

Preparing for foot and ankle surgery



Information for patients

Orthopaedics



PROUD TO MAKE A DIFFERENCE

SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST



Introduction

The aim of this booklet is to help you and your family understand what to expect if you are having foot and ankle surgery. This booklet will help to answer some of the questions you may have about the treatment and care that you will receive. However, it may not answer all of them.

Please ask a member of the nursing or medical team if you have any further questions.

Should I have surgery and what are the alternatives?

Foot and ankle problems can be treated in many ways without having an operation. These include:

- Custom-made insoles and/or shoes
- Physiotherapy and exercises
- Medicines and injections
- Change in activity level

Surgery may be offered if these treatments are unlikely to help or have failed to improve your symptoms. You will only be offered an operation if these have not been successful.

Surgery is usually after non-surgical treatment has been tried.

What are the benefits of surgery?

We hope that your operation will improve how your foot and ankle work. Once you have recovered from the operation, your pain should get better and you should be able to walk more easily. The success rates of surgery are generally high.

What are the risks involved in undergoing foot and ankle surgery?

Complications related to the operation site:

- Bleeding, bruising, swelling (long term)
- Infection and wound breakdown
- Damage to blood vessels that may require surgical repair or result in poor circulation that may lead to loss of tissue or toes or the foot
- Persistent tenderness or sensitivity near scars or ugly scars
- Damage to major nerves leading to absent, abnormal or painful sensations or local weakness or paralysis of the foot or ankle
- Complex regional pain syndrome (unpredictable pain, stiffness and circulation changes)

Your surgeon will discuss any complications that are specific to your procedure.

General complications:

- Heart attack
- Stroke or mini-stroke
- Blood clots in leg veins (Deep Vein Thrombosis) or lung (Pulmonary Embolus)
- Stomach / bowel ulceration (in response to 'stress' of surgery)
- Chest infection
- Allergic reaction to drugs or blood transfusion
- Temporary worsening of diabetes
- Protecting the foot after surgery can put additional strain on other joints e.g. hip and back

These complications are fortunately rare and all measures to minimise the risks of these are taken.

Your surgeon will explain the risks that are involved with your surgery. Occasionally, even operations with predictably excellent results can result in a poor outcome when a complication occurs. We cannot always predict which patients will get a complication, but we can look for the conditions that may increase the chances of a complication occurring, such as diabetes or smoking.

It is for you, the patient, to decide what level of risk you are prepared to accept. Your surgeon will use their knowledge of your risk factors, the surgical procedure and their experience to help you make an informed choice as to whether to proceed with surgery.

Your surgeon will talk you through the operation and the most relevant complications that could potentially occur.

What about consent?

You will be asked to sign a consent form, which will explain all of the risks involved with your operation. The chance of problems occurring depends on the type of operation and your general health. The surgeon will explain how these might affect you before your operation. If you require further information please ask.

Although your doctor may have suggested that you have an operation, the decision is yours. This must be made after you have thought about the benefits of the operation, the risks and any alternatives.

Is there anything else I should consider?

The operation should help you to cope with day to day activities. However, it may change the way your foot or ankle works forever. For some people the recovery period can take many months. It is unusual for the foot to be perfect when it comes out of bandaging or plaster and, in general, it takes 12-18 months before the final outcome is appreciated.

For some conditions, there may be no operation available to reliably improve your symptoms, in these cases surgery may carry unnecessary risks.

In cases of extreme suffering you may be offered surgery even when the chance of success is poor. However, this would only happen after a thorough discussion with you and your acceptance of the increased risks of undergoing surgery.

Specific advice to consider before your operation includes:

Smoking

If you are a smoker, you should seriously consider stopping completely before having a general anaesthetic and surgery. Smokers have more complications after surgery with a much higher risk of:

- wound breakdown
- wound infection
- deep vein thrombosis (DVT- a blood clot in the leg)
- failure of bony operations.

The risk of complications and failure is so high after certain operations that your surgeon may be reluctant to perform it without evidence of you stopping smoking. If you wish to give up smoking we strongly recommend contacting the **NHS Stop Smoking Service** on **0800 068 4490**.

Oral contraceptive pill

The risk of DVT and pulmonary embolism (a blood clot in the lung) is higher in women taking oestrogen-containing oral contraceptive pills, even low dose oestrogen preparations. You should stop the pill a minimum of 4 weeks before elective surgery, and preferably 6 weeks before. If you do not know whether the pill you are on contains oestrogen, ask your doctor or the clinic that prescribed it. You should also see them to get advice on preventing pregnancy whilst off the pill.

Hormone Replacement Therapy (HRT)

HRT contains lower levels of oestrogen than the oral contraceptive but may still increase the risk of DVT. It is recommended that you stop HRT for two weeks before your operation date. If, however, the effects of stopping are too unpleasant, you may restart it, but we will then prescribe medication(s) to help reduce the risk of DVT. These will start on the day of surgery and continue until you are fully weight bearing.

Podiatry treatment

If you are having chiropody or podiatry treatment, it is important that you tell your podiatrist that you will be having surgery. Your last treatment should be one week before the date of surgery at the latest. Do not resume any treatment after surgery without discussing this with your surgeon.

Athlete's foot

If you suffer with athlete's foot, you should try to have this cleared up before any surgery. It is acceptable to use antifungal treatment regularly but do not let your foot get too moist from excess use. Treat your socks and footwear with antifungal powder, to prevent re-infection. Ask your GP or pharmacist for advice if you need help treating this common problem.

Other medicines and allergies

Some medicines cause problems with anaesthesia and surgery. Some hospital drugs may be used routinely to which you may be allergic. You must bring a list of all medications and non-prescription medication to the pre-operative assessment clinic. Please inform us of any allergies you may have.

Extra help you will need after surgery

Plan to rest; you may be far less mobile than normal for some time. Ensure you have friends or family to help as necessary.

If you live alone, you will need to consider help with certain tasks like shopping and preparing meals. Will you be able to negotiate your house/ stairs with crutches/ sticks? Inform the clinic as soon as possible about your needs so that any necessary help can be arranged.

Before admission

You will be asked about your general health and smoking status when you are placed on the waiting list for surgery. At this appointment, you may be asked to stay for a pre-op health screening, this could take up to an hour, but would save you coming back for another appointment. However, if you don't fit the criteria for this on the day, an appointment will be arranged for you to attend the pre-operative assessment clinic at a later date to check that you are well enough to undergo an operation.

At the pre-operative assessment clinic you will be asked many questions about your health. Tests will also be arranged as appropriate, but typically include blood tests, a heart tracing and x-rays. Occasionally the clinic highlights health problems that require further specialist tests and/or treatment to be carried out, which may mean that your operation needs to be postponed.

Please ensure your foot hygiene is as good as possible on the days leading up to surgery. If you have difficulty with addressing your foot care, arrange a timely visit to your chiropodist at least a week before surgery.

On the day of admission

You will be admitted on the day of surgery to the Theatre Admission Unit (TAU) or equivalent, depending on the hospital you are attending. If you have difficulty arriving early in the morning, on the day of surgery, then we need to know in good time to prevent a delay to the start of the list.

Some patients with certain health problems may need to be admitted the day before surgery. If this is necessary, you will be informed at your pre-operative assessment clinic appointment.

Arriving at hospital

Once you have told us that you have arrived, the receptionist will check your personal details with you to make sure that all our information is correct.

Having done this, we will check your blood pressure, attach a wrist label and ask you questions about your health. We may have already asked you some of these questions, but it is necessary for these checks to be made.

Your surgeon and anaesthetist will see you before the operation. The surgeon will answer any further questions you may have, take verbal and written consent for the procedure (if not already done) and mark your leg.

The anaesthetist will discuss their role and the options specific to you and your surgery; this includes general and/or local anaesthetic (numbing injections) as well as post-operative pain control. Local anaesthetic blocks around the foot and ankle have greatly improved the experience of patients in recent years and may last for up to 24 hours. You are advised, however, to start regular pain killers well before it wears off.

At the time of surgery you will be taken to the theatre suite. Staff will then take you to the anaesthetic room, next to the operating theatre.

After the operation

After your operation, you will be taken into the recovery room where we will monitor your condition closely. If you have had a general anaesthetic you may find that when you wake up you have an oxygen mask over your face.

Your foot and ankle will either be bandaged or in a boot/ plaster cast. You will be transferred back to the ward once you are awake and comfortable.

When in bed, you will be instructed to keep your leg elevated in the bed before attempting to get up. The nurses and physiotherapy staff will assist you when you are ready to mobilise on the ward. They will also provide further advice for when you are at home, especially if you still have a numb foot from the anaesthetic. You will not be discharged until you are safe to mobilise as instructed by your surgeon.

When can I eat and drink?

Once you have woken up from the anaesthetic you will be offered a drink and something to eat.

Will I be able to go home or will I need to stay in hospital after my operation?

Increasingly, foot and ankle surgical patients are discharged home on the same day of surgery. However, this depends upon the patient, the type of surgery or anaesthetic undertaken and the surgeon's preferences. This will be discussed with you at your pre-operative assessment clinic appointment so that you know what to bring with you on the day of surgery. Please organise transport home as you will not be allowed to drive.

- You must have realistic expectations of surgery
- It is very important that you follow all the instructions given for your operation. If you don't, your recovery time may be prolonged and in the long term it may affect any improvement. For example, if your foot is not elevated after surgery, swelling can quickly occur, leading to pain and increased risk of delayed wound healing and infection.

What will I need when I go home?

Any medication or medical supplies you may need comes from the hospital pharmacy department. Sometimes there can be a delay, so please be patient with us. We will do all we can to prevent unnecessary delays.

We will also:

- Give you a letter to give to your GP
- Make any follow up appointments
- Give you a sick note if required

What should I do when I get home?

Elevate your foot

This is vital to reduce swelling and to speed up the healing process. For the first couple of weeks after surgery, you should keep your foot up for 50 minutes every hour with your heel above your hip. As a guide if you are not preparing meals, bathing or toileting, your foot should be elevated. Please do it until your wound has been checked in clinic and is healing as expected. Reducing the swelling will reduce the pain.

Pain relief

Initially take painkillers regularly for a few days (as prescribed) whether you are in pain or not. You may find that you need them for several weeks after surgery, but this does vary from patient to patient. You should discuss with your GP if you encounter any side effects.

Dressings and wound care

You should keep your bandages clean and dry. Do not tamper with the dressings. The initial dressings are usually left on several days; your surgeon will determine when your wound is first re-dressed and/or inspected. This may be within the first week or at two weeks depending on the operation and the surgeon's clinic times. Plaster casts must remain dry at all times.

Weight bearing and mobilisation

Your operation may involve the placement of metal ware and repair of soft tissues that cannot tolerate 'full weight bearing' initially. Therefore, after your operation you might be instructed to be:

- non-weight bearing
- heel weight bearing
- toe touch weight bearing, or
- partial weight bearing

These will be fully explained to you by the staff after your operation and must be strictly followed to prevent failure of surgery. Often we supply

a special form of post-operative shoe to take the pressure off the site of surgery e.g. bunion surgery. The Physiotherapist may also advise simple exercises, at an early stage, depending on the operation you have had.

Is there anything I should look out for when I get home?

Observe the colour of the foot or tips of the toes. Bruising is normal as is some oozing of the wound(s). However, blue or white toes, worsening pins and needles, or massive swelling need urgent attention by medical staff. You should ring the ward where you had your operation, contact your GP or attend your nearest A&E department for an urgent assessment.

When can I drive after my operation?

You should not drive until you can wear a normal shoe and can perform an emergency stop with confidence. For more detailed advice, please speak to your GP or contact your car insurance provider.

How long will I need to be off work?

This will depend on the job you do and nature of your surgery. For non-manual work, we usually recommend approximately 6-8 weeks. For manual work approximately 8-12 weeks.

When can I resume sporting activities?

You should discuss this with your surgeon before returning to activity. Non-weight bearing activities (such as swimming) may be tolerated soon after wounds have fully healed. Contact activities will be resumed only after controlled, gradual increases in activity without pain or swelling. This may be several months - your physiotherapist will help to supervise this.

What should I do if I think there is something wrong?

If you have a problem or need advice after going home please contact the Theatre Admissions Unit (TAU) on **0114 226 9436**, or alternatively the ward you were discharged from. The staff will try and answer your questions / concerns.

If you consider this an emergency, please contact your GP or attend the nearest Accident and Emergency Department as soon as possible.

Should you have any concerns about your care whilst you are in hospital, please speak to one of the nurses who will try to help.

Finally, we hope this leaflet assists your decision making when it comes to your treatment.

Please do not hesitate to discuss with your surgeon any questions you may still have after reading this booklet.

Frequently asked questions

Before your operation you might like to consider asking the following questions:

- Will I have stitches that need removing?
- How will my foot/ankle be immobilised?
- For how long?
- Will I need physiotherapy as part of my treatment?
- Other recovery details
- When might I get a normal shoe back on?
- When might I be able to drive again?
- When can I go back to work?
- When can I get back to my normal level of recreational activity?

Contact details

If you have any queries please call **0114 243 4343** and request your consultant's secretary.

Foot and ankle consultants at Sheffield Teaching Hospitals:

- Mr Chris Blundell
- Miss Carolyn Chadwick
- Mr Howard Davies
- Mr Mark Davies
- Mr Mark Flowers

Where can I find further information?

Internet sources of patient information you may find useful include:

- www.arthritisresearchuk.org
- www.arthritisresearchuk.org/arthritis-information/surgery/foot-and-ankle-surgery
- www.bofas.org.uk

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