

# THE FOOT AND ANKLE SURGERY GUIDE: BEFORE, DURING, AND AFTER

Brought to you by your Foot and Ankle Team at the  
Surgical Optimization Clinic and Kelowna Orthopaedics  
HOW CAN THIS BOOKLET HELP YOU

This booklet will give you information about what you will experience before and after your foot or ankle surgery, including:

## **PART 1 - FOOT AND ANKLE SURGERY**

- TYPES OF SURGICAL PROCEDURES
- THE RISKS AND BENEFITS OF HAVING SURGERY
- EXPECTED SURGICAL OUTCOMES

## **PART 2 - PREPARING YOURSELF FOR SURGERY**

- IMPORTANT DETAILS TO ORGANIZE BEFORE SURGERY
- YOUR PRE-SURGICAL SCREENING CLINIC VISIT OR PHONE CALL
- PREPARING YOUR HOME ENVIRONMENT
- MEDICATIONS TO DISCONTINUE PRIOR TO SURGERY

## **PART 3 - IT'S TIME FOR SURGERY - THE PERI-OP PERIOD**

- THE DAY BEFORE YOUR SURGERY
- WHAT WILL HAPPEN ON THE DAY OF YOUR SURGERY
- IMMEDIATELY AFTER YOUR SURGERY

## **PART 4 - RECOVERING AT HOME**

- HOW TO MANAGE AT HOME AFTER YOUR FOOT SURGERY
- FOLLOW-UP APPOINTMENTS
- LIVING WITH YOUR RECONSTRUCTED FOOT
- A NOTE FROM YOUR SURGEON AND ANSWERS TO COMMON QUESTIONS

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## PART 1- FOOT AND ANKLE

### SURGERY

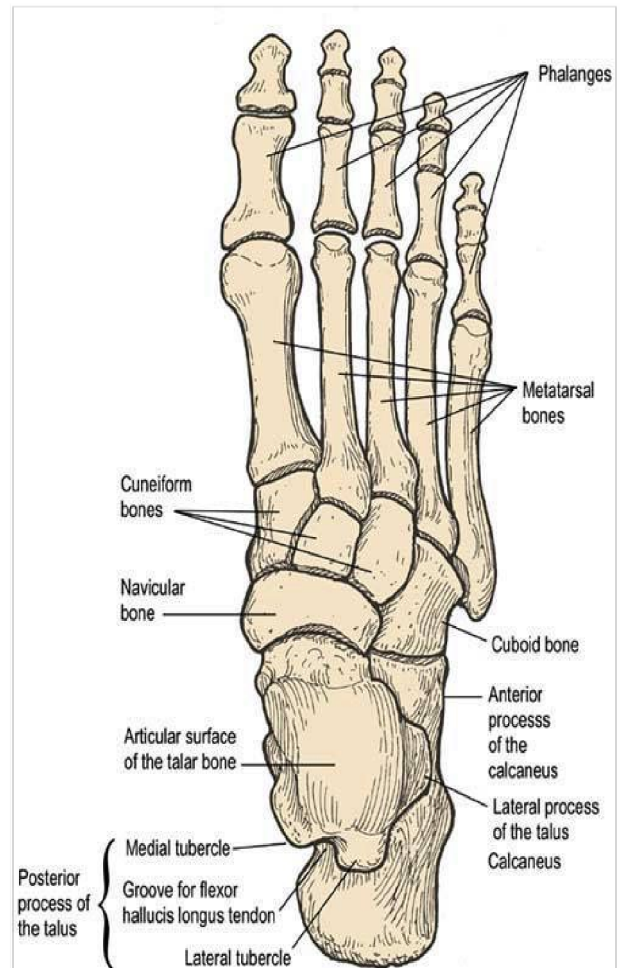
#### TYPES OF SURGICAL PROCEDURES:

Many different lower extremity surgical procedures are performed through Kelowna General Hospital. These include:

- a) Fusions of arthritic foot and ankle joints
- b) Bunion correction
- c) Achilles tendon repairs
- d) Toe deformity correction
- e) Painful flat foot correction
- f) High arched foot correction
- g) Rheumatoid arthritis corrections
- h) Plantar Fasciitis and nodule resection
- i) Ankle osteochondral defects micro-fracture

After your surgery, two or more bones in your foot may be joined together by screws or plates. The purpose of this is to help the bone nit together and form a ***fusion***. Fused bones do not move, so the fusion should decrease your pain. If you have had a bony fusion, recovery will take at least 2-3 months, but your foot should be strong enough to walk on by the end of the second month. Until then, you will be ***Non Weight Bearing (NWB)*** and will not be able to put any weight on that foot.

The swelling on the surgical foot, and the range of motion of the surrounding joints should gradually improve over the first 6 months. It usually takes about 1 year for the foot to get back to normal function and can take 2 years for the swelling to completely resolve.



## **Minor Surgery**

After some minor operations, such as ankle arthroscopy, some bunionectomy procedures or hardware removal, you may begin weight bearing as soon as 2 weeks after the operation.

For 24 hours initially, you will need to elevate your foot and most procedures require a period of non-weight bearing for 10 days to 2 weeks during the recovery. Your doctor will discuss the best treatment with you.

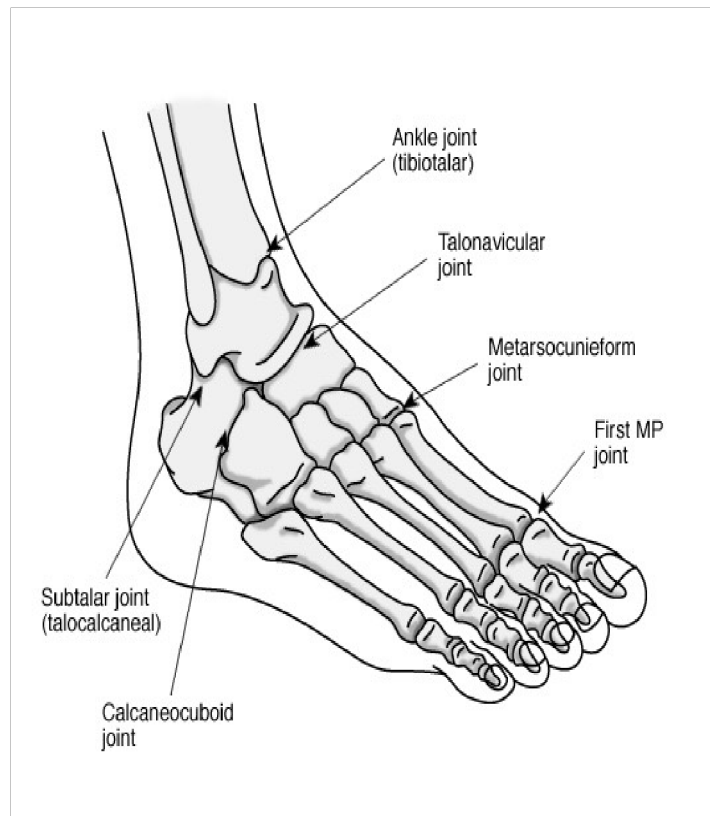
Physiotherapy may start 2 weeks after some of these minor surgeries.

### **THE RISKS AND BENEFITS OF HAVING SURGERY:**

The purpose of your operation is to decrease your pain and improve the function of your foot and ankle. In some cases, this will involve fusion of parts of the foot and/or tendon transfers. The majority of the time these operations go smoothly and after the operation you will gradually recover. Depending on the surgery, at **3 months**, you can expect to be comfortably mobile and at **12**

**months**, you should be noticeably better than before the operation. However, different people vary in their recovery time so you should not be too concerned about a delay in your recovery as long as things are improving.

Complications after surgery occur in 5-10% of cases on average. Your particular procedure may have a higher risk of complication and your surgeon will inform you if this is the case. Only you know how your pain now affects your lifestyle, so only you can make the decision whether or not to have surgery.



**General risks of any foot surgery:**

1. Infection and wound healing issues
2. Bleeding
3. Nerve Damage (It is not uncommon small superficial areas of numbness in the foot after surgery)
4. Blood Clots and Pulmonary Embolism
5. Risk that the pain may only be slightly better, no better or worse post-operatively
6. Recurrence of deformity

**Additional Specific Risks:**

**Bone Fusions:**

1. Non-union (Bones not healing together)
2. Mal-union (Bones healing in an abnormal position)

**Tendon Surgery:**

1. Re-rupture of tendon

There can be temporary problems after surgery. Most of these do not affect the longterm functional outcome of the operation.

**These temporary problems include:**

- 1) Delay in wound healing
- 2) Wound infection
- 3) Delay in bone healing
- 4) Stiffness

Some problems may require further surgery to correct.

**These include:**

- 1) Delay or incomplete bone healing
- 2) Painful screws/pins (these can be removed once the bone has healed)
- 3) Wound problems requiring skin grafting or surgical cleaning

- 4) Fusion of the bones in the wrong position (the bone may have to be osteotomized and repositioned).

Some less likely problems can cause long term complications.

**These include:**

- 1) Reflex sympathetic dystrophy or chronic regional pain syndrome (overactive nerve pain response).
- 2) Nerve damage during the operation (partial nerve injury = burning, complete nerve injury = numb).
- 3) Failure of the bones to join. **Smoking** can cause delayed or a complete lack of bone healing. Stop smoking at least 8 weeks before the operation.
- 4) Infection in the bone.

\*On rare occasions, a small percentage of these complications may lead to partial or complete amputation of the lower limb.

Some problems may relate to your general health. Remember, any surgery is a stress to your body.

**Complications relating to any surgery or anaesthetic include:**

- 1) Heart attack (this risk applies particularly to people with previous heart problems).
- 2) Chest infection
- 3) Reaction to the Anaesthesia
- 4) Blood clots. These are rare after foot and ankle surgery. It is very important to notify your surgeon if you have had previous deep vein clots. Signs and symptoms can be found on page 18.
- 5) Death after foot and ankle surgery is very rare but may be caused by blood clots or heart attacks.

**EXPECTED SURGICAL OUTCOMES:**

- About 80% of people experience good to excellent results following foot and ankle surgery. They attain significant relief of pain and return of good functional movement and strength. Some pain or discomfort is common for about 3-4 months following surgery. After this, reduced pain and improved mobility allows patients to walk, sit, drive a car and cope with the activities of daily living. The surgical outcomes for specific foot and ankle surgeries can vary depending on the type of surgery as well as the age and overall health of the patient.

## **PART 2 - PREPARING YOURSELF FOR SURGERY**

### **IMPORTANT DETAILS TO ORGANIZE BEFORE SURGERY:**

Before your surgery, there are a number of things you can do to prepare your home and arrange for assistances at home to ensure your surgical recovery goes as smoothly as possible. Start making these preparations **1 to 2 months** prior to your scheduled surgery if possible.

#### **Pre-surgical Education**

- Read this booklet carefully. You will find it very helpful as a resource. See the Appendix for health care resource telephone numbers. See the Appendix for educational internet sites.

#### **Surgical Optimization Clinic (SOC)**

- SOC is a program to educate and assist patients who are waiting for elective orthopaedic surgery in Kelowna. All sessions are offered free of charge and are mandatory. The class provides you with the tools and information you need to self-manage your musculoskeletal pain and prepare you for a positive surgical outcome and recovery. The staff will provide referrals for post-op equipment through the Red Cross Loan Cupboard.
- Once you have decided to proceed with surgery, you will be contacted to attend an educational class. The group session is approximately 1 hour long.

#### **Stop Smoking (tobacco or cannabis)**

- Are you a smoker? Your recovery will be affected if you smoke because smoking causes constriction of your blood vessels and stimulates the destructive cells in your bone. Stop smoking at least 8 weeks before your surgery.

**Notice:** Patients who continue to smoke at the time of surgery will have their surgery cancelled. Smoking impairs healing, and makes your surgery more dangerous and less likely to succeed.



## Ensuring Good Health

- Prior to surgery, you should be in as good health as possible. The healthier you are, the quicker you will recover from surgery and your risk of infection is decreased.
- Start taking a Vitamin D and Calcium Supplement 2-3 months prior to Surgery, to help bone healing, speak with your pharmacist about the right dose for you.

## Assistive Devices

- Discuss your needs with the physiotherapist when you are at the Surgical Optimization Clinic. You may need adaptive equipment at home to help you mobilize, shower & toilet. See Appendix for assistive device providers in BC.
- **Note:** for out of town patients who are not able to come to the SOC class please obtain a Red Cross referral from Dr Bridge's office or your GP.

## The RoboBoot

- Your surgeon may give you a prescription for a roboboot after your surgery which will function as a removable cast. This can be arranged for you at your first follow-up visit in the Ambulatory Care/Cast Clinic. You will need to use the roboboot for up to three months after your surgery or as directed by your surgeon. **When using the roboboot your foot should NOT touch the ground except occasionally to balance. Thus you will STILL need to use crutches, a walker or a knee scooter so as NOT to put any weight through the boot until you are instructed to start weight bearing by your surgeon.** Some extended medical benefits will cover part of the cost for the walker boot. MSP alone does not cover Roboboos.

Kelowna General Hospital Prosthetics & Or-thotics	Kelowna General Hospital Purchase: \$115-145.00	(250) 862-4208
OKAPED	1936 Ambrosi Rd. Purchase: \$110.00	(250) 868-8665
Dyck's Pharmacy	Kelowna General Hospital Purchase: \$145.00	(778) 484-3836



## **Mobility in Daily Life**

- Discuss with the SOC physiotherapist any mobility problems you expect to have when you are at the Surgical Optimization Clinic. Do you have stairs in your home? Do you need to install a ramp? Do you know how to use a walker, crutches and a knee scooter?

## **Toileting**

- Discuss bathroom set up with the physiotherapist. You may need a raised toilet seat & toilet safety frame. A commode or urinal may be helpful at the bedside.

## **Nutrition**

- Who will help you shop, prepare meals and clean up the kitchen? Can you ask a family member or a friend to help? Make and freeze meals prior to your surgery. Should you hire help?
- Good nutrition can promote earlier recovery from surgery, reduce the risk of infection, and help you to maintain good health. Some aspects of nutrition that are especially important to promote healing are good protein/iron stores, adequate calories, calcium, vitamin D as well as fibre and water intake.
- B.C. Ministry of Health has a Dial-A-Dietician program at (604) 732-9191 or 1-800-667-3438.

## **Pain Control**

- You will be given a prescription for pain medications at the time of your surgery. Who will pick up your pain control prescription for you? There is a pharmacy at Kelowna General Hospital. Prescriptions can be filled by a designated person with your care card and the original prescription; you do not need to go into the pharmacy yourself. Ensure you have pain medication within easy reach at your bedside at night.

## **Medications**

- Discuss any over-the-counter and prescription medications you are taking with your pharmacist. You should stop taking any anti-inflammatory, anti-coagulant (blood thinners) or rheumatoid medications prior to the surgery. Stop taking all vitamins, herbals and minerals one week before your surgical date. See page 14 for a list of medications to discontinue.

## Return to Work

- Return to work will vary dependent on the individual surgery and your job type. The same operation (foot fusion) may take 2 weeks for an accountant to return to work and 5 months for a construction worker to return to work. Please discuss any job related issues with your surgeon prior to surgery. Anticipated return to work dates are approximate. Complications may delay your return to work.

## Return to Recreational Activities

- Do not commit yourself to return to sport or recreational activities without discussing this with your surgeon first. For example, if you are planning to return to a seasonal sport (skiing, soccer) it is best to plan surgery at the end of one season so that you have ample recovery time for the next season. Due to the length of the surgical wait list these request cannot be guaranteed.

## Traveling – home or holiday

- **If you have to travel a long distance:** Consider staying in the Kelowna area for a few days before traveling. Your foot may be too sore to travel comfortably.
- There is a list of KGH discount Hotel/Motels available.
- Holiday or business travel is unadvisable for **four months** after foot surgery.
- If flying, book a bulkhead, aisle or extra empty seat so that you have extra room for your foot, and keep your foot elevated as necessary.
- Have a wheelchair available at the airport at both ends of your flight.
- You will want to speak with your family doctor about possible anticoagulants usage if flying within the first 3-4 months after surgery.
- **Airport Security** - It is unlikely that you will set off the airport security alarm. A letter **will not** be provided for this.

## **YOUR PRE-SURGICAL SCREENING CLINIC VISIT or PHONE CALL:**

- 1-3 weeks before your scheduled surgery you may be required to attend the PreSurgical Screening (PSS) Clinic at Kelowna General Hospital, or you will be contacted for a phone screening interview. The Pre-Surgical Screening Clinic is located on the main floor in the Centennial building at Kelowna General Hospital. **See maps in the Appendix.**
- The purpose of this pre-surgery hospital visit or phone interview is to obtain a medical history, assess your medical fitness for surgery, answer any final questions, and ensure that things will go smoothly on the day of your surgery and when you return home.
- A pre-surgery nurse will obtain your health history, medication list and a functional assessment. The information is reviewed by an anaesthetist and, if

needed, other health care providers depending on your specific situation. Based on the assessment of your health, you may need further x-rays, blood tests or an ECG.

## **FAQs about the PSS Clinic**

### **When is my pre-surgical appointment?**

- 1-3 weeks before your scheduled surgery date (occasionally, it may be scheduled as close as 1 – 2 days before).

### **How long will my appointment take?**

- Phone interviews take about 30 minutes but visits to Kelowna General Hospital Pre- Surgical screening can take up to 3 hours, so make sure you have paid for enough parking.

### **What if I miss my appointment?**

- Your surgery may be cancelled if you miss your PSS Clinic appointment. Please contact the booking office ASAP if must change an appointment or postpone your surgical date. **Booking office 250-862-4481**

### **What do I bring to my Pre-Surgical Screening Clinic appointment?**

- Medications in their original containers and a list of the medications you are currently taking.
- List of previous surgeries, dates and medical conditions. Your BC Care Card, money/credit card for parking payment.

### **Should I bring a family member or support person with me?**

- We encourage patients to bring one family member or support person.

## **PREPARING YOUR HOME ENVIRONMENT:**

You may need to make some changes in your home to keep you safe and make your recovery after surgery more comfortable. Use this check list to determine what changes you need to make prior to your surgery.

- Prepare a bedroom on the main floor to avoid frequent trips up/down stairs
- Install a railing along the stairs
- Remove scatter rugs
- Reorganize cupboards/closets/fridge so items you use often are within safe reach
- Make sure the inside of your home is well lit and use night lights where needed •  
Remove mildew or ice from outdoor steps
- Add pillows or raised cushions to low chairs (chair should have a firm back and arm rests)

- Remove all plants/other items from stairways
- Move electrical cords, hoses, and children's toys out of the way
- Install a grab bar or secure hand rail in your shower or bath
- Install a hand-held shower attachment for easier bathing

## Arranging for Help at Home

- This is elective surgery – **No** publicly funded convalescent or rehab beds are available. See list of private pay options in the Appendix or consult your phone directory, or the internet.
- Discuss with your family or friends your transportation needs to and from the hospital. Make sure the vehicle has enough space to allow you to sit comfortably and safely.
- Arrange with family and friends to act as 'helpers' when you get home to assist you with your daily activities. These may include bathing, dressing, meal preparation, errands, grocery shopping and transportation.
- Buy frozen meals or prepare your own and freeze them for when you come home from the hospital. Stock up on canned food and other easy to prepare nutritional staples

## Assistive Devices

A number of assistive devices are available to help make your recovery from surgery safer and more comfortable. Rent or purchase the following assistive devices prior to your surgery. You will discuss/decide what equipment is best for you, and the correct size, at the Surgical Optimization Clinic.

- Roboboot as ordered by the surgeon (Rental)
- Crutches or a walker
- Knee scooter (Rental)
- Wheelchair with an elevated foot rest
- Raised toilet seat/toilet safety frame
- Stationary commode
- Bath board/shower chair/bath bench
- Non-slip mat inside and outside shower stall
- Grab-bars for bath tub/shower stall

All of these items are available for purchase at **Medical Supply stores** and local pharmacies. A number of these items can also be borrowed through **The Red Cross Medical Equipment Loan Service**. They have a limited supply of crutches, walkers, canes and grab bars that can be lent to you free of charge for up to 6 months. You will require a referral from a medical professional to borrow equipment. Contact the Surgical

Optimization Clinic if you have not received a referral form. Please see the Assistive Device section, in the Appendix, for more information on where assistive devices are available in your community. Both Roboboots and Knee scooters will have to be rented as they are not supplied by the Red Cross.

### **Disabled Parking Placard (SPARC)**

Disabled Parking Placards enable people with disabilities to legally park in designated zones throughout BC. The application process takes two to three weeks if the application is mailed in, or ten minutes if done in person. These permits are available to anyone with permanent or temporary mobility impairment. **Ask your Family Doctor to fill out the form before surgery.** All patients who have surgery involving foot fusions are eligible for a SPARC pass for three to four months after surgery. A SPARC pass may make parking for follow-up visits to the clinic easier.

### **Travel Assistance Program**

The Travel Assistance Program (TAP) offers travel discounts to eligible BC residents who must travel within the province for non-emergency medical services not available in their own community.

[http://www.health.gov.bc.ca/tapbc/tap\\_patient.html](http://www.health.gov.bc.ca/tapbc/tap_patient.html)

## **MEDICATIONS TO DISCONTINUE PRIOR TO SURGERY:**

<b>Product</b>	<b>Problem</b>	<b>Discontinue <i>BEFORE</i> Surgery</b>
Birth Control Pills	Blood clot	One month
HRT	Blood clot	One month
Raloxifen	Blood clot	72 hours
ASA, aspirin, etc.	Bleeding	One week or more
NSAIDS	Bleeding	One day to one week (variable)
Vitamin E	Bleeding	2 days
Ginko	Bleeding	36 hours
Danshen	Bleeding	7 days
Dong quai	Bleeding	7 days
Papaya	Bleeding	7 days
Garlic	Bleeding	7 days
Ginseng	Bleeding	7 days
Kava	Prolonged anaesthesia	24 hours
Echinacea	Allergic reactions	As early as possible
Ephedra	Heart attack, stroke	24 hours
St. John's Wort	Prolonged anaesthesia	5 days
Valerian	Prolonged anaesthesia	Taper-off over weeks, withdrawal symptoms, may need benzodiazepines
Embrel	Wound healing	2 weeks
Remicade	Wound healing	1 month
Humira	Wound healing	1 month
Coumadin	Bleeding	4-5 days – *Please discuss with your doctor
<b>Product</b>	<b>Problem</b>	<b>Discontinue <i>AFTER</i> Surgery</b>
Ibuprofen, Motrin, or other NSAIDs	Bone healing	There is some speculation that postoperative bone healing is affected. Please discuss this with your surgeon.

## **PART 3 - IT'S TIME FOR SURGERY - THE PERI-OPERATIVE PERIOD**

### **THE DAY BEFORE THE SURGERY:**

***Surgical Booking Office will call you after 10:00 am for your operation arrival time.***

- Have a calm, relaxing evening at home.
- Do not eat or drink anything after midnight, otherwise your surgery will be cancelled.
- Take your usual medications unless advised not to by your surgeon or anesthetist.
- Follow any other directions given to you by the pre-surgical staff.

### **WHAT WILL HAPPEN ON THE DAY OF YOUR SURGERY:**

**NOTE:** Most procedures are day surgery and do not require an overnight hospital stay.

- Have a shower or bath and wash your foot and ankle well with a new bar of soap or liquid soap and water. **Do not** shave the area for 7 days pre-operatively.
- Dress in loose, comfortable clothing. **Do not** wear make-up, lotion, power, deodorant, nail polish, perfumes, jewellery or contact lenses.
- **Do not** eat (including gum, mints or candy), chew or smoke after midnight before the operation unless otherwise instructed.
- Check in at the hospital daycare/same day surgery area on the 3<sup>rd</sup> floor at KGH Centennial building, at the time given to you by the booking office – you will be given an identification bracelet and an allergy bracelet if necessary.
- The surgeon will meet you just before your surgery and will need to mark the leg to be operated on with a felt pen before the operation.
- The anaesthetist will also visit and check you one last time. You and your anaesthetist will make the decision on the type of anaesthetic appropriate for you will have based on your medical condition and personal preference. You will be given a general anesthetic or a spinal/epidural anesthetic. Local anaesthetic with IV sedation is also a possibility.
- The nurses in the daycare/same day surgery area will prepare you for surgery. An OR nurse will take you to the operating room.

### **IMMEDIATELY AFTER YOUR SURGERY:**

- After surgery, you will be taken to the post anaesthetic recovery room and then to Day Care or 4 West if you are staying overnight. If you are having day surgery, you will be sent home once you are awake and your pain is under control.
- From time to time, the nurses will check your breathing, blood pressure, temperature and your operative leg surgical site.

- You may have a plaster splint from your knee down to the end of your foot. This will be well padded to absorb any bleeding and allow for swelling. There may be metal pins sticking out of your toes, so be careful! Watch that you do not catch the pins on bedding or clothing.
- You may be on bed rest for 24-48 hours with your foot elevated above your heart. This is to control the amount of swelling.
- When you get out of bed, use a walker or crutches to help you get around. Some people need a wheelchair. It is very important that you **do not touch your foot to the ground**. You may rest your heel on the ground but do not put ANY weight on it until instructed to do so by your surgeon.
- You may need crutches or a walker for the next 2-3 months, until you can put your weight on your foot. Please see the Assistive Device section in the Appendix, for a list of suppliers and rental locations.

## **PART 4 - RECOVERING AT HOME**

### **HOW TO MANAGE AT HOME AFTER YOUR FOOT SURGERY:**

#### **Foot Pain**

You will have some pain after having surgery on your foot and/or ankle. You will have medications prescribed to help you control the pain. The purpose of the medication is to reduce the pain to a manageable level. Take the medication regularly to manage your pain, and elevate your foot to decrease the swelling. The Nurse Line is another resource available 24 hrs a day by dialing 811.

The local anaesthesia will wear off after several hours and the pain will increase. To manage the pain, your doctor will prescribe:

- 1) Plain Tylenol or Tylenol 3
- 2) A stronger narcotic prescription for severe pain.
- 3) **Do Not use ANY anti-inflammatory medication**
  - a. **NO Naproxen - Aleve**
  - b. **NO Ibuprofen - Advil or Motrin**

A local anaesthetic is commonly injected into the foot at the time of surgery. This usually lasts for a few hours. You should start your pain medicine when you get home. Take the pain medicine regularly as directed until the freezing or numbness from surgery wears off. Then take the pain medication as needed. Starting the pain medicine while the foot



is still numb should help to decrease the overall amount of post-operative pain you experience. If the pain still persists, loosen the boot and wound dressing.

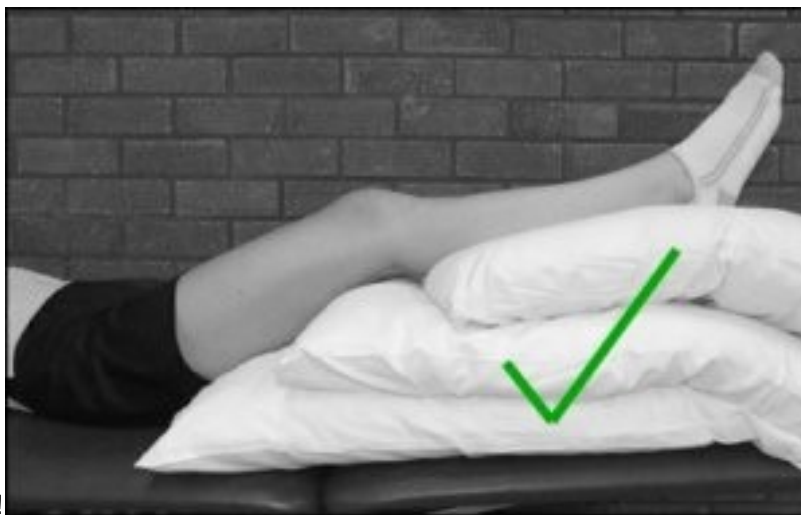
**NOTE:** If this fails to relieve some of the pain, or if numbness worsens or bleeding increases, go to your local Emergency.

## Swelling

It is normal to have swelling in your foot and ankle after surgery. Raise your entire foot above the level of your heart and gently wiggle toes. You can also apply ice or a cold gel pack wrapped in a damp towel, to the front of your foot for 15 to 20 minutes several times a day on the advice of your therapist. Reducing the swelling will help you to regain both motion in your knee and control of your thigh muscles.

### Controlling swelling by elevating foot

Swelling can be controlled by keeping your foot elevated 6 inches above your heart for 24 to 48 hours.



## Numbness

Often a local anaesthetic is placed around the nerves in your foot during the operation. You may notice numbness but no pain until the anaesthetic wears off. Do not worry – this is normal. It can last about 12–15 hours.

## Mobility

The physiotherapist at the Surgical Optimization Clinic will help you learn how to get around after your surgery. Remember to keep your foot in a walker boot and off the floor, and use crutches, a walker and/or a wheelchair. When going up stairs raise your good leg up first each step, followed by surgical foot. Going down, lead with operated leg.

## Day Care Surgery

Most foot surgeries can be done through Day Care surgery. After day surgery, you will be discharged and will go home the same day with a prescription for pain. You will also have either a splint or walker boot.

## Caring for Your Incision

The surgeon will do your first dressing change at 2-3 weeks. Until then keep it clean and dry and no peaking under the dressing. After your initial dressing change, **DO NOT** soak your incision in water until it has fully healed and dried. Do not apply any creams directly to the incision during this time. The sutures will be removed 10-14 days postsurgery by either your physician, family doctor or other qualified health care provider (such as a nurse) as directed by the surgeon.

Occasionally there is a small amount of oozing from the wound after the sutures are removed. Expose the wound to the air or apply a thin, sterile gauze dressing if needed.

Check your incision daily for signs of infection. Clarify with your surgeon when you can get your foot wet and who should change the dressings.

## Checking for Possible Problems

Some of the problems described in the Risks and Benefits section on page 6 may occur after you have been discharged from hospital. It is very important to continue to check for signs of infection and blood clots.

See your family doctor immediately if:

- Swelling continues to increase, despite the foot being elevated.
- Pain worsens in spite of taking pain medicine.
- Your temperature goes up for more than 4 hours.
- You develop chest pains or shortness of breath.
- You develop pain and tightness at the back of your thigh or calf.
- Occasionally too much swelling can occur and this will affect the nerves in your foot. If your foot remains very sore, or you develop numbness in your toes, even after keeping it elevated, contact your doctor or go to Emergency.

## Constipation

The combination of pain pills, dehydration and immobility after surgery may cause constipation. While missing a bowel motion for one or two days is not uncommon, try to be proactive to prevent severe constipation and pain. Things to consider are:

- 1) Keep well hydrated & get moving.
- 2) Change to non-narcotic pain medications ASAP.
- 3) Eat lots of fiber and fruit.

- 4) Use Colace or Senokot early on (after the first or second day without a bowel motion). If still not working after four days, try a glycerin suppository or a small enema. (Consult your pharmacist or call 811)

## **Weight Bearing**

Many foot and ankle surgeries will require a period of non-weight bearing. You will most likely be non-weight bearing for either 2 weeks, 6 weeks or possibly longer. You will be given weight bearing instructions by your surgeon at time of your first post-operative clinic visit. During your follow-up visits, your surgeon will tell you when it is safe to put weight on your surgical foot.

**Unless you are specifically directed to weight bear by your surgeon do not put any weight on your foot or on your roboboot.**

Your roboboot/splint should not touch the ground during periods of non-weight bearing.

You should not yet be weight bearing before your first post-operative follow-up visit (at about 2 weeks) with your surgeon.

## **YOUR FOLLOWUP APPOINTMENTS:**

**Ambulatory Care:** 2<sup>nd</sup> floor Centennial Building for 2, 6 and 12 week post-op appointments. Go to admitting on 1<sup>st</sup> floor and check in 1 hour prior to your appointment.

- At 2 weeks your staples will be removed & wound checked. Your roboboot will also be prescribed at 2 weeks.
- You will be directed by the doctor to a physiotherapist if you need one. You will be wearing your roboboot 24 hours per day except for bathing, skin care (lotion), exercises (to be done several times daily to move the joints in the foot).

Your surgeon will give you a follow-up appointment after surgery. The following schedule is approximate:

Time	Follow-up Visit	Weight Bearing	Walker Boot	Physiotherapy
0-2 weeks	No	No	Splint	No
2 weeks	Amb Care Visit	No	Yes	No
2-6 weeks	No	No – most surgeries	Yes	No – ROM Exercises only
6 weeks	Amb Care Visit	No – most surgeries	Yes	No – ROM Exercises only
7-10 weeks	No	Partial WB Week 7 – 25% Week 8 - 50% Week 9 - 75% Week 10 -100%	Yes	No – Start Home ROM Exercises
10-12 weeks	No	Yes – 100%	Start in Shoes	Yes
12 weeks	Amb Care Visit	Yes – 100%	Back in Shoes	Yes

### **Physical Therapy**

Depending on the surgical procedure you had, your surgeon will recommend physiotherapy when appropriate.

## **LIVING WITH YOUR RECONSTRUCTED FOOT:**

### **Return to Work**

**Return to work times vary for foot and ankle surgery patients. It depends on your job, the operation performed, and how much pain and swelling you have after the operation. In some cases you may return after 2-3 weeks; for others it may take 34 months.**

**In some cases the surgery will not allow you to return to your prior occupation. Consider:**

- Can you work while not bearing weight on your foot? If so, pain will be the main limiting factor. It is unlikely that you will be able to work for at least three weeks after a soft tissue surgery.
- If you have to bear weight on the foot and you have had a fusion, it will take you three months, minimum, to be able to bear weight on the foot. It will usually take six weeks after that to be comfortable enough to return to work. If the pain is slow to go away, it may take longer. If you develop a non-union (the bones do not fuse together) then you may be off work to recover up to a year if a second surgery has to be performed - smoking and early weight bearing against medical advice are major risk factors for this.
- Discuss the timing of the surgery with your boss, your surgeon, or the KGH booking office who may be able to change the date of your surgery to accommodate your work.
- Try to sort out disability forms and payments before your surgery. Make sure you know what you are eligible for with your medical plan.

### **Return to Driving**

Your surgeon will give you follow-up information post operatively that outlines when you should expect to return to recreational activities, sports and work, including driving.

Depending on your surgery, you won't be able to drive for about 12 weeks or as long as you are in a cast or boot.

Your surgeon cannot clear you to drive due to legal restrictions. Driving is considered a weight bearing activity and you must be able to weight bear 100% through the surgical foot regardless of which foot was treated.

### **Recreational Activity Guidelines**

In most cases, it will take a while for the foot to feel comfortable during strenuous activities. unless you had a minor surgery (such as ankle arthroscopy), it will take 4 to 6 months for your foot to feel comfortable during impact sports like running or racquet sports, if you wish to return to these activities. Listed are some approximate times that you can begin activities after an average foot fusion:

- Stationary cycle on a low setting: 4 to 6 weeks
- Upper extremity work out in the gym: 4 to 6 weeks
- Swimming: 6 – 8 weeks
- Walking: 10 to 12 weeks
- Hiking: 14 to 16 weeks
- Running: 24 weeks
- Field or court sports: after 24 weeks

## **A Final Note**

It will take three to six months before you feel a definite improvement in the comfort of your foot. The swelling may take over a year to settle down. The range of motion may also take over a year to improve. **Pain, swelling and function will continue to improve for up to 2 years, and most swelling is gone by 6 months but do not be concerned if swelling is still present up to 2 years.**

## **A NOTE FROM YOUR SURGEON:**

**“Foot and ankle patients are some of the most pleasant and reliable of all orthopaedic patients. When the time comes for surgery they are embarking on a journey that can be arduous and will test their compliance.**

**While hip and knee replacement surgery is thought of as a major surgery I have heard from many of my patients who have had both surgeries that it was more challenging to recover from their foot and ankle surgery. In many cases this is because of the time and effort required to ensure that they stay off their foot completely after surgery, which is often 6-10 weeks for major foot surgery.**

**The key to getting the best result possible from your foot surgery is to be vigilant about staying off your foot completely post-operatively until you are advised to weight bear by your surgeon, otherwise all the hard work that you have put into recovering could be in vain.”**

**Dr. Michael A. Bridge**

## **YOUR SURGEON'S ANSWERS TO THE MOST COMMONLY ASKED POST-OPERATIVE QUESTIONS:**

### **Q) When can I start WEIGHT BEARING (WB) on my foot?**

For the first 2 weeks all patients are non-weight bearing (NWB).

All patients with major foot surgery will be NWB for 6 weeks (sleeping in the boot).

After 6 weeks most patients will start progressive WB, 25-50-75-100% over 4 weeks using crutches or a walker and their boot.

To do this find a bathroom scale and put your foot down until the scale reads 25% of your body weight (40lbs for a 160lb patient). This is the amount of weight you will put on your foot each step you take for the first week, while still using the crutches/walker and robo boot. Then progress the next week to 50% of your body weight, then 75% the third week, and all of your weight the fourth week. Use the boot for these 4 weeks (no longer at night).

### **Q) When can I get my FOOT WET?**

The dressing is not touched for the first 2 weeks until a return to the follow-up clinic.

Dressings are then taken down and staples are removed if the wounds look good. Once staples are out wait 72hrs before getting the wound wet. You should not submerge your foot in water until the wound looks pristine and completely healed.

### **Q) When can I DRIVE?**

You cannot drive until you are fully WB and have full power and function in your operated leg, this is usually 10 weeks at the earliest. Your insurance may NOT cover you in case of an accident if you drive prematurely.

### **Q) When can I stop using the BOOT?**

For any major foot surgery sleep with the roboboot on for 6 weeks.

Walk with the boot until 10 weeks when you are fully WB, and then you can start to come out of the boot over the next 2 weeks.

### **Q) Where can I get more PAIN MEDICATIONS if I need them?**

Your surgeon will be prescribing you pain medications for the first 2 weeks of acute pain.

After 2 weeks you should see your family doctor to monitor your pain levels and prescribe any further medications needed.

**Q) My foot is still SWOLLEN, or CHANGES COLOUR - is this normal?**

The vast majority of patients gain rapid and significant improvement in pain, swelling and function over the first 3 months.

It is not uncommon to still have some minor swelling, or color changes on the foot (especially after it has been hanging down during the day) for up to 2 years.

Patient's surgical results can continue to improve with better pain and functioning for up to 2 years after surgery, so give yourself and your body the time it needs to heal after surgery. Often patients have been suffering for years with their foot and ankle pain and the body similarly need time to recover once the surgery is done.

**Q) How much ACTIVITY/WORK can I do after surgery?**

At 3 months once all the bones and soft tissue are healed you can start getting back to your regular activities. You should let your body be your guide as to how much is too much. If your foot is painful and swollen after a day's activity then you have likely done too much and you should back off your activity level and give your foot a rest. You can then start to build up your activity stamina once the foot has settled.



## **APPENDIX LIST:**

**Appendix A: Getting Ready for Surgery Checklist**

**Appendix B: Community Resources For Nursing, Convalescence and Transport**

**Appendix C: Red Cross Contact Information**

**Appendix D: Suggested Equipment**

**Appendix E: Knee Scooter Vendors**

**Appendix F: Internet Resources for Foot and Ankle Patients**

**Appendix G: Foot Care and Supportive Shoes**

**Appendix H: Map of Kelowna General Hospital**

## **Appendix A: Getting Ready for Surgery Checklist**

### **Are you a smoker?**

- You must stop smoking six weeks before the operation.

### **How will you get home after your surgery? You cannot drive yourself home.**

- By Car? It must be large enough so that you can keep your foot up on the back seat while wearing your seatbelt.
- By taxi?
- By plane? Reserve a bulkhead seat when you make your reservations.

### **Who will help with the cooking, cleaning, shopping, laundry, etc. when you get home from surgery?**

- This is elective surgery and it is up to you to arrange care and assistance at home. There is no publicly funded convalescent care access or community nursing staff that will come to your home to care for you.

### **What equipment will you need to purchase or rent for when you get home after surgery?**

- Raised toilet seat, commode?
- Shower or bath tub safety rails?
- Walker, crutches, knee scooter?
- Install railings by all stairs?
- Are your telephones located in a convenient place so that you won't have to take stairs or rush to answer a call?
- Can any family members or friends help you manage when you get home after surgery? If not, should you arrange for paid home care?

## Appendix B: Community Resources For Nursing, Convalescence and Transport Meal Catering

A number of companies provide ready-to-eat fresh or frozen meals. Look in White Pages under *Meals on Wheels* or Yellow Pages under *Caterer* for companies' menus and prices.

### Home Help Community Care Options and Resources Kelowna

Please note this may not be a complete list and IHA does not recommend on company over another. You must do your own research.

Company	Address	Phone	Web site
Life Line	North Okanagan Central Okanagan South Okanagan	250-558-1334 250-762-0200 250-770-3531	<a href="http://www.lifeline.ca">www.lifeline.ca</a>
Advo Care	1450 St Paul St Kelowna, B.C	250-861-3446	<a href="http://www.advocarehealth.com">www.advocarehealth.com</a>
We Care	#103-1626 Richter St Kelowna, B.C.	250-861-9315	<a href="http://www.wecare.ca">www.wecare.ca</a>
TLC Home support	1873 Spall Rd Kelowna BC	250-860-5683	<a href="http://www.tlchomesupport.com">www.tlchomesupport.com</a>
Kirschner Home and Health Care		250-762-2233	
Nurse Next Door		250-450-9760	<a href="http://www.nursenextdoor.com/kelowna">www.nursenextdoor.com/ kelowna</a>
Bayshore Home Health	105-1664 Richter St	250-717-7528	<a href="http://www.bayshore.ca">www.bayshore.ca</a>
Home Instead Senior Care	#101-1455 Ellis ST	250-860-4113	<a href="http://homeinstead.com">homeinstead.com</a>
Senior to senior		250-826-1400	<a href="http://www.seniortosenior.ca">www.seniortosenior.ca</a>
Elder Helpers	Volunteer service limited volunteers in this area		<a href="http://www.elderhelpers.org/">www.elderhelpers.org/</a>
Kelowna Seniors Home Support		250-808-0830 250-718-2060	
Go for You		778-753-5612	<a href="http://www.goferyou.ca">www.goferyou.ca</a>
I Drive for You		250-863-7301	
Shop By Phone –	Community volunteers shop at Lakeshore Save on Foods and delivered by Rick Shaw Delivery for \$7.00 To see if you qualify call Sandi Rosner- IHA 250-980-1558or Save on foods 250-860-7787		
Better Meals	1-888-838-1888		<a href="http://www.betermeals.ca">www.betermeals.ca</a>
SuperStore			<a href="https://shop.superstore.ca">https://shop.superstore.ca</a>

**Private Pay Convalescent Care**  
**By the week or month**

<b><i>Brants Creek Mew</i></b>	2081 Cross Road, Kelowna BC 778-48-78-8800
<b><i>Hawthorn Park – Orchard Manor</i></b>	867 KLO Rd, Kelowna BC 250-861-6636
<b><i>Lake Country Lodge</i></b>	10163 Konschuh Rd. Kelowna BC 250-766-3007
<b><i>Laurier Manor</i></b>	1024 Laurier Ave, Kelowna BC 250-863-1176
<b><i>Pine Acres Home</i></b>	1902 Pheasant Lane, West Kelowna 250-768-7676
<b><i>Sutherland Hills Rest Home</i></b>	3081 Hills Rd, Kelowna, BC 250-860-2330 ex 102
<b><i>Dorchester Retirement Residence- Independent living</i></b>	869 Leon Ave, Kelowna ,BC 250-860-0725
<b><i>Lakeview Lodge</i></b>	2337 Butt Road, West Kelowna 250-768-3802
<b><i>Village at Mill Creek</i></b>	1450 Sutherland Ave, Kelowna 250-860-2216

**Transportation Options:**

- Family, Friends
- Taxi
- Public transit
- Driving Miss Daisy 778-478-7576
- Home Instead Senior Care 250-860-4113
- Senior to senior 250-826-1400
- Medi-Van private ambulance service 250-862-0682

\* Note you should not go home alone in a taxi or with public transit after your surgery.

**Kelowna Regional handyDART**

- handyDART is a transportation service for persons who have a disability that is sufficiently severe that the person is unable to use conventional transit service without assistance. The service is provided to and from accessible building entrances.

## **handyDART Registration**

- You must register with handyDART before you can use the service. (There is no fee to register.) To register, call 250-762-3278 on Monday through Friday, between 8:00 a.m. and 4:30 p.m. The handyDART staff will ask your name, mailing address and telephone number, then send you an application form. Please complete the application and return it to the office or you can obtain an application from the Surgical Optimization Clinic at Capri Mall.

## **Appendix C: Red Cross Contact Information**

The Surgical Optimization Clinic will provide a referral for the Red Cross Loan Service. The physiotherapist will discuss your needs and provide a complete referral form to your nearest Red Cross.

### **Red Cross Medical Equipment Loan Services** (based on donation)

#### **Kelowna**

124 Adams Rd (at Sexsmith)  
Tel. (250) 765-3465  
Fax: (250) 765-3158 **Mon-Fri 9am-1PM**

#### **Lake Country**

Bottom Woods Lake Rd  
On Call  
Tel. (250) 766-2227

#### **West Kelowna**

2466 Main St  
Tel. (250) 768-8965  
Fax. (250) 768-8956  
**Mon & Wed**

#### **Vernon**

2809 44<sup>th</sup> Ave  
Tel. (250) 545-3111  
Fax. (250) 545-3116  
**Mon- Fri 9AM-1PM**

#### **Salmon Arm**

150-2960 Okanagan Ave SE  
Tel. (250) 832-6553  
Fax. (250) 803-0158  
**Mon – Fri 10am-12PM**

#### **Kamloops**

943 Victoria St  
Tel. (250) 372-2334  
Fax. (250) 372-0869  
**Tues/Wed/Thurs 9AM-4PM**

#### **Oliver**

6129 Kootenay St  
Tel. (250) 498 6700  
Fax. (250) 498-8490  
**Tues-Fri 1PM-3PM**








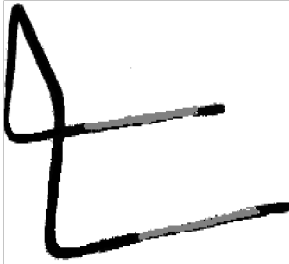




#### **Penticton**

104A 575 Main St  
Tel. (250) 493-7533  
Fax. (250) 493-7558  
**Mon/Wed/Fri 9AM-1PM**

#### **Merritt**

3451 Voght St  
Tel. 250-378-3269  
**Mon/Tues/Thurs 10AM-12PM**

### **Appendix D:** **Suggested** **Equipment**

<p><b>Bath stool</b></p> 	<p><b>Bath bench</b></p> 	<p><b>Bath board</b></p> 
<p><b>Tub rail</b></p> 	<p><b>Raised toilet seat</b></p> 	<p><b>Stationary commode</b></p> 
<p><b>Toilet safety frame</b></p> 	<p><b>Bed rail assist</b></p> 	<p><b>Walker</b></p> 
<p><b>Crutches</b></p> 	<p><b>Robo boot</b></p> 	<p><b>Wheel chair</b></p> 

## **APPENDIX E: Knee Scooter Vendors**

(June 2016 updated)

**Active Mobility** – Tutt St (250) 717-1819

\$65.00 monthly

**Surge Medical** – Vernon 1 (250) 549-7288

\$85.00 monthly + \$25.00 delivery

**Advanced Mobility** – Dilworth Rd (250) 860-9920

\$70.00 monthly

**Private: Barb** – Rutland Home (250) 575-8858

\$90.00 monthly

**Dyck's Home Medical** – St. Paul St (250) 861-3466

\$100.00 monthly

**Shopper's Home Health** – Carpi Mall (250) 717-1850

\$100.00 monthly

**BC Knee Walker Rentals** (250) 215-1329

\$100.00 monthly

**Creative Mobility** – Baron Rd (250) 860-7331

\$120.00 monthly

**Can Am Mobility** – 158 Old Vernon Rd (250) 491-0003

\$155.00 monthly

***\*\*\*Prices subject to change/Not available at Red Cross Loan Cupboard***



## **Appendix F: Internet Resources for Foot and Ankle Patients**

### **Providence Healthcare Homepage**

[www.providencehealthcare.com](http://www.providencehealthcare.com)

### **BC Foot and Ankle Specialists Homepage**

[www.bcfootandankle.com](http://www.bcfootandankle.com)

[www.orthodoc.aaos.org/vancouveranklesurgeon](http://www.orthodoc.aaos.org/vancouveranklesurgeon)

### **The Arthritis Society**

[www.arthritis.ca](http://www.arthritis.ca)

### **The Canadian Diabetes Association**

[www.diabetes.ca](http://www.diabetes.ca)

### **The Canadian Orthopaedic Foot and Ankle Society**

[www.coa-aco.org/en/c/cofas\\_main.html](http://www.coa-aco.org/en/c/cofas_main.html)

### **Canadian Orthopaedic Foundation**

[www.canorth.org](http://www.canorth.org)

### **The American Orthopaedic Foot and Ankle Society**

[www.aofas.org](http://www.aofas.org)

### **Wheeless Textbook of Orthopaedics**

[www.wheelessonline.com](http://www.wheelessonline.com)

### **American College of Foot and Ankle [www.acfas.org](http://www.acfas.org)**

### **Kelowna Orthopedics**

[www.kelownaortho.com](http://www.kelownaortho.com)

## **Appendix G: Foot Care and Supportive Shoes**

To promote healing of your foot and to maintain foot health:

- Keep your feet clean and dry and your skin soft.
- Inspect your feet for changes on a regular basis.
- Wear good walking shoes once the doctor has approved switching to regular shoes.

### **How to Choose a Supportive Shoe**

**The single most important aspect of a shoe is to have it professionally fitted. Make sure that your shoe has:**

- Tie lacing with several holes to secure the foot snugly in the shoe and to allow for swelling.
- Sufficient toe width and depth to accommodate your foot comfortably. No pointed toes.
- A firm, well-fitting heel counter which extends into the arch.
- The sole should provide good shock absorption, and have a non-slip surface. It should be firm enough to prevent twisting but flexible enough to enable normal walking.
- Heel height of approximately  $\frac{1}{2}$  to 1 inch. More than this will increase stress on the front part of the foot, less will increase stress on ankle and heel.
- Wide-based heel to provide stability, light weight, smooth internal lining.

Shop for shoes in the afternoon as your feet tend to be larger during that part of the day. Stand during the fitting process so the length and width of the shoe can be carefully checked. There should be about  $\frac{3}{8}$  in. to  $\frac{1}{2}$  inch of space for your longest toe at the end of the shoe. The width should be adequate so as not to squeeze your toes. Also the depth must be adequate so toes do not rub on the upper of the shoe. Do not expect the shoes to stretch to fit your foot. If you have foot orthotic make sure you try the shoes with them on. Try the shoes indoors at home for a day or so to test their fit/comfort. If you have any doubt, ask the store if you can return them if they are not appropriate. If you have difficulty finding shoes to fit, visit a store with a certified pedorthist (trained shoe fitter)

## Appendix H: Map of Kelowna General Hospital

