North Cheshire and Mersey
NHS Foundation Trust

Preparing for foot and ankle surgery

Trauma and Orthopaedics

Information for patients and carers

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Caring for you

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Foot and ankle surgery

Foot and ankle operations are not cosmetic procedures. They are only performed to:

- reduce pain
- increase function
- improve deformity

An operation is only done once all non-surgical treatment options have been tried.

Most foot and ankle operations are performed under general anaesthetic (a combination of medicines that bring on a sleep-like state). After the operation, a local anaesthetic block is used to numb the area and help with pain relief. The numbness may last between 12 to 24 hours after the surgery. As the local anaesthetic wears off, it is normal to start to feel pain again. It is important to take the painkillers that have been recommended before the pain comes back.

Risks and complications

All foot and ankle surgery has some risks, including:

- **Infection**
  All surgery has a risk of infection. This risk is higher for patients who are diabetic, suffer from rheumatoid disorders, or smoke.
- **Pain**
  You should follow the care instructions for after your operation to help reduce this.
- **Neurovascular damage**
  The superficial nerves can be damaged during surgery. This can lead to numbness or tingling over the area. This is rarely permanent, and normal sensation returns over time.
- **Deep Vein Thrombosis (DVT) / pulmonary embolism (PE)**
  Whilst recovering from your surgery, you will be less mobile than normal. This can increase the risk of developing blood clots known as DVT or PE. It is important to walk for short periods every hour and keep your joints moving.
- **Scarring**
  Any type of surgery that requires the skin to be cut will leave a scar. Sometimes the scar can be inflamed and painful.
- **Non-union**
  Non-union means that the bone which has been cut and re-joined doesn't fully heal. This risk increases for patients who smoke. These patients will be asked to stop smoking in preparation for their surgery and whilst recovering.
- **Mal-union of bone**

Mal-union means that the bone which has been cut and re-joined doesn't heal in the correct position. Patients who do not follow the advice for after the operation are at risk of mal-union, due to weight on the affected area.

Before your surgery

Before you are admitted for surgery, you will need to consider everything that will affect you during your recovery period.

For example, your mobility will be significantly reduced for **at least 6 weeks** following your surgery. You will need someone to give you basic help at home, such as shopping and cooking.

You need to consider if you can use stairs and get to your bed and bathroom if you need crutches. You may need to plan for your bed to be moved downstairs.

When you come into hospital, make sure to bring flat sturdy shoes for the foot that has not been operated on following your surgery.

All **nail polish / gel / shellac** needs to be removed before your surgery and your toenails need to be cut. Ensure you clean your feet and under your toenails before you are admitted.

What to expect after your surgery

Once you return to the ward following your surgery, you will have a padded bandage or a backslab plaster cast. Your affected leg will be raised on a wedge, so your foot is above heart level.

It is important to keep your leg raised to reduce the risk of bleeding, swelling and pain. When you are discharged, you must keep your leg raised for at least **6 weeks**.

Post operative care after discharge

1. Ensure you raise the leg that has been operated on above your heart level, as demonstrated on the ward for the first 6 weeks. You can do this by lying down on a sofa and resting your leg on the arm, or by using pillows. If you have problems with your back or hips, your surgeon will discuss this with you and you may need to keep your legs level with your groin. During this time, you may get up for 10 to 15 minutes every hour to do any important tasks, such as visiting the bathroom or to get a drink and some food.
2. An anti-embolism (TED) stocking will have been provided by the ward staff. This must be worn on the leg that has not been operated on until you are fully mobile (at least 6 weeks) to reduce the risk of developing blood clots. Regular movement in your legs, such as wriggling your toes / feet, moving your knees

and ankles and massaging your calves will also help to maintain a healthy circulation during this period.

3. It is important not to overdo things during the recovery period. Your body will tell you if you have an increase in pain and swelling. This will affect how your wound heals and potentially lead to the wound becoming infected. If this is the case, rest and elevation of your legs will reduce the painful swelling, improve circulation and promote wound healing.
4. The dressing must remain intact until your outpatient appointment at 2 weeks following surgery. At the appointment, a nurse will remove the dressing in preparation for review by the surgeon or nurse specialist. The wound and dressing must be kept dry, so avoid taking a bath or shower before this appointment. If you have 'wires' in your toes, be careful not to knock them. The wires must stay covered at all times.

General post-operative advice

Joint stiffness – can occur following some surgical procedures affecting the bone. You may be given some instructions to gently move the affected joints.

Driving – do not drive until you are told to do so. The length of time will be dependent on your procedure. You must let your insurance company know about the nature of the procedure to ensure that your cover is valid.

Sport – you will be told when it is safe to continue your sporting activities. This will depend on your surgery and the sport you want to do.

Post-operative shoes – you may need a special shoe after your operation. This will depend on the type of surgery you have. These shoes are designed to fit over your dressing, protect your foot from injury and to support the affected area. Special shoes will be provided by the ward staff or the physiotherapist.

PRIE regime

Physiotherapy – a walking assessment may be carried out by a physiotherapist either before or after your surgery. If crutches are required, you will be given instructions on how to use them at this time.

The physiotherapist may give you some simple exercises to do whilst you are recovering. These will include wriggling your toes gently and, if you are not in a plaster cast, moving your foot up and down and bending your knee at intervals throughout the day. This will help your circulation and reduce the swelling.

Rest – it is extremely important to rest and keep your foot elevated above the level of your heart. Following surgery on your foot, there will be a tendency for your foot and ankle to swell. This is painful and can lead to wound healing problems. When the

skin stretches, it puts pressure on the wound, causing the wound to break down and become infected. You will need to arrange for appropriate time off work to recover.

Ice – once the dressings have been removed and the wound has healed, an ice pack can be used to reduce the swelling and control the pain. A bag of frozen peas makes a very effective ice pack. It is important to protect the area with a damp tea towel before applying the ice pack. This can be performed for 10 minutes at a time, 3 times a day.

Elevate – this is very important. It is crucial that you raise your leg above heart level for at least 6 weeks following surgery. After 2 weeks, you will be told by the consultant or nurse specialist if the level of activity can be gradually increased. In between periods of activity it is important to keep your leg raised.

Additional advice for patients with a cast

- Lift your leg above the level of your heart to prevent swelling. If your limb becomes swollen, your cast will become tight and will restrict your circulation.
- If possible, wriggle your toes up and down throughout the day to increase circulation.
- Move your hip and knee to prevent them from becoming stiff.
- It is important that your cast does not become wet. If it does get wet, it will no longer immobilise the affected limb, and the wound below will also be a risk of becoming infected.
- Do not poke objects inside your cast, as this can cause sores to develop.

Contact us if you notice:

- extreme pain
- tightness that does not go away after raising your leg for 1 hour
- progressive swelling of toes that does not go away after raising your leg for 1 hour
- localised painful pressure
- new or progressive numbness, tingling, or pins and needles
- breakage or damage to your cast
- offensive smells or leakage from under your cast

If you have any severe pain, swelling, excessive redness or discharge from your wound, please contact Miss Prasad's team.

Who should I contact?

Miss Prasad's secretary – Margaret Barron – 01928 793751

Fracture / Dressing Clinic – 01925 635911 / extension 2438

CSTM Ward – 01928 793746