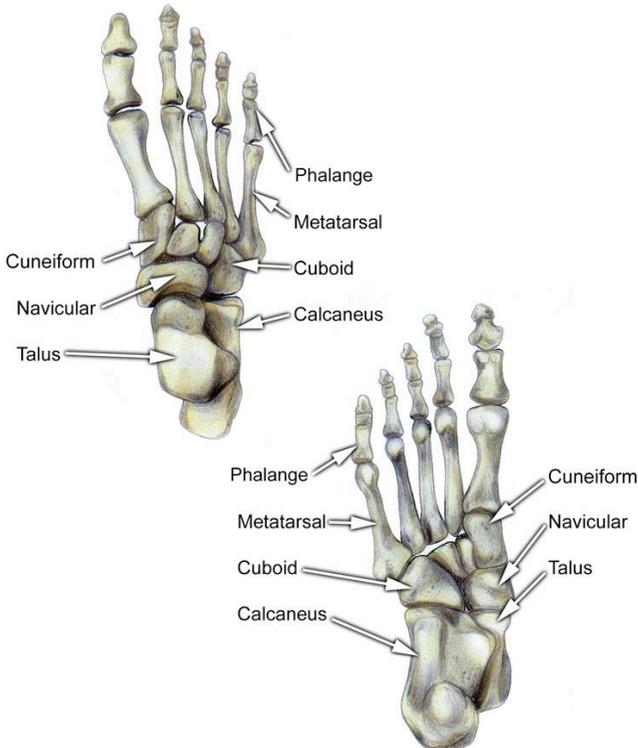


Information about

Foot and Ankle Surgery



Statement of Use

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

The Orthopaedic Foot and Ankle Service in NHS Greater Glasgow and Clyde

Our service provides orthopaedic and podiatric care for a variety of foot and ankle conditions.

Our team includes Specialist Orthopaedic Foot and Ankle Consultant Surgeons and Extended Scope Podiatrists and Nurses. We also work alongside Physiotherapists and Orthotists in caring for patients with foot and ankle conditions.

We carry out many different types of foot and ankle surgery. These include joint replacements, fusion of arthritic joints, deformity correction, and diabetes related foot surgery.

Risks and Benefits of Surgery

The purpose of treatment is to decrease your pain and improve the function of your foot. We do not offer surgery for cosmetic reasons.

The foot and ankle is a complicated area of our body. Many conditions affecting the foot and ankle may cause discomfort. Initial treatment is usually non-surgical, for example physiotherapy, modifying shoe wear or inserts (orthotics) and pain medication. If you have already tried these options we may offer you surgery to improve your symptoms.

The majority of surgeries go smoothly and you will make a steady recovery.

- 3-6 months after surgery most patients will be comfortably mobile

- 6-12 months after surgery you should be noticeably better than before the surgery
- From 12 months you should regain a feeling of normality

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 approximately 10% of cases. Your particular procedure may carry a higher risk of complications and your surgeon will discuss this with you. We discuss complications later on in this leaflet.

Only you know how much the pain that you are suffering how it affects your life. So only you can make the decision whether to have or not have surgery.

Expected Surgical Outcomes

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 3-4 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.

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 1-2 months before your surgery. You can discuss these points at the pre-operative clinic.

Smoking ☹️

Are you a smoker? If so, your smoking will affect your recovery. Try to stop smoking at least 6 weeks before your surgery as smoking can delay healing.

In research studies smoking reduced the blood flow through the smallest blood vessels to as little as a quarter of normal flow and this affects wound healing and may increase 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 supplements as well.

Transportation home from the hospital

We would expect you to make your own arrangements home from the hospital after your surgery. You will need to make these arrangements in advance. Make sure the vehicle is large enough for you to put your foot up on the back seat while sitting and wearing a seatbelt. Please note that Patient Transport is only available for medical conditions that meet strict criteria.

Nutrition

Who will help you shop, prepare meals and clean up in the kitchen? Can you ask a family member or friend? Good nutrition is important to help you make a good recovery from your surgery.

Medications

We will discuss your medications at the pre-assessment clinic. We may ask you to stop taking certain medications such as blood thinners (e.g. warfarin or aspirin) before your surgery.

Certain pain killers known as Non-Steroidal Anti-Inflammatory Drugs e.g. Ibuprofen, Diclofenac have been shown to reduce or slow bone healing. We may advise you to stop taking these after your surgery.

Return to work

This will vary depending on the type of surgery and your job. For example the same surgery may take 2 weeks for an accountant to return to work but 5 months for a construction worker. We can only estimate return to work dates as complications may delay your return to work.

Consider:

- Can you work without bearing weight on the foot? If so pain will be the main limiting factor. It is unlikely that you will return to work within two weeks of the surgery.

- If you have to weight bear at work and have had fusion surgery it will take you a minimum of three months to be able to bear weight comfortably without a cast or boot. It will usually take six weeks after that to be able to return to work.

Return to driving

Depending on the type of surgery you won't be able to drive for a number of weeks or as long as you are in a cast or walking boot. You will need to plan for a period when you are unable to drive.

- You should only return to driving when able to comfortably and safely change gear and carry out an emergency stop.
- Contact your insurance company for further details; all policies vary

Air travel

We would advise against air travel immediately after surgery. We would also recommend that you avoid air travel to a holiday destination for a minimum of 6 weeks after surgery to reduce the risks such as DVT.

Pre-assessment Clinic

Before your surgery we will ask you to attend a pre-assessment clinic. The purpose of this visit is to assess your fitness for surgery, answer your questions and make sure that things go smoothly on the day of your surgery. You may need to have blood tests, further X-rays or a heart tracing (ECG).

The appointment may take a number of hours so please make sure you have paid enough for parking if parking charges apply.

If you miss this appointment we may postpone or cancel your surgery.

Pre-operative review clinic

Before your surgery we may be ask you to attend a clinic to see the surgeon. You may have met the surgeon previously at a clinic or this may be your first opportunity to meet your surgeon. They will review your foot or ankle, X-ray and medical notes and discuss the final plan for your treatment. This is your opportunity to ask any other questions you may have so make a list and bring it with you. You may wish to bring a friend or family member with you.

Patient outcomes

We will ask you to complete a questionnaire regarding your symptoms and treatment before your surgery and periodically after your surgery. This is very important. Your results will help us find out what the benefits of different treatments are, as well as allowing us to compare our results with those of other surgeons to make sure we are providing the best service that we can.

How long will I be in hospital?

Many patients have day surgery which means they do not have to stay overnight.

The average length of stay in the hospital following foot or ankle surgery is between 1-3 days. This is only a guide and individual timelines will vary.

Before the Surgery

Most patients are admitted on the day of their surgery but we may admit you the day before.

Please remove all nail polish.

Make sure that you have sturdy flat shoes to wear on the un-operated side and choose clothing that will fit over your bandage or plaster cast.

A member of the surgical team will visit you before surgery to discuss the surgery, answer any remaining questions you may have and mark the leg to be operated on with a marker pen.

The anaesthetist will also visit. You and the anaesthetist will make the decision about the type of anaesthetic you will have. This decision is based on your medical condition and personal preference. Many patients have local anaesthetic nerve blocks or spinal anaesthesia to numb the leg and we may offer sedation. Others will have a general anaesthetic which means they will be asleep during the surgery.

After Surgery

After surgery we will take you to the recovery room before returning you to the ward.

The nurses will check your breathing, blood pressure,

pulse and temperature regularly as well as check your operated leg.

You may have a bandage or a temporary plaster cast (back slab) on your lower leg. This will be well padded to absorb any blood and allow for swelling.

If your surgery included correction of your toes you may have wires sticking out so be careful! Watch that you do not catch these on bedding or clothing

Your surgeon may recommend that you remain in bed for a period following your surgery. This is to control the amount of swelling.

Mobility

We will give you crutches if you need them after your surgery. Some patients may require other aids or adaptations when they go home.

Mobilising and weight bearing

When you are allowed out of bed we will show you how to use crutches (or a walking frame). It is very important that you follow the instructions about how much weight you may take through your foot and for how long.

- Some patients should not put any weight through their foot until it heals
- Some patients are advised to walk on the heel of the foot only and
- Others may put all of their weight down.

Pain

You should expect to have some pain after surgery on your foot or ankle. We will prescribe you medication to help reduce this and it is important that you take it, as it will aid your recovery. If you feel the medication isn't sufficient, tell the nursing staff and they will arrange for other medication to be prescribed. There are many options for pain relief and we will work with you to find the right one.

Swelling

The best way to control swelling is to keep your foot raised 6 inches above your heart. You can do this by lying flat and placing a pillow under your foot.

While you are in the hospital nurses will check the cast or dressing regularly for swelling.

Numbness

Often you have a local anaesthetic around the nerves of your leg during the surgery. You may notice numbness but no pain until the anaesthetic wears off. Do not worry, this is normal and the numbness can last between 12-20 hours.

Starting pain medication while the foot is still numb should help decrease the overall amount of pain after surgery.

If you have problems with increasing pain or numbness, tightness of the cast, bleeding or if the toes change colour to look white or blue compared to the other

foot please ask us for advice. If you are still in the hospital you should tell one of the nurses or doctors straightaway. If you are already at home please contact your Consultant's secretary via the switch board at your local hospital. Out of hours you should contact NHS24 on 111 for advice.

At Home after Surgery

Minimising your pain

Pain or discomfort usually decreases gradually over the weeks following surgery. It is important to:

- take the pain medication regularly to begin with and
- Rest often and do not push yourself beyond your limits.

If you find your exercises painful it may help to take your pain medications 30 minutes before exercising or going for physiotherapy.

Reducing the swelling

It is normal to have swelling in your foot and ankle after surgery. This gradually improves but can persist for several months, particularly after periods of standing or exercise. Raise the foot above the level of your heart i.e. lie down and place a pillow under your foot. You can also apply an ice pack (e.g. frozen vegetables) wrapped in a towel. Do not place the ice pack directly on to your skin.

Keep your dressing or plaster cast dry

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.

Caring for your wound

Leave your dressing or cast in place until we remove it or change it in the clinic.

Keep your wound dry until the wounds have fully healed and we have removed any wires.

Do not apply creams to your skin during this time.

If your stitches need removed this is done 10 to 14 days after your surgery usually by a nurse at our clinic or at your GP practice.

We remove any wires between 3-6 weeks after the surgery at our clinic. After we remove the wires, you need to keep the foot dry for a further 24 hours.

Check for possible problems

See a doctor immediately if:

- Swelling continues to increase despite raising the foot
- Pain worsens and pain medications don't help
- Your temperature goes up for more than 4 hours
- You develop chest pains or shortness of breath
- You develop new numbness in your operated leg

- You develop pain and tightness at the back of your leg
- The toes on the operated foot become white or blue when compared to the other leg
- You notice an offensive smell or discharge from under your cast or bandage

Follow-Up Appointments

We will give you your first follow-up appointment before you go home.

Most patients require an appointment at the Nurse-Led clinic at 10 to 14 days after their surgery. At this appointment we will check your wound and remove any stitches or staples.

If you have a temporary cast we will replace this with a full cast or a removable walking boot.

Most patients will then have a second appointment at 6 weeks following surgery and may require regular appointments after this depending on the type of surgery. This may be at the nurse-led clinic, podiatry clinic or orthopaedic clinic depending on the type of surgery and specific treatment. We may also refer you for physiotherapy. We may also send you for X-rays at these appointments.

Complications

Temporary problems

Most of these do not affect the long-term functional outcome of the surgery. These include:

- Delay in wound healing
- Wound tightness or sensitivity (once the wound heals massaging and moisturising the area will help these symptoms)
- Wound infection
- Delay in bone healing
- Stiffness

Some problems may require further surgery. These include:

- Delay in bone healing
- Painful screws or metalwork.
- Wound problems requiring surgical cleaning or plastic surgery
- Loosening or wear of a joint replacement
- Healing of a fusion or a correction in the wrong position

Some less likely complications may cause long term problems*. These include:

- Chronic Regional Pain Syndrome (overactive nerve or pain response after the surgery)
- Nerve damage during the surgery (partial nerve injury – burning or tingling, complete nerve injury – numbness)
- Failure of the bones to join (Non-union).
- Infection in the bone

- Infection in a joint replacement (this will require revision surgery)
- Damage to the blood vessels of the operated leg.

*On occasion 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:

- Heart attack (this risk applies predominantly to patients with previous heart problems)
- Chest infection
- Reaction to the anaesthetic
- Blood clots. These are rare after foot and ankle surgery. It is very important to tell your surgeon if you have had previous deep vein clots. Some patients will require preventative medications.

Smoking - Patients who continue to smoke have a higher risk of complications following their surgery.

Further Information

If you have any questions please contact your Orthopaedic Consultant's secretary via the hospital switchboard.

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