



PROTOCOL

Pre-Operative Instructions



Day of Surgery _____ Arrival Time _____
Procedure Start Time _____ Post-Op Appt _____
Weight-Bearing Status After Surgery _____
Type of Bandage or Splint _____

Pre-Operative Information

- NO aspirin or NSAIDs (i.e. Motrin, Aleve and Advil), fish oils or other OTC blood thinning supplements/medications seven to 10 days prior to surgery, unless otherwise instructed by your physician. Prescribed blood thinners are recommended to be stopped 48 hours prior to surgery.
- If you are on chronic medications, take only the ones discussed with the nursing staff during the hospital pre-operative call.
- Pre-operative testing/medical clearance must be completed within 30 days of your scheduled surgery and the results given to the office before your pre-op appointment.
- You will NOT be permitted to drive after surgery. You must have a responsible adult with you. Someone MUST be available to stay with you for the first 24 hours after discharge.
- If you are under 18 years of age, a parent or legal guardian MUST accompany you and he/she will not be allowed to leave the surgery center while you are under our care.
- Do NOT eat or drink after midnight prior to surgery-this includes food, water, candy, lozenges and gum.
- Make sure you bring necessary items, such as crutches, walker, post-op shoe, etc.
- If you would like a knee scooter for use after surgery, please call your insurance company to see if they will approve coverage. We can provide you with a letter of medical necessity.
- You may shower after the surgery but bandages cannot get wet. You should use a cast bag that can be purchased at a local drug store or on-line.
- NO toe nail polish, make-up, body piercings, jewelry or hair spray. Leave all valuables at home.
- Wear comfortable, loose fitting clothing. You will have a large bulky dressing that your clothes will need to fit over. Please wear shoes that are easy to remove.
- Bring driver's license and insurance cards with you on the day of surgery.



Post-Operative Surgical Packet

Pain Management

- Pain is a normal part of the healing process for the first week after surgery. The bones and soft tissue in your foot and/or ankle are being manipulated in the operating room to correct the problem which will cause pain. In general, the initial bony pain subsides after a few days to a week after surgery, depending on the type of surgery. It is normal to have additional pain related to swelling the first month after surgery.
- Your surgeon will be placing numbing medicine into your foot and/or ankle so you are more comfortable post-operatively. This medication, referred to as a nerve block, can be done with anesthesia or back in the operating room depending on your specific procedure.
- Your nerve block is expected to last _____ hours. Since the numbing medicine will wear off, **start taking the prescribed pain medications when you get home (before the block wears off).**
- **Pain Medicine** — we recommend _____. Take _____ tablet(s) every _____ hours as needed for pain. If you are feeling very drowsy, having difficulty breathing, trouble staying awake or are experiencing nausea, vomiting or dizziness, it would be advisable to decrease the amount of pain medicine used and call the office for further instruction.
- **Gabapentin** is another medication which can help with pain – specifically nerve pain after surgery (burning, tingling, shooting pain, etc). Nerve pain is common when you have a large foot/ankle surgery due to swelling/added pressure to the area. We recommend you take _____ tablet(s) every eight hours. Most common side effects typically include drowsiness and dizziness. Use with caution, especially with narcotic pain medications.

Other Medications

Pre-surgery

- **Mupirocin 2% (Bactroban)** is a topical antibiotic to help lower the risk of staphylococcal infection. Apply a small amount to each nostril twice a day for a total of five days. Rapidly squeeze and release the nostrils for one minute. Start this seven days prior to the surgery date. Do not use any other intranasal medications for one week prior to surgery.
- **Hibiclens** is a pre-surgical scrub used from the neck down while showering the night before your surgery and the morning of. It reduces the bacterial load on your skin and thus helps limit the risk of infection associated with your surgery.

Post Surgery

- **Antibiotics** are recommended as infection prophylaxis for the first 24 hours after your surgery. **BEGIN WHEN YOU GET HOME DAY OF SURGERY!** Refills of this medication are not required.
- **Keflex (cephalexin)** — Take one tablet every six hours. You will take three total tablets of this medication.
- **Clindamycin** — Take one tablet every eight hours. You will take two total tablets of this medication.
- **Anti-nausea Medication** — Anesthesia, pain medications and antibiotics can cause nausea and vomiting. Eating bland foods, such as crackers, toast, rice, bananas and clear liquids are the best options for nausea. Take prescribed medications with food. The following medications can be prescribed and help with nausea/vomiting.



- **Zofran (Ondansetron) or Phenergan (Promethazine)** — Take one tablet every six hours as needed for nausea. If you are experiencing nausea with the pain medications, try taking the anti-nausea medication 30 minutes prior to the pain medication.
- **Stool softeners** are recommended to prevent constipation while taking narcotics.
- **Colace (Docusate)** — Take one tablet twice a day while taking the narcotics to prevent constipation.

Over-the Counter Medications

- **Acetaminophen/Tylenol 325 mg tablet (OTC)** is to be taken if you are not gaining adequate pain relief from the other pain medicines prescribed. If your narcotic pain medication contains acetaminophen/Tylenol you should NOT take additional Tylenol.
- **Motrin/Advil/Ibuprofen 200 mg** — Take two to three tablets as needed for additional pain relief every six to eight hours.
- Narcotic pain medications and anesthesia can cause constipation. Over-the-counter stool softeners (e.g. Colace) can be taken daily to prevent constipation. Take as directed on bottle. If you fail to have a bowel movement in two to three days, over-the-counter laxatives (e.g. MiraLAX or Senokot) can be taken. Drinking plenty of water and eating fresh fruits and vegetables will also help. If you have not had a bowel movement five days after your surgery, contact our office for further instructions.

Anticoagulant

- **Aspirin 81mg mg (Adult Aspirin)** — Take one tablet every 12 hours with food. This is to be started the day following your surgery.
- **Lovenox (Enoxaparin Sodium)** — This is a subcutaneous shot provided daily. It is to be started the day following your surgery.

Other helpful information

- **Ice to the Surgical Sites.** We recommend icing on a consistent basis for the first several days after the procedure. Apply ice for 15-30 minutes out of every hour. If you suffer from neuropathy, please ice for 10-15 minutes of every hour. The first several days, ice can be used as needed for pain control and swelling. Call the office immediately if you have concerns about your foot.
- **Drainage and Bleeding.** This is normal after surgery. You may notice blood or drainage on the dressing or splint. It is OK to place extra gauze or an ACE wrap over the dressing but do not take the entire dressing off. If the blood or drainage continues to drip and the dressing is saturated with wet blood **after the first 24 hours, call the office.**
- **Numbness** in your foot and/or ankle after surgery is normal, as long as your toes are warm and their usual color. A regional nerve block at your ankle causes the temporary numbness, which may last anywhere from a few hours to a few days. This can also cause difficulties in moving toes on your own. Once the nerve block fully wears off, motion will return.
- **Skin Itchiness** may be a side effect of the antibiotics, pain medications, or anesthesia. Over-the-counter diphenhydramine (Benadryl) 25-50 mg may be used after checking with your PCP. If large, reddish welts, hives or a rash accompanies the itching, call our office for further instructions.
- **If at any time, your mouth, tongue or eyes begin to swell or you have problems breathing, you must call 911 and proceed to the nearest Emergency Room.**



Key Notes

- Pain medicine refills will not be provided after business hours or on weekends.
- Reduce pain meds gradually and only take them as long as they are needed in order to minimize constipation and other common side effects associated with their use.
- Call our office/On-Call provider immediately if you develop a rash, itching, troubled/labored breathing or other adverse side effects to prescribed medications.
- Flying too soon after surgery may place you at risk for developing a blood clot in your leg. If you have travel plans that involve flying, please remember to consult with your Surgeon or Nurse Practitioner at your pre-operative or post-operative visit.

Post Surgery Medication Schedule

(Reminders: ICE every 15-30 minutes every hour while you're awake. Elevate as much as possible!)

Week 1	7 days prior to surgery	Night Before surgery	Day of surgery (1)	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Mupirocin 2% (only ankle repl.) twice a day	○○○ ○○○								
Hibiclens		○	○						
Antibiotic Keflex every 6 hrs Clinda every 8 hrs			Keflex ○○○ Clindamycin ○○○						
Short Acting Pain Med. (if needed) 1-2 tabs every 4-6 hrs			○○○ ○○○	○○○ ○○○	○○○ ○○○	○○○○ Wean Off	○○○○ Wean Off	○○○ Wean Off	○○ Wean Off
Neurontin (nerve pain) 1 tab every 8 hours			○○○	○○○	○○○	○○○	○○○	○○○	○○○
Colace (if on narcotic) 1 tab every 12 hrs			○○	○○	○○	○○	○○	○○	○○
Anti-nausea (if needed) 1 tab every 6 hrs			○○○○	○○○○	○○○○	○○○○	○○○○	○○○○	○○○○
Anticoagulant (if prescribed) Aspirin 1 tab every 12 hrs Lovenox 1 shot daily				Aspirin ○○ Lovenox ○	Aspirin ○○ Lovenox ○	Aspirin ○○ Lovenox ○	Aspirin ○○ Lovenox ○	Aspirin ○○ Lovenox ○	Aspirin ○○ Lovenox ○



For more information, visit FootCareMD.org
American Orthopaedic Foot & Ankle Society

riversideonline.com/ortho
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