



## 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 University 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 3 to 4 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.

You may be required to undergo additional tests, such as Xrays or blood tests, on the day of this initial assessment and you will be asked to fill out Questionnaires to provide us with more information. Please bring with you any reading glasses you require or advise us if you have any problems with reading or writing and we can assist you.

If you have had a face to face consultation with the surgeon, you may be sent for an x-ray. At the face to face appointment, the physiotherapy team will ask you to complete a questionnaire/s, which will provide them with all the necessary information to manage your treatment plan.

## 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 1 to 2 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 6 weeks before your surgery and at least 12 weeks after 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 or they may be required to cancel your surgery altogether if the risks associated with continued smoking are too high. Nicotine is 1 of the factors that delay healing so you should stop taking any nicotine replacement therapies as well.

## Before surgery

The Patient Coordination Centre (PCC) may send you an appointment to attend either a consultation clinic or a video link with an Orthopaedic surgeon who will discuss the surgery, the risks, benefits and alternatives available. At the face to face clinic appointment, after the surgeon has described the risks and benefits of the surgery to you, you will be asked to sign a consent form which will allow the surgery to go ahead.

If you are seen by an Advanced Physiotherapist Practitioner (APP), you will not sign a consent form. In this case you will be asked to sign a consent form on the day of your admission for surgery.

You may also be given an appointment to attend a pre-assessment clinic either on the same day as the face to face consultation clinic or at a later date.

A pre-assessment involves a Nurse Practitioner (NP) assessing your fitness for surgery by carrying out a clinical examination, listening to your chest with a stethoscope, asking questions about your medical history, carrying out vital signs (heart rate, blood pressure, temperature, oxygen levels) height, weight and a tracing of your heart (ECG) if required. Blood samples and an x-rays may also be required. The NP will also answer any questions you may have. Your assessment may be discussed with an anaesthetist if necessary or you may be seen by an anaesthetist at this appointment.

You will also see a pharmacist who will discuss your routine drugs with you and advise you of any drugs you need to temporarily stop prior to surgery and the potential drugs you may be started on after your surgery, e.g., blood thinners, pain killers.

### **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.

## 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.

## Day of surgery

You will be admitted to the Surgical Admission Unit (SAU) on level 2 of the Surgical Centre.

The PCC will send you an admission time. This may be early in the morning to allow staff to prepare you for theatre.

You will be required not to eat for 6 hours before your surgery. You can drink plain water for up to 2 hours before your operation.

Please bring sensible footwear with you, flat shoes with a closed back. Do not bring flip flops, open backed shoes or high heels.

Bring loose fitting/comfortable clothing. Do not wear tight clothing or jeans. You may have a large bandage or plaster cast on your foot, both of which must be kept dry.

If you were given crutches or a special shoe/boot at your consultation or pre-assessment clinic, please bring them with you into hospital, as you will use these after surgery.

## Admission

On admission to SAU, you will be introduced to your nurse, who will complete the necessary paperwork, discuss the procedure with you and answer any questions that you may have.

The nurse will ask you to change into the hospital gown and paper pants provided.

You may meet the ward doctor or Advanced Nurse Practitioner (ANP), who may examine you and ask some more questions.

You will meet an anesthetist and/or surgeon, who will also ask you questions and answer any medical questions you may have. If you did not sign a consent form at your initial consultation appointment, the surgeon will ask you to sign the consent form after the risks and benefits have been explained to you.

You may be prescribed a pre-medication tablets, which the nurse will give you before you go to theatres.

Nursing staff will check your vital signs (heart rate, respiratory rate, blood pressure Oxygen levels and temperature) on a monitor.

At the designated time, you will be escorted to theatre, where you will be met by theatre staff and the anesthetist.

You will have a small plastic tube (cannulae) inserted into a vein to allow for any required drugs or an anaesthetic to be given. Following this you will be taken in to theatre.

## After surgery

When your surgery is finished, you will be taken to the recovery area until it is time for you to return to the SAU. The surgeon may prefer for you to remain in hospital overnight, he will discuss this with at the time of your surgery. If this is the case, you will be transferred to a ward following your surgery.

If you are staying in overnight, your belongings will be transferred to the ward while you are in theatre.

On return to the SAU, a nurse will monitor your vital signs on a regular basis.

Nursing staff will also monitor your wound/s.

You will be given something light to eat and drink.

Once you have met the discharge criteria, nursing staff will prepare you for discharge home.

You must have a responsible adult collecting and staying with you overnight on the night of you surgery.

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. You must not go home by public transport.

Please also avoid drinking alcohol, making vital decisions or signing any legal documents for 24 hours after your surgery.

If you stay in hospital overnight, you will be reviewed by your consultant the morning following your surgery, and if he is happy with your progress, you will be discharged home.



When you are ready to be discharged home, you will be provided with pre-labelled discharge medication which may include, pain killers, anti-inflammatories, anti-coagulants (blood thinners), or anti-biotics. Nursing staff will provide you with information on how and when to take your discharge medications. You will also be provided with post-surgery information in regards your wound/s.

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.

### **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 3 to 5 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 2 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.

**People vary in how they interpret words and numbers.**

**This scale is provided to help.**



**Very common**

1 in 10  
Someone in  
your family



**Common**

1 in 100  
Someone in  
a street



**Uncommon**

1 in 1,000  
Someone in  
a village



**Rare**

1 in 10,000  
Someone in  
a small town



**Very rare**

1 in 100,000  
Someone in  
a large town

### Common side effects:

<b>Numbness and muscle weakness of your operated foot</b>	This should disappear when the local anaesthetic wears off.
<b>Pain during the injection</b>	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.
<b>Bruising at injection site</b>	This usually settles down within a few days.

## Rare and very rare complications:

<b>Failure of the nerve block</b>	In the unlikely event that the nerve block fails, a different form of pain relief will be given to you.
<b>Infection</b>	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.
<b>Allergic reaction to local anaesthetic</b>	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.
<b>Systemic toxicity (high levels of local anaesthetic in blood)</b>	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.
<b>Bruising to the nerves</b>	This may cause discomfort and pain, which usually settles within a few weeks.
<b>Nerve damage</b>	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 University 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](http://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](http://www.rcoa.ac.uk)**
- The Association of Anaesthetists of Great Britain and Ireland  
**[www.aagbi.org](http://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](http://www.bofas.org.uk/Patient-Information)**
- **[www.footEducation.com](http://www.footEducation.com)**

## Pain

You will 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 2 weeks following your surgery. Depending on your surgery and your surgeon, you may be asked to maintain regular high elevation for longer than 2 weeks. 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 online retailers or pharmacies. Do not apply creams to your skin during this time.

## Follow up

Your follow-up appointment will be around 2 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 University National Hospital or with your practice nurse. The surgeon will make this decision based on your type of surgery.

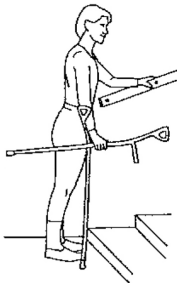
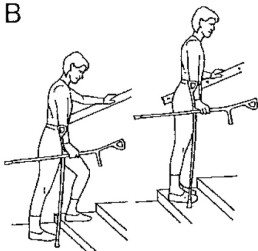
If temporary pins remain in your foot following surgery, please be careful that they do not get caught in bed sheets or catch on the steps. You may be advised to keep your protective post-operative sandal or boot on even overnight during your first 2 weeks, to prevent anything catching your wound or any temporary/external pins. This will depend on your surgery. Please listen to the advice you are given regarding when and for how long to wear your protective footwear as this will be on an individual basis. 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 6 weeks after the surgery at our clinic. After we remove the pins, you need to keep the foot dry for a further 24 hours.


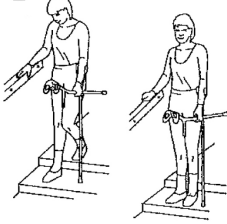
## Walking up and down stairs

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 'Partial' weight through the operated foot initially, whereas some will require you to take weight through the 'Heel' of the operated foot, and some will require you to take 'No' weight through the operated foot initially. The amount of weight to take through the operated foot, and for how long to do this, will depend on the type of surgery you have had. You will be advised by your surgeon and shown how to safely do this by a member of the Physiotherapy team.

### Walking up stairs

<p>A</p> 	<ul style="list-style-type: none"><li>• Stand close to the stairs.</li><li>• Hold onto the handrail with 1 hand and the crutch/ crutches with the other hand.</li></ul>
<p>B</p> 	<ul style="list-style-type: none"><li>• First take a step up with your <b>unoperated</b> leg.</li><li>• Then take a step up with your <b>operated</b> leg onto the same step as your <b>unoperated</b> leg.</li><li>• Then bring your crutches up onto the step.</li><li>• Always go 1 step at a time.</li></ul>

## Walking down stairs

<p>A</p> 	<ul style="list-style-type: none"><li>• Stand close to the stairs.</li><li>• Hold onto the handrail with 1 hand and the crutch/ crutches with the other hand.</li></ul>
<p>B</p> 	<ul style="list-style-type: none"><li>• First put your crutch 1 step down.</li><li>• Then take a step with your <b>operated</b> leg.</li><li>• Then take a step down with your <b>unoperated</b> leg onto the same step as your <b>operated</b> leg.</li><li>• Always go 1 step at a time.</li></ul>

## 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 6 to 8 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. If you require a fit note for your employers, please discuss this with the nursing staff as soon as possible when you are being admitted.

## 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 8am to 4pm. 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 University 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.

## Notes

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**All of our publications are available in different languages, larger print, braille (English only), audio tape or another format of your choice.**

我們所有的印刷品均有不同語言版本、大字體版本、盲文（僅有英文）、錄音帶版本或你想要的另外形式供選擇。

كافة مطبوعاتنا متاحة بلغات مختلفة و بالأحرف الطباعية الكبيرة و بطريقة بريل الخاصة بالمكفوفين (باللغة الإنكليزية فقط) و على شريط كاسيت سمعي أو بصيغة بديلة حسب خيارك.

Tha gach sgrìobhainn againn rim faotainn ann an diofar chànanan, clò nas motha, Braille (Beurla a-mhàin), teip claidinn no riochd eile a tha sibh airson a thaghadh.

हमारे सब प्रकाशन अनेक भाषाओं, बड़े अक्षरों की छपाई, ब्रेल (केवल अंग्रेज़ी), सुनने वाली कसेट या आपकी पसंदनुसार किसी अन्य फॉरमेट (आरूप) में भी उपलब्ध हैं।

我們所有的印刷品均有不同語言版本、大字体版本、盲文（仅有英文）、录音带版本或你想要的另外形式供选择。

ਸਾਡੇ ਸਾਰੇ ਪਰਚੇ ਅਤੇ ਕਿਤਾਬਚੇ ਵਗ਼ੈਰਾ ਵੱਖ ਵੱਖ ਭਾਸ਼ਾਵਾਂ ਵਿਚ, ਵੱਡੇ ਅੱਖਰਾਂ ਅਤੇ ਬ੍ਰੇਲ (ਸਿਰਫ਼ ਅੰਗਰੇਜ਼ੀ) ਵਿਚ, ਆਡੀਓ ਟੇਪ 'ਤੇ ਜਾਂ ਤੁਹਾਡੀ ਮਰਜ਼ੀ ਅਨੁਸਾਰ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ ਵੀ ਮਿਲ ਸਕਦੇ ਹਨ।

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: 0141 951 5513

**Please call the above number if you require this publication in an alternative format**

