



Advice for foot or ankle surgery

Reviewed: April 2025
Next review: April 2026
Version 8

About this leaflet

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

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

The Golden Jubilee University National Hospital (GHJUNH) 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 most patients to walk, sit, drive a car and cope with everyday activities (depending on pre-existing health and mobility). 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.

Initial consultation

The Patient Coordination Centre (PCC) will send you a letter detailing the date and time of your initial appointment, which will take place either by video technology or face to face. During this appointment, your surgeon or orthopaedic specialist will examine you and will then discuss the nature of your foot and ankle problem. If you have tried non-surgical treatments, you will discuss which surgical option is 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.

At the face to face clinic appointment, you will be asked to sign a consent form to allow your surgery to go ahead, after the surgical procedure, risks and benefits have been discussed with you. If you are seen by an Advanced Physiotherapist Practitioner (APP), you may not be asked to sign a consent form, this will be done during your admission for surgery.

You may also be sent an appointment for a pre-assessment either on the day of your initial consultation with the surgeon or on a different day after the initial consultation. The need for a pre-assessment appointment is dependent on what type of anaesthesia will be required.

You will be asked to complete a questionnaire which will provides us with more information. Please bring reading glasses with you or advise us if you have any problems with reading or writing and we can assist you.

It is a good idea to get things organised for when you get home from hospital. If you are told you will need to use a walking aid such as crutches after your surgery, it is advisable to arrange help with household tasks for when you go home. You should ensure your food cupboard is well stocked, pre-arrange help with shopping, help with child care, pets, relatives and arrange for someone to bring you to and from hospital.

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

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

Smoking

Are you a smoker? If so, smoking will affect or delay your recovery, especially foot and ankle surgery. Try to stop smoking at least 6 weeks before and for at least 12 weeks after surgery, especially foot and ankle surgery. Smoking can significantly reduce the blood flow through the smallest blood vessels, which is not always evident to the naked eye. This affects wound healing and may increase healing times. If surgery is performed on bones and joint, smoking may delay bone healing times or lead to a failure of your bones 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 if they feel the risks associated with continued smoking are too high. Nicotine is one of the factors that delay healing, so you should stop taking any nicotine replacement therapies too.

Pre assessment

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, respiratory rate, and oxygen levels) height, weight and a tracing of your heart (ECG) if required. Blood samples and x-rays may also be required.

The NP will also answer any questions you may have. The NP may discuss your assessment with a Consultant Anaesthetist, or you may see an anaesthetist at this appointment. 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.

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 Surgical Admission Unit (SAU) or orthopaedic 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 or another type of walking aid to help you to walk safely. A member of the physiotherapy team will show you how to use these when walking and using stairs.

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 a letter with 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 may be able to drink small amounts of plain still water each hour until your surgery. Nursing staff will advise you on exactly how much water you will be allowed to drink. This is known as SipTilSend process, you will be given a leaflet explaining this process at your pre-assessment appointment. Some patients may not be suitable for SipTilSend. You will be advised at pre-assessment if you are suitable or not.

Please bring in 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, an alternative walking aid, 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.

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 a consultant anaesthetist and your consultant surgeon or Fellow 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 surgery, its risks and benefits have been explained to you.

You may be prescribed 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 anaesthetist.

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 either return to the SAU or, depending on your surgery, a ward for an overnight stay.

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.

Depending on the type of surgery you have you will/may have a dressing and a large bandage or plaster cast on your foot and/or ankle. Nursing staff will review your wounds when they are monitoring your vital signs. You will be given something light to eat and drink.

Discharge home

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

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

You must not drive following your surgery. The duration of non-driving will depend on the type of surgery you have had but this is usually 6 to 8 weeks. However, this will be confirmed by your surgeon. It is advisable to contact your insurance company to 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 driving

If you stay in hospital overnight, you will be reviewed by your consultant or Fellow surgeon the morning following your surgery, and if they are happy with your progress, you will be discharged home.

You will be provided with pre-labelled discharge medication which may include pain killers, anti-inflammatories, anti-coagulants (blood thinners), or antibiotics. Nursing staff will provide you with information on how and when to take your discharge medications.

Wound advice

On discharge you will be provided with post-surgery information in regards to your wound/s, dressings and stitches. Please be aware that it is normal to have swelling and discolouration of your toes for the first 48 hours after your surgery. Your wound/s can appear red, hot or numb to touch or bleed slightly, staining your dressing. In most cases this can be controlled by resting and elevating your foot. However if your wound continues to bleed, discolouration continues or you are experiencing severe pain, even after taking pain killers, contact us on the hospital number detailed below. 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.

Return to work

Returning 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 can discuss this with your surgeon. If you require a fit note for your employers, please discuss this with the nursing staff as soon as possible during your admission.

Will I have an anaesthetic?

Your surgery will be carried out either under sedation or, more commonly under spinal anaesthetic or general anaesthetic.

In addition 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 consultant anaesthetist before your surgery.

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

The types of local anaesthetic nerve blocks commonly used in foot and ankle surgery are described below.

Foot and ankle nerve block

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 14–18 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 up to 14–18 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 and 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
7. shorter recovery period

Can everyone have a foot and 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:

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 hives, 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.
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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

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**

Pain

You will be advised to take painkillers for the first couple of weeks. You may need to take painkillers for longer depending on your operation. You will most likely be prescribed painkillers to start immediately after your surgery, before you go home. You will be advised of how often to take these before you leave hospital.

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, your surgeon may advise you to maintain high elevation for longer than 2 weeks. This is vital to reduce the swelling in your foot and speed up the healing process. Before commencing circulatory exercises, you must check with your surgeon/physiotherapist that you are allowed to move the toes and ankle of your operated leg, as some surgeries, wounds, and/or surgical pins will prevent you from doing so. 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.



Follow-up

Your follow-up appointment will be around 2 weeks after your surgery and any stiches will be trimmed at this appointment. For most surgeries, the stiches are dissolvable and do not need to be removed, however the stich at the ends are tied in knots and will require to be trimmed. This may be back at the Golden Jubilee University National Hospital or by your General Practitioner (GP) practice nurse. Your surgeon will decide where you have your stiches removed depending on your surgery.

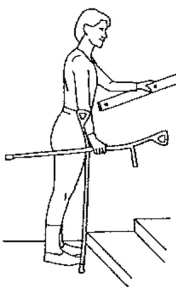
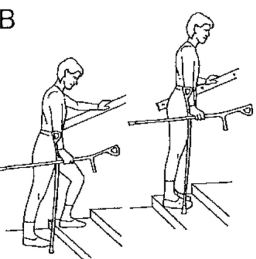
If temporary pins remain in your foot following surgery, please be careful that they do not get caught in bed sheets or catch on steps. You may be advised to keep your protective post-operative sandal or boot on even overnight during your first 2 weeks, to prevent anything catching you wound or any temporary/external pins. This will depend on your type of 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.

We will 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.


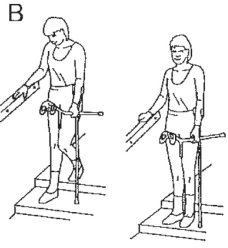
Walking up and down stairs

You may be required to use crutches or an alternative walking aid for a period of time to protect the operated foot and ankle. You will be shown how to use the 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 had. You will be advised by your surgeon and shown how to do this safely by a member of the physiotherapy team.

Walking up stairs

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

Walking down stairs

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

Why might I be given specific footwear?

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

 <p>Heel weight bearing shoes</p>	 <p>Moonboot Post-op shoe</p>
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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

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

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 الطباعة 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 claisinn 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 (आरएफ) में भी उपलब्ध हैं।

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ہماری تمام مطبوعات مختلف زبانوں، بڑے حروف کی چھپائی، بریل (صرف انگریزی)، سنے والی کسٹ یا آپ کی پسند کے مطابق کسی دیگر صورت (فارمیٹ) میں بھی دستیاب ہیں۔



: **0141 951 5513**