

HOSPITAL
FOR
**SPECIAL
SURGERY**



Your Pathway to Recovery

A Patient's Guide to Foot and Ankle Surgery



First Edition
Patient Education Series

**Your Pathway to Recovery:
A Patient's Guide to Foot and Ankle Surgery**

Developed by:

Members of the Patient Education Council

HSS Foot and Ankle Service

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The HSS Approach to Foot and Ankle Surgery

At Hospital for Special Surgery (HSS), we believe that patient and family education is a critical component of providing excellent patient care. We designed this booklet to help guide you and your family through the journey from the pre- to post-surgical phases of care. Our objectives are the following:

1. To help prepare you for your surgical experience and hospitalization.
2. To prepare you for initiating and maximizing your recovery at home following your procedure.

The members of the Foot and Ankle Service at HSS perform approximately 2,100 foot and ankle procedures each year.

We are proud of our specialized, multi-disciplinary foot and ankle teams, which consist of orthopedic surgeons, anesthesiologists, physician assistants, registered nurses, physical therapists, nutritionists, social workers, and research scientists. These teams are the leaders in research, surgical techniques, rehabilitation, and nursing care for foot and ankle injuries. The teams work together to provide a quality experience for the patient, utilizing the best technology, rehabilitation techniques and educational methods with the goal of returning your individual foot or ankle to its pre-injury activity state as quickly and safely as possible.

This booklet is a general guide to your foot and ankle surgery. It will take you through your post-operative care and specific rehabilitation needs. The foot and ankle population presents with an array of conditions requiring different surgical procedures; therefore, not all patients have the same exact needs and considerations. Each foot and ankle surgery patient is treated on an individual basis with specific care during their hospital stay and throughout the recovery period. Additional materials and more detailed instructions will be provided through your surgeon's office staff.

You can achieve optimal post-operative results by taking an active role in your own recovery and interacting continuously with the HSS Foot and Ankle Surgical Team. Long lasting benefits of your surgical procedure depend on your commitment to participating in your rehabilitation program and your continued commitment to follow what the team has taught you.

This booklet helps provide a framework for your participation. Understanding the information will allow each patient to plan ahead and have a successful surgical experience. We feel strongly that you and your family or home care helpers should read this booklet carefully before surgery and refer to it during the surgical process.

Sincerely,

The HSS Foot and Ankle Team

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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 your surgeon'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 surgeon's office staff if you require pre-admission testing. All tests must be completed within 10 to 14 days prior to surgery. The following are some of the pre-admission tests that may or may not be needed:

- a) Blood samples or specimens
- b) Medical examination to "clear" you for surgery
- c) Electrocardiogram (EKG)
- d) Chest x-ray (CXR)

This pre-surgical screening is determined by your surgeon 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.



MANDATORY

NYS Law requires that an escort take you home from your ambulatory procedure. You can not drive yourself after ambulatory surgery. If you do not have an escort to take you home when you check in, you risk having your surgery cancelled. Please be sure to make arrangements for your escort.

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 1PM 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 7PM 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 2 hours prior to your surgery (ginger ale, water, apple juice).

Showering or Bathing Prior to Surgery

The majority of our patients shower or bathe the morning of surgery. Some shower the night before, but it is important to shower or bathe prior to your arrival for surgery. You may use deodorant, but do not use body lotion on the surgical day.

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 your surgeon about driving after surgery as some patients may be restricted for 2 weeks and others up to 3 months. (This will vary and depends on the type of surgery, what foot is operated on and if you drive a manual or automatic vehicle.)

Ask your surgeon about obtaining a temporary handicap parking sticker. Your local department of motor vehicles can provide an application form, but if you are a NYS resident you can retrieve the form online at <http://www.nysdmv.com/forms/mv6641-mv6643.pdf>.

Physical Therapy Planning Before Surgery

Some patients will need instructions and training to walk with an assistive device without putting weight on the operative leg. A session may be scheduled with a physical therapist to familiarize you with helpful equipment that can be used post-operatively and allow for your questions to be answered. This pre-operative training session is an excellent way to learn how to prepare your home environment to meet your individual needs. The pre-operative physical therapy assessment and training session will be scheduled through your surgeon's office, if appropriate. Please note that some insurance companies may not authorize coverage for this assessment.

You Should Have a Plan for When You Go Home

Plan ahead...know how you are going to get around after surgery as you will likely not be able to put weight on the operative leg. You should understand your expectations and limitations.

1. Will I be using a cane, crutches, or walker?
2. Will I need a wheelchair?
3. Will I use a knee walker?
4. How do I get the needed equipment?
5. Will I need a pre-operative physical therapy assessment and training session?

Your surgeon will discuss and provide specific instructions for you as it relates to the above equipment needs and will recommend a pre-operative training session, if necessary. Most medical equipment will be either prescribed before the surgery or provided at the hospital during the day of surgery.

Samples of equipment you may need:

Wheelchair with
Elevating Leg Rest



Knee Walker



Turning Leg Caddy



Shower Stool



What to Bring to the Hospital

- Health care insurance card
- One form of legal picture identification
- Prescription medication card
- One credit card
- Diagnostic testing results if not performed at HSS: x-rays, lab work, MRIs
- Any pre-op assistive device that has been prescribed and provided to you such as cane, crutches, braces, splints, and/or immobilizers
- A small bag for your belongings
- A book, magazines, or music for relaxation

For patients who have Sleep Apnea and use a Sleep Apnea device:

- Please bring your mask attachment and a record of the settings you normally use. Please **DO NOT** bring the CPAP machine, just the mask attachment. Patients with sleep apnea are generally required to stay overnight in the hospital to be monitored and observed.

For patients under the age of 18:

- Please bring an immunization record.

We encourage you to NOT bring the following:

- Rings, jewelry, cell phones, MP3 players or large amounts of money. Although we respect your property rights, the hospital staff can not guarantee the security of your personal property.

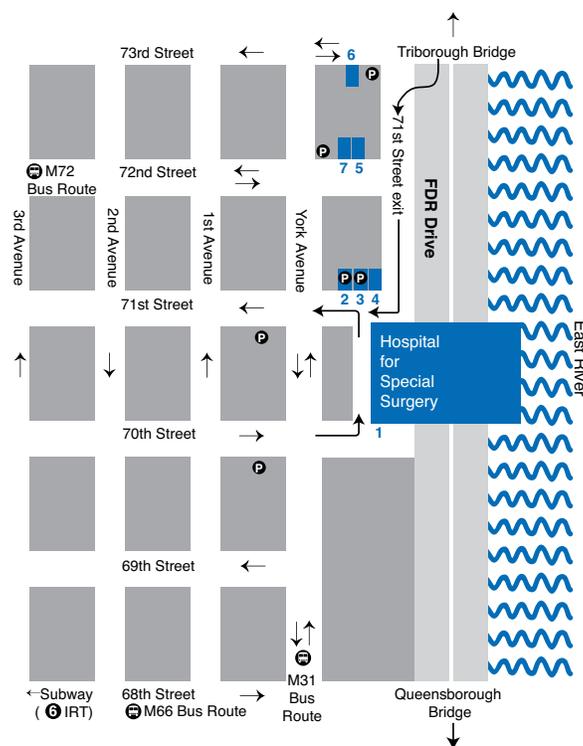
Your Day of Surgery

What to Wear to the Hospital on the Day of Surgery

Please wear loose, comfortable clothing that will fit around a bulky dressing. Sweat pants without the elastic bottoms or a pair of shorts work well. You will be provided a hospital gown. You are allowed to wear 100% cotton underwear during your procedure. You may want to bring in a short robe in case you stay overnight in the hospital. Please wear a supportive shoe for the good (un-operated) foot during your physical therapy sessions. Supportive non-slip shoes with rubber soles are safest.

How to Get to the Hospital and Parking

If you are traveling by car, you can be dropped off at the main entrance of the hospital driveway between 70th and 71st Streets. A parking garage is located across the street on 71st Street, in our Belaire Building. See the map below for details. Major credit cards are accepted. The cost of parking is approximately \$34.00 per day, but may vary.



Where to Go on the Day of Surgery

You and your family will be provided instructions on what time and where to report in the hospital. Most foot and ankle surgeries are performed in the 1st floor Hand and Foot Center, but some are also performed on the 4th and 9th floors of the main hospital building. Once you register with the admitting team, you will remain in the waiting area until the staff calls for you. Once you are called, you will be brought to a pre-surgical unit to get ready for the surgery. Your belongings will be locked in a safe place and will be returned to you once your surgery is completed. Your family may stay in the designated waiting room for that area.

1. In the pre-surgical unit you will be greeted by the nursing staff and a physician assistant. You will be asked to change into a hospital gown. Your clothes and personal possessions will be labeled and secured by our staff.
2. Next, the nursing staff will take your temperature, pulse, respiratory rate, and blood pressure (all your vital signs). They will review your patient records. Your surgical site will be shaved and washed with antiseptic soap. Our physician assistant will review your medical history and perform a physical exam.
3. **Mandatory Pregnancy Test:** All female patients who are in their childbearing years will have a pregnancy test performed on admission prior to the surgical procedure.
4. Once ready for surgery, you will be introduced to your surgical team. This team includes the surgeon, nurse, surgical assistant, anesthesiologist, and assisting physicians. Each member of this group will have already reviewed your medical history in light of their own role in your surgery. They will discuss key aspects of your health as they relate to your surgery. This is an excellent time for you to ask any additional questions about your surgery that you may have thought of since your last visit or consultation with your physician.

5. **“Sign your site”:** For your safety, hospital policy requires that your surgeon initial the surgical site to be operated on. Two other team members will also confirm the site before the surgery begins. Your identification will be confirmed with the arm band which contains your name and date of birth. Verification of your surgical site will be documented on your Operative and Anesthesia Consent Form.
6. An intravenous (IV) infusion will be started by your nurse. The IV line provides a route for fluids, anesthetic sedatives, antibiotics, and other medication, as necessary.

Family Support While Waiting: Patient Liaisons

In our continuous effort to enhance the quality of care received by the patient, the Ambulatory Surgery Center (9th Floor), the Hand and Foot Center (1st Floor), and the Family Atrium (waiting area on the 4th Floor) provide family members and friends with a patient liaison. The primary function of the patient liaison is to advocate for patients by serving as an intermediary between physicians, nurses, patients, and their families. The patient liaison is available to answer any questions that may arise regarding the status of a patient's care. To prepare patients for their stay at HSS, the liaison will provide a tentative timeline for the day, as the process from admission to discharge can take an average of 6 hours. The patient liaison will make every effort to communicate with all of our patients and family members, so please feel free to approach him or her with any questions you may have.

It is not necessary for family and friends to stay at the hospital for the entire day. We encourage family members to leave a contact number with their patient liaison and surgeon while they are away from the hospital, so the surgeon can reach them in the event they leave the waiting area and are not present at the end of surgery.

Introduction to Regional Anesthesia for Foot and Ankle Surgery

The anesthetic management of your surgery is an important component of your surgical experience. All HSS anesthesiologists are Board Certified or Board eligible and offer comprehensive peri-operative services. Your anesthesiologist is involved in all aspects of your care, including the pre-operative evaluation of your specific needs, managing your physical status during the operation, post-operative care, and pain management.

Overview

On the day of surgery, your anesthesiologist will meet with you to review your medical history, discuss the type of anesthesia you will receive, and outline the plan for your operation and recovery. Most patients undergoing foot and ankle surgery do very well with some form of regional anesthesia. Regional anesthesia refers to highly specialized techniques designed to provide a partial or total loss of sensation to a specific part of the body. Examples of this type of anesthesia are a “spinal,” an “epidural,” or a “nerve block.” A regional anesthetic produces anesthesia (elimination of feeling or pain) in a given region of the body – for foot and ankle surgery the lower part of your body, your leg, ankle or foot, can be affected.

Typically, the anesthetic techniques used for foot and ankle surgery are done in two parts: a regional anesthetic and intravenous sedation. Before receiving the injection for regional anesthesia, you will be sedated to minimize the pain from the injection and reduce any anxiety or tension. It is likely that the sedation provided will cause you to forget that the procedure was even performed. Once you are sedated, your anesthesiologist will administer regional anesthetic such as a popliteal or ankle block, sometimes in combination with a spinal or epidural. A major reason for adding these blocks to your

anesthetic is to minimize post-operative pain. Regional anesthesia is often preferred over general anesthesia for foot and ankle surgery. General anesthesia is typically associated with more uncomfortable side effects such as nausea, vomiting, and a sore throat. General anesthesia may require a longer recovery time after surgery.

Administration of Regional Anesthesia

- **IV line inserted:** Before administering any regional anesthetic it is necessary to have an IV line in place. Your IV line provides a route for fluids, medications, sedatives, and antibiotics.
- **Initial sedation:** In the Operating Room (OR), you will be sedated (via medication given in the IV) to reduce possible anxiety and tension and to minimize discomfort during the administration of the regional block.
- **Regional Block:** If the anesthesiologist is planning to use a popliteal nerve block or an ankle block the area on your leg or foot will be cleaned with an antiseptic solution. Once the correct area is found a long acting anesthetic will be injected to “numb up” the nerve. The anesthesiologist may also need to inject a small amount of local anesthetic near your lower spine. This spinal or epidural block is performed by placing a thin needle into your lower back and injecting some local anesthetic into the spinal fluid. Because of the initial sedation and local anesthetic, you will feel very little, if any, discomfort when this is done. You will gradually lose feeling in your legs and the surgical site will feel numb.

- **Monitoring:** Your anesthesiologist will monitor your condition throughout the procedure, continually observing your EKG, blood pressure, oxygen saturation, and possibly temperature. Additional IV lines may be placed based upon your medical history. The level of sedation and anesthesia will be kept at the minimal necessary level based on your preferences and your surgical condition, allowing you to awaken quite soon after surgery. After surgery, you will wake up in the post-anesthesia care unit (PACU) to recover and will remain there until you are ready for discharge.
- **Your recovery:** The PACU team will monitor your safe recovery from the effects of anesthesia. The effects of the nerve blocks can last 12-24 hours into your recovery period. You may notice that your foot feels numb or tingles slightly. The length of time that the blocks last depends on the type of surgery you have had, the medications used, and your metabolism. While nerve blocks are very effective for pain relief, it may also be necessary for you to take oral pain medications. You will be asked to rate your pain on a scale from 0 to 10, 0 indicating that you are not in pain and 10 indicating that you are in the worst pain ever. The nurse will assess your pain and administer your first dose of pain medication. You will be given a pain medication prescription to take home. Fill the prescription and realize that you should take the pain medication as the numbing medication begins to wear off and before the pain worsens.
- **Transferring to inpatient stay:** In some cases your surgery may require you to stay overnight at HSS. If this is the case, your surgeon may request that the anesthesiologist provide more powerful pain medications. This may be accomplished by inserting a thin tube near your nerves, and slowly infusing numbing medicine. A special infusion pump will administer a continuous flow of local anesthetic through this catheter to help reduce the amount of pain you experience. If you remain in the hospital for a few days, you will be seen by the Acute Pain Service team.

- **Pain Management:** Whether or not you stay in the hospital or go home, you will be provided with oral pain medicine, usually prescribed for every 4 hours as needed. It is important to follow your doctor's and nurse's instructions with regard to this medication regimen. You should begin to take the medication before the pain begins. Every effort is made to minimize your discomfort. Keeping your foot elevated and taking your pain pills are steps you can take to help reduce pain. As your anesthetic wears off you can anticipate some pain at the surgical site. You will be provided with a prescription for pain medication which should be filled as soon as possible. An anti-inflammatory medication may also be prescribed to help reduce inflammation that can result in pain and discomfort. Please check with your surgeon before taking these medications on your own as they may not be recommended in all cases.

Additional information on regional anesthesia techniques can be found on our website on the Anesthesiology page: www.hss.edu.

Choosing to “Sleep”

If you would like to be completely unaware of the surgical procedure, let your anesthesiologist know when he or she first talks to you. You will be given a sedative through the IV line, sleep during the operation and awake in the PACU.



Recovery Phase

In the recovery room the nursing staff will provide the necessary care for you and will monitor your return to full awareness. In order to be discharged from the recovery room to home you must be able to:

- Safely stand up and walk without feeling dizzy or lightheaded
- Urinate without difficulty
- Tolerate food and fluid
- Be evaluated by a physical therapist and be deemed safe to walk independently.

We do not fill prescriptions at the hospital. Your nurse will be happy to provide a list of the local pharmacies that can fill your prescription.

Positioning and Elevation to Reduce Pain and Swelling

A strategy to reduce discomfort and swelling is proper positioning with elevation. The operative foot should be maintained in a horizontal or slightly elevated position (above the level of the heart).

Rehabilitation

While in the recovery room, you will be visited by a physical therapist to begin your rehabilitation program. The physical therapist will evaluate and provide you with an appropriate device (cane, crutches, walker or rolling knee walker) and instruct you on how to use it. If you have a cane or crutches you should bring them with you to the hospital. If your surgeon requested that you have a wheelchair or rolling walker, you will be given a prescription for them (usually earlier in the process during the office consultation). These devices can be purchased from your medical supplier. **DO NOT** bring the wheelchair or walker to the hospital.



At Home 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. Your surgeon 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.**

Some Helpful Hints

Organize your daily routine so items like cookware, food, and clothing are easily accessible.

Dressing

Put your operative extremity (foot or ankle) into the clothes first when you get dressed. When getting undressed, take your operative extremity out last.

Food Preparation

Make arrangements before your surgery if possible. Anticipate your need to eat healthy and nutritious foods that are easy to prepare. Arrange for someone to assist you at mealtime. How long your recovery will take depends on your personal goals, your general physical condition, and the nature of your surgery. The most critical period is the first few days and weeks, as you move toward achieving these goals.

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 your surgeon'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 steri-strips will be removed during your first post-operative visit with your surgeon, usually about 7-14 days after surgery.
- Discuss with your surgeon 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 the surgeon 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. Your surgeon will choose the most appropriate preventive measures for you but some examples are outlined below.

Exercises

You may be instructed to bend and straighten your knee (flex and extend) multiple times throughout the day.

Medications

You may be instructed to take a blood thinning medication:

- Some patients may be instructed to take aspirin.
- Some patients may be instructed to take Coumadin, which will need to be monitored with blood tests and followed by your medical doctor.
- Some patients may be instructed to take Lovenox, which is a self-administered injection.

You may take one of the above medications and it is very important that you speak with your surgeon about this decision.

Common Post-operative Reactions

As you might expect, your body will react to surgery in one or more ways:

- Low grade fever (approximately 100.5°F) for up to one week
- Small amount of blood or fluid leaking from the surgical site
- Bruising along the surgical extremity
- Swelling of the surgical site and surrounding area

The reactions listed above are normal, but you may want to call your surgeon if any of these reactions persist.

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!

Your surgeon will recommend the appropriate exercise regimen.



Tips for a Successful Recovery at HSS...

Physical Therapy

- Physical Therapy after a foot/ankle procedure is based on the type of procedure and recommended at your surgeon's discretion.
- A Physical Therapist will see you after surgery to review walking and issue an appropriate walking device if needed.
- Physical Therapy, if recommended, usually begins a few weeks post-op.

Patient Safety and Falls Prevention

- We recommend that you always ask for assistance when getting out of bed while in the hospital.
- HSS has developed a Safety and Falls Prevention pamphlet that you should read. If you don't already have one ask your nurse or therapist for a copy.

Pain Medication

- Take pain medication as directed by your surgeon.
- While in the hospital, you must ask your nurse for pain medication.

Precautions

- Elevate your leg! This is critical in order to minimize swelling.
- Usually for the first 2 weeks, follow the 80/20 rule. You should have your leg elevated 80% of the time. Your leg will be down when you are walking or when going to the bathroom. You may sit out of bed in a chair for meals but have your leg elevated on a chair or an ottoman.

Tips for Transferring

- Avoid sitting in low, soft chairs, such as sofas, recliners, etc.
 - Plan ahead of time to have chairs in appropriate places at home.
- Car transfers and traveling by car:
 - Lie in the backseat with your operated leg elevated on two pillows.
 - Enter a SUV from the curb to make it easier to get into the car.
 - Do not resume driving until you have your surgeon's permission.



Elevate your leg on two pillows to keep it above the heart.

Recovery at Home

During the first few weeks at home you will begin to adapt what you learned in the hospital to your own setting. You will need to prepare your home for your recovery prior to your surgery.

- Store items within easy reach. Take items you may need out of low cabinets or shelves because you will not be able to reach them after surgery.
- Prepare meals ahead of time and store them in the freezer. Have your favorite home delivery numbers handy!

Safety Checklist

- Reduce clutter
- Remove loose wires and cords
- Anchor rugs to the floor and make sure they are smooth
- Place non-skid tape or mats at the sink
- Use a night light in the bathroom
- Turn on lights when you get up at night
- Secure rugs and treads on the stairs
- Clean up spills immediately

Showering / Bathing

You may shower if you protect your primary dressing and/or incision(s) with a waterproof cast cover or plastic bag. If you are not allowed to put full weight on your operated leg it may be useful to rent a shower chair. It is NOT SAFE to stand and balance on one leg and shower.

You may be permitted to shower once your staples/sutures and cast are removed. If you have any questions about showering please speak with your physical therapist in the hospital to address your concerns.

Safety Tips for Showering

- You may want to consider installing handrails into your shower to increase safety and ease of entry.
- The most important handrail is the one that goes on the inside wall.
- Before you enter the shower make sure your toiletries and towels are within reach.
- Sitting on a shower chair or plastic chair in the shower is safest.
- Leave your assistive device within reach.

Using a Shower Stall

- The ideal shower facility is a shower stall with a low lip to step across.
- Use your assistive device or safety handrails to help step over the lip.
- Keep your assistive device within reach.

Dressing

For the first 10 to 14 days following your operation, your primary dressing will remain on the operated leg. You will not be able to put socks on your operated leg. Depending on the size of your primary dressing or cast you may be able to wear slacks or jeans. Shorts, skirts, and pants that stretch will work best. When getting dressed, always apply pants or shorts onto the operated leg first, pull them as high as they go, then dress the un-operated leg.

Stairs

You will be taught how to properly go up and down stairs by your physical therapist prior to being discharged home. It is helpful to have a handrail to hold onto when going up and down the stairs for safety after surgery. Think about your stairs at home and make sure they are safe prior to surgery so that proper arrangements can be made.

One Operated Foot/Ankle

Upstairs:

1. The good leg goes first
2. Operated leg goes second
3. The cane and crutches go last

Downstairs:

1. The cane or crutches go first
2. The operated leg goes second
3. The good leg goes last

Bilateral Operated Foot/Ankle(s)

Upstairs:

1. The stronger leg goes first
2. The weaker leg goes second
3. The cane and crutches go last

Downstairs:

1. The cane or crutches go first
2. The weaker leg goes second
3. The stronger leg goes last

Your return to activity should be gradual. Try to avoid doing too much too soon. If you are unsure about “how much is too much,” speak with your physical therapist or surgeon for some guidelines or suggestions.

If you have protective weight-bearing status and were instructed by your surgeon to limit the amount of weight you can put through your operated leg, then you **MUST** use your assistive device until you are told you can resume full weight-bearing on your operated leg.

Physical Therapy or exercises are usually **NOT** prescribed immediately after surgery. Your surgeon will alert you as to when you may begin out-patient physical therapy, if needed.

NOTE! You may find that your operated leg may swell and/or ache more once you have gone home. This is normal and occurs because of your increased activity level.

As always, if you have any questions or concerns call your surgeon’s office.



Upstairs



Downstairs

Follow up Appointment

You will receive post-operative instructions about follow up care that relates to your specific surgery. Most surgeons of the HSS Foot and Ankle Service want you to return to the office about 7 to 10 days after the surgery. You should call the surgeon’s office to arrange for an appointment. Please communicate with the surgeon’s office and contact them with any questions or concerns.

We hope that you found this booklet helpful as a guide to your recovery from foot and ankle surgery here at Hospital for Special Surgery.

HOSPITAL
FOR
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SURGERY**



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