOR YOUR HOSPITAL STAY (continued)

**Clothing:** We prefer that you use the hospital gown after surgery. It is less restricting and easier to get on and off. Besides, clean gowns and socks are available at all times.

**Relaxation items:**

Consider bringing a book, MP3/CD player, your favorite CDs, a stuffed animal, reading materials, or any personal articles that may help you to relax. Arrange for these items to be brought to you in your in-patient room.

**Medications:**

Once you arrive at NYPH the hospital will usually supply your medications. However, we suggest that you bring your medications in case there are any issues with our pharmacy. If you bring your own supply, it will be deposited in the hospital pharmacy safe. Bring all prescription medications in their original containers so they can be identified by the hospital pharmacist. The nursing staff will keep the medications for you and administer them as prescribed.

## YOUR ANESTHESIOLOGIST & ANESTHESIA

### **Anesthesia**

For patients undergoing foot & ankle surgery, there are different types of anesthesia given. Here are some examples:

- Spinal – an injection is given in your back with a tiny needle to temporarily numb you from the waist down. This is usually done with general sedation so the entire experience is easy.
- General – a heavier sedation.
- Nerve blocks – in some cases, an injection of local anesthesia is given in your thigh or ankle. This can be used to numb the leg for a long time after surgery. This reduces post-op pain.

### **Your Anesthesiologist in the Operating Room**

While in the operating room, you are monitored constantly by your anesthesiologist. The monitoring includes EKG, blood pressure, pulse oximetry, and temperature. The use of these monitors will be discussed by your anesthesiologist.

## YOUR INITIAL RECOVERY AFTER SURGERY IN THE POST-ANESTHESIA CARE UNIT (PACU)

### **General Information:**

After surgery, you will need immediate, careful monitoring, while you recover from anesthesia and gradually awaken.

You will be moved directly from the Operating Room to a special Recovery Room, which we call the PACU (Post-Anesthesia Care Unit). In the PACU, you will be provided with oxygen, intravenous fluids, and continuous cardiac and respiratory monitoring, while your anesthesia wears off.

The PACU is staffed by Registered Nurses who have education and training in the immediate post-operative care of patients undergoing orthopaedic surgery. These nurses continuously monitor your condition and provide aid and comfort as you recover.

An anesthesiologist, a doctor who specializes in the care of patients undergoing surgery and who provides anesthesia, and a member of your surgical team will also be in the PACU to monitor your recovery from anesthesia.

### **Visitations while you are in PACU:**

Visitation in PACU is limited in order to promote privacy for all patients, decrease the risk of infection, and to enhance the healing process. However, parents/guardians of pediatric patients (under 18 years old) will be allowed in PACU on a controlled basis.

Every effort will be made to provide your family with current information about your condition. They will be informed about your transfer to your in-patient room, as soon as your room assignment is known.

**As a general rule, visitors are not allowed to stay overnight in patient rooms (unless you have made special arrangements to pay for a private room).**

## PAIN MANAGEMENT PROGRAM

### Beginning your Pain Management Program:

Following surgery, the anesthesiologist and surgeon will take care of your pain. A Nurse Practitioner from the Anesthesia Acute Pain Service may also visit you.

Because there are no clinical tests to measure pain, you must be ready to tell the staff what your pain feels like, where it is located, and if it changes. Sometimes pain is constant, other times it comes in bursts. Pain can be sharp, burning, tingling, or aching.

You will be asked to rate your pain by using the Pain Scale:

### Faces Pain Scale – Revised (FPS-R)

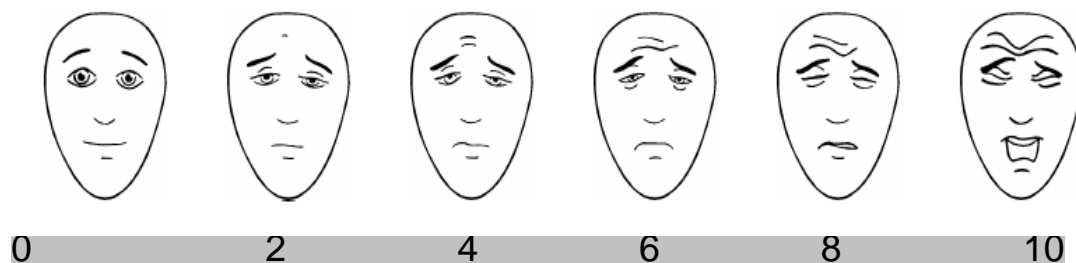
From *Pediatric Pain Sourcebook*, [www.painsourcebook.ca](http://www.painsourcebook.ca)  
Version: 7 Aug 2007 CL von Baeyer

*In the following instructions, say "hurt" or "pain," whichever seems right for a particular child.*

**"These faces show how much something can hurt. This face [point to left-most face] shows no pain. The faces show more and more pain [point to each from left to right] up to this one [point to right-most face] – it shows very much pain. Point to the face that shows how much you hurt [right now]."**

*Score the chosen face 0, 2, 4, 6, 8, or 10, counting left to right, so '0' = 'no pain' and '10' = 'very much pain.' Do not use words like 'happy' and 'sad'. This scale is intended to measure how children feel inside, not how their face looks.*

----- 0 2 4 6 8 10 -----



## PAIN MANAGEMENT PROGRAM (continued)

We want you to be as comfortable as possible and to participate in your recovery.

Following surgery, most patients will have PCA (Patient Controlled Analgesia). When you have a PCA the pain medicine is given to you through your intravenous line (IV) which is a small catheter that goes directly into your vein. It allows you to control the amount of pain medicine you receive by pressing the button. You decide when you need medicine to be comfortable. You do not need to call the nurse in order to receive your pain medicine.

If the medicine is making you sleepy (a sign that this is enough medicine for now) then you will be too sleepy to push the dosing button. REMEMBER, in order to keep this method of pain control safe, EVERYONE must follow the rules. Only **you** as the patient, are allowed to press the dosing button! If a well-meaning family member or friend pushes the button, especially when you are sleeping, the built in safety precautions are bypassed, and you may receive a dose of medication that is unsafe!

If you feel that you are not getting enough pain relief, tell your nurse.

Within a few days after surgery, you will be switched to oral pain medication (pills) and you will be ready to progress with more activities.

## PAIN MANAGEMENT PROGRAM (continued)

### **About your pain medications**

Pain medications are carefully prepared in order to assure quality and safety. You must inform the anesthesiologist and nurse about any problems encountered with medications in the past. You must also inform them of ANY medications you have taken in the last 30 days, including over the counter (OTC) medications, dietary supplements or herbal supplements.



## **PAIN MANAGEMENT PROGRAM (continued)**

### **Relaxation Exercises:**

Relaxation exercises, such as slow rhythmic breathing, can help you handle any pain you may be feeling, as well as providing overall comfort.

1. Breathe in slowly and deeply.
2. As you breathe out slowly, feel yourself beginning to relax, feel the tension leaving your body.
3. Now breathe in and out slowly and regularly, at whatever rate is comfortable for you. You may wish to try abdominal breathing (using your diaphragm). If you do not know how to do abdominal breathing, ask your nurse for assistance.
4. To help you focus on your breathing, breathe slowly and rhythmically. Breathe in and say silently, “in, two, three”; then breathe out and say silently to yourself, “out, two, three.”
5. It may help you to imagine that you are doing this in a place that is very calming and relaxing for you, such as lying in the sun at the beach or in your own special place.
6. You may possibly relax by performing steps 1 through 4 only once. It may help to repeat steps 3 and 4 for up to 20 minutes.
7. End with a slow, deep breath. AS you breathe out, say to yourself, “I feel alert and relaxed.” Then concentrate on staying that way.

## AFTER YOUR SURGERY

Once you are in your inpatient room, you will encounter various conditions and activities:

- **Vital signs:** Your vital signs, which consist of blood pressure, pulse, respiratory rate and temperature, are taken frequently after surgery.
- **Breathing and exercise:** You will be asked to breathe deeply, to use your spirometer (described on following pages) and to exercise your legs often in order to prevent complications.
- **Cast/Splint:** Most of the time, a plaster splint will be applied in the OR. It is open in front to allow room for swelling but overwrapped with an ace bandage (so there is nothing to see). This remains on your leg for about two weeks.
- **Positioning:** It is recommended that you frequently change positions from side to side. With some help you can even lie on your stomach. Changing positions frequently is helpful to prevent pressure sores and also to prevent blood clots. Make sure to keep a pillow under your calf so that the heel of the cast has no pressure on it. If there is too much pressure, your heel may get sore during the first few weeks after surgery.
- **Elevation:** Keep your leg elevated at the same level as your heart when resting on a couch, sofa, or in bed to minimize swelling. This is easy to do with pillows. It is difficult to elevate your leg when sitting in an office chair or dining room chair.
- **Exercises:** Although you are not allowed to walk on your operated leg and need to keep your leg frequently elevated, you do not have to be on bedrest. It is recommended you perform bed level exercises and start mobilizing early. Your therapist will instruct you in getting around using either crutches, or a walker, or a Roll-A-Bout device. Your therapist may also instruct you in *toe flexion exercises, knee flexion exercises, and leg lifting exercises.*

## PREVENTING CIRCULATION PROBLEMS

### **Preventing Blood Clots**

Phlebitis (inflammation of the veins of the legs) or Deep Vein Thrombosis (DVT), which refers to blood clotting in the veins of the leg, is a possible risk after surgery. Following foot & ankle surgery, risk of blood clots is present, but low. You will receive medicine to prevent blood clots while you are in the hospital. You will also be instructed in exercises to prevent blood clots that you will continue to perform when you are at home.

## PREVENTING LUNG PROBLEMS

After surgery, it is important to exercise your lungs by taking deep breaths. Normally, you may take deep breaths each hour, usually without being aware of it. They are spontaneous, automatic, and occur in the form of sighs and yawns.

However, when you are experiencing pain or drowsiness from the anesthesia, or from your pain medication, your normal breathing pattern can change. Therefore, you will be provided with an inspiriometer by the nursing staff. A member of the staff will show you how to use your inspiriometer.

Using the inspiriometer will force you to take deep breaths which are necessary to expand the small air sacs of your lungs and help clear the air passages of mucous. This helps avoid fever post-op. We recommend that you use your inspiriometer 10 times every hour while awake for the first several days following surgery

## PREVENTING LUNG PROBLEMS (continued)

To achieve a slow Sustained Maximal Inspiration (SMI)...inhale at a rate sufficient to raise only the ball in the first chamber, while the ball in the second chamber remains at rest.

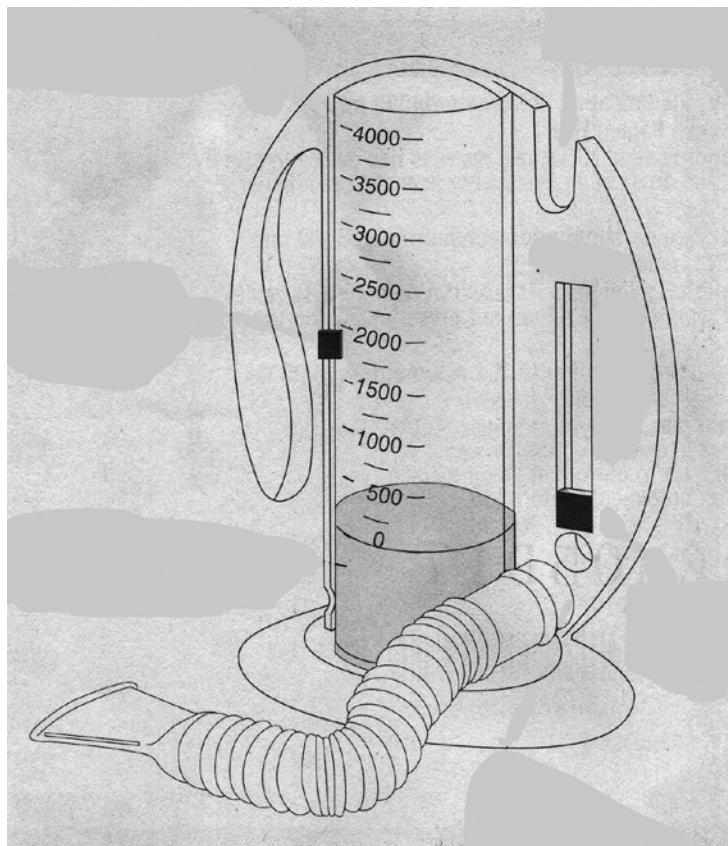
With the unit in an upright position, exhale normally; then place your lips tightly around the mouthpiece

For a higher flow rate...

Inhale at a rate sufficient to raise the first and second balls, while the ball in the third chamber remains at rest.

Exhale...

After performing exercise, remove the mouthpiece from your lips and exhale normally. Then relax...



## PREVENTING LUNG PROBLEMS (continued)

### **Coughing: Another excellent way to help breath and clear your lungs**

Coughing is, of course, one of nature's important methods for clearing your lungs at any time...not just after surgery.

1. Breathe in deeply through your nose.
2. Hold your breath and count to 5.
3. Breathe out slowly through your mouth
4. ON the 5<sup>th</sup> deep breath, cough from your abdomen as you breathe out.
5. Make a habit of doing this 2-3 times hourly, especially when it is inconvenient to use your inspirometer.

## REHABILITATION FROM SURGERY

Physical therapy (PT) is an integral part of your post-operative care at NYPH and after you return home.

### **Your daily therapy sessions**

You will be seen by a PT after surgery. Your therapist will instruct you in your exercise program, which is directed toward improving your functional mobility.

For the first few days after surgery, some patients benefit from taking pain medication 30-45 minutes prior to their therapy session. You should discuss this with your nurse and/or therapist.

### **Looking ahead**

Before leaving, you will be instructed in an exercise program.

Discharge Information – anticipated discharge time 10 AM

For those of you who are going home, please arrange for your ride to pick up you up at 10AM

**Remember, you make the difference.** It is extremely important that you understand that **your** motivation and **your** participation in **your** therapy program is a vital element in the speed and success of your long-range rehabilitation, as well as getting ready to go home.

## DISCHARGE INSTRUCTIONS

**Medication prescription from your doctor:** Just before leaving, your doctor will give you a pain medication prescription for you to get filled at your own pharmacy (if you were not given this pre-operatively). ***If any of your personal medications are with the nurses or stored at the Hospital, make sure you get them back at this time.***

**Surgical site care / Cast Care:** Keep the area dry and leave it alone. Keep the cast covered – cast covers can leak, so please be very careful.

**Pain:** It is normal to have daily ups and downs with pain after surgery. However, progressively worsening pain on a daily basis is not normal – If you experience this contact your surgeon.

Infections rarely happen after surgery, but you must remain alert to the possibility.



## DISCHARGE INSTRUCTIONS (continued)

### Pain Management

1. Take your pain medication as prescribed by your doctor. Remember to take it before the pain becomes too severe. It will help reduce the pain sooner.
2. In the event that the pain medication does not work, or you are experiencing unpleasant side effects, do not hesitate to call your orthopaedic surgeon.
3. If you are taking medication, please AVOID alcoholic beverages.

### Long-range protection against infection: Antibiotic Prophylaxis

Although it is very rare, the bloodstream carrying infection from another part of the body can infect a recent surgery or an artificial joint. Therefore, it is important that your medical doctor treat every bacterial infection (pneumonia, urinary tract infection, abscesses, etc.) promptly. Routine colds and flu, as well as cuts and bruises, do not need to be treated with antibiotics.

For the first few months after surgery it is best to avoid routine endoscopies, and dental procedures.

**For Joint Replacement patients only:** *To prevent infection at any time in the future, you should take Amoxicillin\*:*

2 grams one hour before having any of the following procedures:

- Skin Biopsy
- Podiatry procedures which involve cutting into the skin
- Cystoscopy
- Colonoscopy/Endoscopy
- Dermatologic procedures which involve cutting into the skin

## DISCHARGE INSTRUCTIONS (continued)

**To prevent infection for two years after surgery**, you should take Amoxicillin\*, 2 grams one hour before having any of these following procedures:

- Routine dental cleaning or any dental procedures, including root canals

**\*Note: If you are unable to take Amoxicillin, use Clindamycin: 600 milligrams one hour before the procedure.** Amoxicillin is a form of Penicillin, so if you are allergic to Penicillin, you should take Clindamycin instead.

You do **not** need to take antibiotics for the following procedures:

- Pedicures/Manicures
- Gynecologic exams
- Cataract Surgery
- Injections or Blood work

If you have any questions about germs or infections, or any type of procedure, you should call your Orthopedic Surgeon or Rheumatologist.

## **DISCHARGE INSTRUCTIONS (continued)**

### **Your rehabilitation program at home**

This program will be an extremely important part of your continuing recovery. If you have questions, ask your physical therapist for answers before you leave.

### **Follow-up appointments with your orthopedic surgeon**

Regardless of how well you feel, follow-up appointments with your surgeon are essential. Call the office to arrange your 1<sup>st</sup> post-operative visit (usually 14-20 days after your surgery).

### **Additional specific discharge instructions**

Your surgeon may have additional instructions for you to follow upon discharge. You can record them here as a reminder. This is also a good place to make notes about questions you may have related to your discharges.

## HOME RECOVERY & EXERCISE

### Recovery At Home

During the first few weeks at home, you adapt what you learned at the hospital to your own setting. You will need to prepare your home for your recovery.

1. General safety Measures:
  - Be sure all walking areas are free of clutter.
  - Remove throw rugs.
  - Watch for small pets and children.
  - Make sure hallways/stairways and bathrooms are well-lighted.
2. Store items within easy reach, not in high or low cabinets.
3. Prepare meals ahead of time and store in freezer. (Helpful hint: do a grocery shop before surgery and have your favorite home delivery numbers handy).
4. Make a plan for help with cleaning and laundry activities.

**HOME RECOVERY & EXERCISE (continued)**

**Additional Instructions**

---

---

---

---

---

---

---

---

---

---

---

---

## HEALTHFUL EATING FOR THE SURGERY PATIENTS

### **Before Your Surgery**

If you were following a physician-prescribed diet before hospitalization, it is important that this information be conveyed to the physician and registered dietitian. It is also essential that you let your doctor or nurse know if you have recently been taking any of the following: vitamins, minerals, herbals, and nutrition supplements. By letting them know what you are taking, they can avoid any possible problems with the medications and treatments you may be getting during your hospital stay.

### **The Day of Surgery**

You cannot eat or drink anything before the surgery, not even water. Sips of water may be allowed with your medicines as directed by your doctor.

### **Hospital Stay**

During your hospital stay, it is important to consume balanced, nutritious meals with adequate calories and nutrients to maintain your nutritional status. This will enable your body to heal with less risk of complications, such as infection or poor wound healing.

There is no “special” diet for foot & ankle surgery.

A therapeutic or modified diet such as a sodium-restricted diet, low fat diet, or diabetic diet may be ordered by your physician based on your medical condition. Your registered dietitian will visit you during your hospital stay to provide diet instruction on the therapeutic diet.

Keep in mind that your body is healing and requires adequate nourishment for tissue regeneration at this time. **Therefore, your hospital stay is not a good time to begin a weight loss program.**

If you have questions or concerns about your diet or wish to speak with your registered dietitian, please call: 4-FOOD or 43663

(The above number can only be reached from inside the hospital.)

## HEALTHFUL EATING FOR THE SURGERY PATIENTS (continued)

### **Nutrition After Hospitalization**

After you leave the hospital, your diet continues to be important for successful healing, as well as for building the muscle structure and strength required to take full advantage of your shoulder. Continue a well-balanced diet and follow any diet instructions given to you during your hospital stay.

Constipation may occur after surgery because of reduced physical activity and the use of pain medication. To solve this problem:

1. Drink at least eight 8-oz. glasses of water daily.
2. Add fiber to your diet by eating at least 5 servings of fruits and vegetables and 3-4 servings of whole grains such as multigrain bread, brown rice, and whole grain cereals.
3. Eat yogurt with live culture.
4. If you do experience constipation, you may take an over-the-counter stool softener, laxative or fiber supplements.

Continue to eat well for your health and well-being!

## OTHER HOSPITAL SERVICES

**Social Work:** Social workers at New York-Presbyterian Hospital provide services to patients of all ages – from children to adults – who are admitted to our Hospital or who are seen on an out-patient basis. As part of your health care team, the professional social work staff helps patients and families understand and cope with medical, psychological, and social issues related to their illness. Our social workers offer many services to help patients during their treatment. These include:

- Counseling
- Patient Advocacy
- Discharge planning
- Support Groups

**Pastoral Care:** The Pastoral Care Department has trained pastoral care providers: ecumenical chaplains, ordained ministers, priests, rabbis, Eucharistic ministers, who are available to you and your family upon request. Services are televised on channel 6 in patient rooms. Additional holiday and special services are held throughout the year.

**CONTACT NUMBERS:**

Pastoral Care                      212.305.5817 or ext. 55817

The Pastoral Care Office is open Monday through Friday, 8:30AM – 5PM in the Presbyterian Hospital building, next to the Security Department & Garden Café.

The PAULINE A HARTFORD MEMORIAL CHAPEL is adjacent to the office in separate building is always available for meditation.