



Advice for foot or ankle surgery

i Important information for patients undergoing foot or ankle surgery.

About this booklet

This booklet contains general guidance and information for before, during and after your foot or ankle surgery.

All information provided in this booklet is for guidance only and is not exhaustive. Detailed, personal instruction will be provided by your surgeon, nursing staff and physiotherapists.

The Golden Jubilee National Hospital Orthopaedic Foot and Ankle Service

Our service provides elective orthopaedic care for a variety of foot and ankle conditions. We carry out many different types of foot and ankle surgery. These include joint replacements, fusion of arthritic joints, soft tissue surgeries and correction of deformities.

On average about 80% of people experience good to excellent results following foot and ankle surgery. They have significant pain relief and return of good functional movement and strength. Some pain or discomfort is common for about three to four months following surgery. After this, the reduced pain and improved mobility allows patients to walk, sit, drive a car and cope with everyday activities. The surgical outcomes for specific foot and ankle surgeries vary depending on the type of surgery and the individual patient.

The information in this leaflet is intended solely for the person to whom it was given by the orthopaedic team and is provided as a general information guide to help you prepare for surgery. If you have questions about any aspect of your care, or this booklet, please ask us.

Your initial orthopaedic assessment

Your first appointment will take place either by video technology or face to face. Your surgeon or orthopaedic specialist will examine you and will then discuss the nature of your foot or ankle problem. If you have tried non-surgical treatments, then you will discuss surgical options if they are appropriate, before agreeing to the surgical procedure involved. Information about surgical risks, benefits, recovery expectations and milestones will be discussed at this time including any walking aids that you will need to use initially, along with information on your overall recovery following your operation.

Planning for your surgery

Before your surgery there are a number of things you can do to prepare and make your hospital stay and surgery go as smoothly as possible. If possible, start making these preparations one to two months before your surgery. You can discuss this at the initial appointment and at the preoperative clinic.

It is a good idea to get things organised for when you get home from hospital. If you are told that you will need to use a walking aid such as crutches during your recovery, it is advisable to arrange help with household tasks for when you go home. You should ensure your food cupboards are stocked up, pre-arrange help with shopping, help with care of children, pets and relatives, and arrange for someone to bring you to and from the hospital.

Smoking

Are you a smoker? If so, your smoking will affect your recovery. Try to stop smoking at least six weeks before your surgery as smoking can delay healing, especially in foot and ankle surgery.

Smoking can significantly reduce the blood flow through the smallest blood vessels and this altered blood flow is often not evident to the naked eye. This affects wound healing and may increase healing times. If surgery is performed on your bones or joints, smoking may delay bone healing times or lead to a failure of your bone to heal (this is called non-union). Your surgeon may delay your surgery until you have stopped smoking. Nicotine is one of the factors that delay healing so you should stop taking any nicotine replacement therapies as well.

What happens at the pre-operative assessment clinic?

You will be pre-assessed to ensure that you are fit for surgery. Any concerns you have will be highlighted to the surgeon and anaesthetist. The nursing staff will perform routine checks such as your temperature, blood pressure, and pulse. Your height and weight will also be measured. You may also have a tracing of your heart, blood samples, and an x-ray.

Will I be seen by a member of the physiotherapy team?

Depending on the surgical procedure you are having, you may be seen by a member of the physiotherapy team. If so, you will be seen at your pre-operative assessment or on the day of your surgery after you are admitted to the ward. After your surgery you may need to wear a special shoe, boot or cast on your operated foot and you may need to use elbow crutches to help you to walk safely. A member of the physiotherapy team will show you how to use these when walking and using stairs.

Consent

In advance of your surgery we must by law obtain your written consent to any operation beforehand. Details of the surgical risks, benefits and alternatives will be explained to you before your surgeon asks you to sign a consent form. If you are unsure of any aspect of the treatment proposed, please do not hesitate to speak with a senior member of staff again as it is important that you are fully informed about the surgical procedure.

What do I need to bring on the day of my surgery?

- Footwear: please bring sensible flat shoes with a closed back. Do not bring open back shoes, flip flops or high heels.
- Please remove all nail polish/gel nails.
- Bring loose/comfortable clothing as you may have a large bandage on your foot or you may have a plaster cast, both of which should be kept dry. Do not wear jeans or tight inelastic trousers.
- If you were given crutches, a shoe or a boot at the clinic before your operation, please bring them into hospital with you as you will use these after your surgery.

Admission

You will be given a time to arrive at hospital on the day of your surgery. This may be early in the morning to allow the ward staff to help prepare you for surgery. It is very important that you arrive at your given time and no later. Your anaesthetist will see you and be able to answer any questions you have. You will be required not to eat or drink for six hours before your operation. You can drink water up to two hours before your operation. You will be advised of this at your pre-operative assessment and the nurse will advise you of this again on admission.

Will I have an anaesthetic?

Your surgery will be performed either under sedation or, more commonly, under spinal anaesthetic or general anaesthetic. In addition to this you may be given a nerve block (a local anaesthetic injection) in your leg, ankle or foot to help make you more comfortable when you wake up. You will have the opportunity to discuss and agree this plan with the anaesthetist before your surgery. The types of local anaesthetic nerve blocks commonly used in foot and ankle surgery are described below.

Foot and ankle nerve blocks

What is an Ankle Nerve Block?

An Ankle Nerve Block blocks pain sensations to the foot. It is a form of pain relief which provides relief during and after surgery of the foot, blocking three to five nerves situated around your ankle. A local anaesthetic is injected into the area around your ankle to numb the nerves which connect to your foot, providing prolonged pain relief for up to 18 hours after surgery. This is commonly used alongside a spinal or general anaesthetic. If you have any enquiries or concerns, please speak to your anaesthetist.



What is a Popliteal nerve block?

The Popliteal Nerve Block blocks pain sensations to the foot and ankle. This involves an injection of local anaesthetic around the popliteal nerve, which runs from the back of your knee to your lower leg, including your foot and ankle.

By placing local anaesthetic around this nerve, pain sensations in your foot and ankle can be blocked, providing you with prolonged pain relief for anything from two to 18 hours. Your anaesthetist will perform this block by performing an injection at the back of your knee, as illustrated below. This is commonly used alongside sedation, spinal or general anaesthetic.



Why have a foot or ankle nerve block?

There are many benefits to having a foot or ankle nerve block, including:

1. immediate pain relief after surgery;
2. less need for strong pain relieving drugs;
3. less pain relieving medication required when compared to general or spinal anaesthetic alone;
4. less sickness and vomiting;
5. earlier return to eating and drinking normally after surgery;
6. reduced drowsiness; and
7. shorter recovery period.

Can everyone have a foot or ankle nerve block?

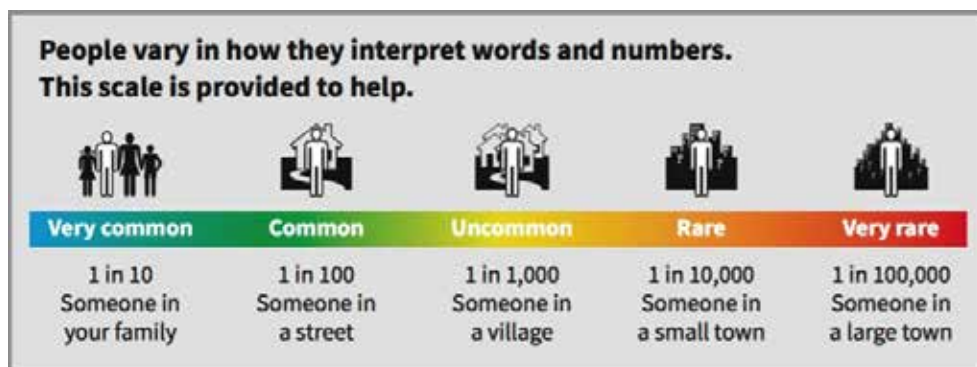
Both the foot and ankle nerve blocks are a regional anaesthetic, therefore they may not be suitable for everyone. If there is a significant risk of complications to your care, surgery may not be possible.

Your anaesthetist will ask you if you:

- are taking blood thinning drugs, such as Warfarin;
- have a blood clotting condition;
- have an allergy to local anaesthetics; and
- have had any previous problems with the nerves in your legs or feet.

What are the risks and side effects of foot or ankle nerve blocks?

As with any procedure, there is a possibility of unwanted side effects or complications.



Common side effects:

Numbness and muscle weakness of your operated foot	This should disappear when the local anaesthetic wears off.
Pain during the injection	If you feel any pain or pins and needles when a local anaesthetic is being injected, you should inform your anaesthetist immediately. This could be an indication of irritation or damage to a nerve, requiring the needle to be repositioned.
Bruising at injection site	This usually settles down within a few days.

Rare and very rare complications:

Failure of the nerve block	In the unlikely event that the nerve block fails, a different form of pain relief will be given to you.
Infection	Having an infection at the local anaesthetic injection site is rare. The anaesthetist will perform the block using safe practice techniques to ensure this risk is kept to a minimum.
Allergic reaction to local anaesthetic	This is very rare and can present as skin reactions such as hive, rash, itching, and breathing difficulties. If this happens, your anaesthetist will start the appropriate treatment and management.
Systemic toxicity (high levels of local anaesthetic in blood)	Systemic toxicity (high levels of local anaesthetic in blood) - this rare complication can occur if local anaesthetic is accidentally injected or absorbed into the blood vessels around the nerve. This can cause loss of consciousness and severe depression of heart function.
Bruising to the nerves	This may cause discomfort and pain, which usually settles within a few weeks.
Nerve damage	This is a rare complication of any nerve block. Some patients experience temporary loss of sensation, pins and needles and sometimes muscle weakness may last for a few days or even weeks, but almost all individuals make a full recovery. Permanent nerve damage is even rarer, (estimated at around 1 in 2000 to 1 in 5000). Nerve damage can also result from the surgical procedure itself.

Further information about foot and ankle nerve blocks

For more information about foot or ankle nerve block and regional anaesthesia, please speak to your anaesthetist or contact the Golden Jubilee National Hospital Anaesthetic Department by calling 0141 951 5600. Alternatively, more information can be found on the website at: hospital.nhsgoldenjubilee.co.uk/a-z-services/anaesthesia-and-perioperative-medicine

Further support and advice is available from:

- The Royal College of Anaesthetists – responsible for standards in anaesthesia, critical care and pain management throughout the UK **www.rcoa.ac.uk**
- The Association of Anaesthetists of Great Britain and Ireland **www.aagbi.org**

Surgery

Your surgery and what it involves will be discussed with you by your Consultant and your anaesthetist will visit you on the day of your admission to the ward.

You can also find further information on your surgery by visiting:

- **www.bofas.org.uk/Patient-Information**
- **www.footEducation.com**

After surgery

You will go back to the day ward for at least one hour to recover from your anaesthetic. This procedure is normally carried out as a day case and you can go home the same day. Occasionally you may have to stay in hospital overnight after your operation.

If you have had a local anaesthetic during your operation, it will temporarily numb your foot and ankle for several hours, then it will start to wear off and normal feeling will return. Local anaesthetic usually wears off within 24 hours. Occasionally there can be patchy numbness or tingling which resolves over several days.

Pain

As the numbness wears off, there may be some pain and you may need to take painkillers for the first couple of weeks. You will most likely be prescribed painkillers to start immediately after your surgery, before you even go home. You will be advised of how often to take these before you leave hospital so that you can continue to take them at home. It is advisable that you start taking these painkillers on the day of surgery so that they are in your system before the anaesthetic wears off. Take your painkillers regularly and regardless of your pain score for 72 hours after your operation unless you experience any adverse side effects to the medication. Do not wait until the pain has already started as it can be harder to get in control of the pain. You can continue to take your painkillers if you need them after the initial 72 hours, decreasing them as the pain becomes less.

Wound advice

You will return to the ward after your operation with a dressing and a large bandage on your foot. The type of dressing or bandage used will depend on your operation. You may even have a plaster cast. The nurse will advise you on what to do with your dressings and stitches after your operation.

Within the first 48 hours after surgery it is normal to have swelling and discolouration of your toes when you stand up. The wound can appear red, feel hot, be numb to the touch, or bleed slightly (causing a stain on the dressing). In most cases this can be controlled by simply lying with the leg elevated and resting the foot until it stops.

However, if your wound continues to bleed, discolouration continues, or if you are experiencing severe pain even after taking pain killers, you should contact us on the helpline number below.

Elevation

You will need to keep your operated foot in high elevation (toes above nose level) as much as possible during the two weeks following your surgery. This is vital to reduce swelling and to speed the healing process. During this time, you should only get up for essential tasks, such as going to the toilet. Try to keep your foot up for 50 minutes every hour. If you are allowed to move the ankle and toes of your operated leg, it will help circulation and swelling by doing very regular ankle and toe movements by bending and pointing them briskly whilst the foot is elevated. However, it is important to check that you are allowed to move the ankle and toes initially as some surgeries / wounds / surgical pins will prevent you from being allowed to do so. Please ask your surgeon or a member of the Orthopaedic Team before commencing circulatory exercises. If you are not allowed to do circulatory exercises with the operated leg then do them with the opposite, non-operated leg, as this will also help.



Aftercare

Before you leave hospital you will be given instructions and advice on what to do following surgery.

If you are having a procedure on both feet, the staff working with you will let you know of any additional instructions to follow.

Caring for your wound

Leave your dressing or cast in place until it is removed or changed at your arranged follow-up appointment unless advised otherwise. Keep your wound dry until the wounds have fully healed and we have removed any temporary pins. You can buy protective waterproof covers to allow bathing or showering. Different brands are available and can be purchased through on-line retailers or pharmacies. Do not apply creams to your skin during this time.

Follow up

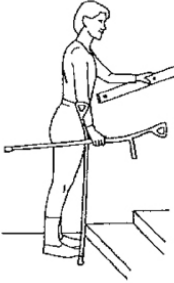
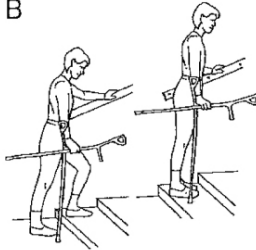
Your follow-up appointment will be around two weeks after your surgery and any stitches will be trimmed at this appointment. For most surgeries, the stitches are dissolvable and do not need to be removed, however the stitch ends are tied in knots and these will be trimmed below the knots. This may be back at the Golden Jubilee National Hospital or with your practice nurse. The surgeon will make this decision based on your type of surgery.


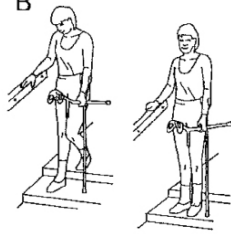
If temporary pins remain in your foot following surgery, please be careful that they do not get caught in bed sheets or catch on the steps. If you have any concerns or notice anything unusual, for example, unusual leakage, heat, increased pain or swelling, or feeling unwell or feverish, please contact us on the helpline number below.

We remove any temporary pins at approximately six weeks after the surgery at our clinic. After we remove the pins, you need to keep the foot dry for a further 24 hours.

Walking up and down stairs

You may be required to use crutches for a period of time to protect the operated foot / ankle. You will be shown how to use crutches safely, or another walking aid if crutches are not appropriate. Below illustrates how to go up and down stairs safely with crutches taking partial weight through the operated foot. Some procedures will require you to take no weight through the operated foot initially. If this is the case, you will be shown how to safely do this by a member of the physiotherapy team.

<p>A</p> 	<p>Walking up stairs</p> <ul style="list-style-type: none">• Stand close to the stairs.• Hold onto the handrail with one hand and the crutch/ crutches with the other hand.
<p>B</p> 	<ul style="list-style-type: none">• First take a step up with your healthy leg.• Then take a step up with your affected leg.• Then bring your crutches up onto the step.• Always go one step at a time.

<p>A</p> 	<p>Walking down stairs</p> <ul style="list-style-type: none"> • Stand close to the stairs. • Hold onto the handrail with one hand and the crutch/ crutches with the other hand.
<p>B</p> 	<ul style="list-style-type: none"> • First put your crutch one step down. • Then take a step with your affected leg. • Then take a step down with your healthy leg onto the same step as your affected leg. • Always go one step at a time.

Going home

Due to the effects of the anaesthetic, you will need a responsible adult to take you home and, preferably, stay with you for the first 24 hours. Try to ensure the vehicle you travel home in is large enough for you to put your foot up on the back seat while sitting and wearing a seatbelt. Do not arrange to take public transport home. Please also avoid drinking alcohol, making vital decisions or signing any legal documents for 24 hours afterwards.

Driving

You must not drive initially following surgery. The duration will depend on the surgery you have had but is usually for six to eight weeks, however this will be confirmed by your consultant. It is advisable to contact your insurance company and inform them of your surgery.

It is also advised that you attempt an emergency stop and ensure you can control the clutch and brake pedals safely prior to returning to drive.

Return to work

Return to work is dependent on your occupation and the surgical procedure. For some surgeries you may be able to return to work within the first few weeks, but for others it can take at least 12 weeks to return to work. You should discuss this with your consultant.

Why might I need specific footwear after my operation?

You may be given special footwear to protect the foot and allow the surgical site to heal well. A variety of postoperative footwear is used depending on your surgical procedure. This will be discussed with you by your consultant and a member of the physiotherapy team.

Types of footwear

Heel Weight Bearing shoes



Moonboot



Post op shoe



This footwear will protect and aid recovery. The shoe/boot/cast you receive will be dependent on the type of surgery you are having. Your consultant and the Physiotherapy team will discuss this with you.

Contact details

Please contact the Orthopaedic Outpatients Helpline on 0141 951 5521 if you have any issues after your surgery that you wish to discuss. This is an answering machine service that is regularly monitored Monday to Friday 8.30am to 4.30pm. Please leave your name, date of birth or CHI number if you know it, telephone number and a short message. If your query is urgent and you require a response out of hours, please call the Golden Jubilee National Hospital switchboard on 0141 951 5000 and ask for the Orthopaedic ward.

Notes

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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