

Preparation for Foot and Ankle Surgery

Your surgery will occur in our main building at Hospital for Special Surgery located at 535 East 70th Street, between York Avenue and the FDR Drive. Surgery is either ambulatory or same day

Ambulatory means you will have surgery and go home that day following a brief stay in the recovery room. The entire process from surgery to recovery will vary but can take anywhere from 4-8 hours. New York State (NYS) Law requires that Ambulatory Patients have an escort to take them home.

Same Day means that you will be admitted on the same day and stay in the hospital one or two nights following surgery.

The category your surgery falls into depends upon your surgeon and your personal needs, and may be influenced by your insurance company. Some procedures have insurance pre-certification requirements and are scheduled as ambulatory cases, but may need to be changed to same day based on recovery and need. This should be discussed with Dr. Deland's office staff.

Pre-Surgical Screening

Once you have scheduled a surgery date, you will be given specific instructions on how to prepare for your surgery.

Pre-Admission Testing

You will be instructed by the Dr. Deland's office staff if you require pre-admission testing. All tests must be completed within 10 to 14 days prior to surgery.

This pre-surgical screening is determined by Dr. Deland and may be done at HSS or an outside facility. If you are going to be admitted to the hospital for a few days you will need the clearance exam to be provided by an HSS medical physician.

Stop Taking Aspirin or Non-Steroidal Anti-Inflammatory Products

Some medications, herbal preparations, and nutritional supplements can interfere with the anesthesia and surgical process, as they can alter your normal bleeding and clotting as well as increase the risk for problems with wound healing.

- Do not take aspirin or products containing aspirin for 1 week prior to your operation.
- Stop taking non-steroidal anti-inflammatory products such as ibuprofen (Advil and Motrin), Naproxen (Aleve), or Cox 2 inhibitors (Celebrex or Mobic), 4 days before your procedure.
- Tell your medical doctor if you are on any rheumatoid arthritis medications, Prednisone or other steroids, hormone replacement therapy, or birth control pills.
- Do not take any 'natural' or herbal preparations for 1 week prior to surgery.
- If pain medication is needed you may take Tylenol (acetaminophen) or a pain medication that is prescribed by your doctor.
- Do not resume any of the above medications following your surgery until directed by your doctor.

Smoking Cessation

The use of nicotine products (i.e., cigarettes, cigars, gums, or patches) has been shown to increase risk of complications following surgery. They can inhibit bone and wound healing by decreasing blood flow to the surgical site. They can also increase the risk of deep vein thrombosis (a.k.a. blood clots). Please discuss smoking cessation with your doctor.

Pre-Surgical Phone Call

A Registered Nurse from the hospital will call you between 1 pm and 7pm the day before your scheduled surgery (or on Friday if scheduled for Monday) to tell you the time and place to arrive at HSS. The nurse will also discuss your specific preparations for surgery, review your diet instructions, verify your escort arrangements, and answer any questions you may have. If you have not heard from us by 7 pm the day before your scheduled procedure, please call us at (212) 606-1710 and tell the staff that you are waiting for your pre-surgical phone call.

Fasting Instructions

No solid foods after midnight. You may drink clear liquids up until 6 hours prior to your surgery (ginger ale, water, apple juice).

Planning for Help at Home After Your Surgery

Arrange for someone to stay with you at home or to be available for at least 48 hours to assist you with daily activities. You should ask Dr. Deland about driving after surgery as some patients may be restricted for 2 weeks and others up to 3 months.

After Foot and Ankle Surgery

Please follow the detailed instructions provided to you from the nurse upon discharge. Many of the functional limitations that you are experiencing in recovery will continue post-operatively. If you live alone and receive deep or moderate sedation, you should make arrangements for someone to stay with you and help you during your initial recovery.

Keep in mind you will need to elevate your operative leg above the level of your heart (80% of the day). Most patients are NON WEIGHT BEARING, but some are foot flat weight bearing status on the operative leg for the first 48 hours. Dr. Deland will provide specific instructions. You will likely need assistance at home for at least 48 hours as discomfort and your weight bearing status will initially limit mobility.

Pain Management at Home

Elevate your operative extremity to a level slightly above the heart while sitting. Take your pain medication as prescribed by your physician. Take it before the pain becomes too severe. It is more difficult to treat severe pain once it is established.

In the event that the pain medication does not work or you are experiencing unpleasant side effects, or your symptoms worsen, do not hesitate to call Dr. Deland's office.

- DO NOT drink alcoholic beverages or use "recreational" drugs when taking pain medication.
- Avoid taking pain medication on an empty stomach. Have something to eat first to reduce the risk of experiencing the unpleasant side effects of nausea.
- You may get lightheaded after taking pain medication. Move slowly when getting up from lying to standing position.

- Take your pain medication 30-45 minutes before doing your prescribed exercises.
- Drink a lot of water (at least eight 8oz. glasses per day) to keep yourself well hydrated after surgery and to prevent constipation.

Surgical Site Care

- Keep your surgical site area clean and dry at all times. Do not put tight clothing over it.
- Keep the surgical site dressing on; follow the specific instructions provided by the nursing staff on your discharge instruction form.
- Your sutures (stitches) and remaining steristrips will be removed during your first postoperative visit with Kristine, usually about 10-14 days after surgery.
- Discuss with Dr. Deland's office when you may shower.

Prevention of blood clots (also known as phlebitis or deep Vein Thrombosis (dVT))

Although the risk of developing a blood clot is very low following foot and ankle surgery, multiple steps are taken to reduce those risks even further. Remember to let Dr. Deland know if you have been using nicotine products, hormonal replacement therapy, or birth control pills as they can increase your risk for clots and may require modifications to your treatment plan. Dr. Deland will choose the most appropriate preventive measures for you but some examples are outlined below.

Physical Therapy

It is critical that you understand that motivation and participation in your physical therapy program is a vital element in the success of your surgery and your overall recovery. It is imperative that you play an active role in your recovery and rehabilitation from the start!

Dr. Deland will recommend the appropriate physical therapy regimen.

Above are only highlights from "A Patient's Guide to Foot and Ankle Surgery" please be sure to read the entire booklet before you surgery by clicking [here](#).

If you are having surgery to address one of the conditions below please read the appropriate guide:

Big Toe Arthritis (Corrected by cheilectomy)

Bunion (Corrected by 1st metatarsal osteotomy)

Bunion (Corrected by metatarsal-tarsal fusion)

Posterial Tibial Tendon Deformity (Adult Acquired Flatfoot)

Ankle Arthritis (Corrected by an ankle fusion)