

## YOUR UPCOMING FOOT AND/OR ANKLE SURGERY

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**After reading this packet, if you still have questions, comments, or concerns, please call our office at (678) 574-0861.**

### Clearance by Your Medical Doctor

- You are required to get clearance by a primary care doctor prior to surgery.
- If you have certain medical conditions, we also may require you to get clearance from other doctors to make sure that you are healthy enough to undergo the planned surgical procedure under anesthesia (i.e. cardiology, pulmonology).

### Anesthesia

- We typically use two types of anesthesia for foot and ankle procedures, which are described as follows:
  - **Monitored anesthesia care (MAC).** This is a light sedation that is given via an intravenous line which puts you into a deep sleep.
  - **General anesthesia.** This is a deeper sleep in which you are more relaxed and requires you to have a tube in your throat to help you breathe. Dr. Martucci may require this anesthesia in order to add a paralyzing medication to help relax your muscles and tendons during surgery.
- Any further questions should be directed to the anesthesia team.

### Post-Operative Appointments

**For more details about your specific surgery and recovery, please refer to [DrJohnDPM.com/surgical-care](http://DrJohnDPM.com/surgical-care).**

- About 10 days after surgery for a bandage change, x-rays, medication refills

- 3-4 weeks after surgery for x-rays, suture removal, perhaps a change in your weight-bearing status
- 2-3 months, 6 months, 12 months after surgery and as needed
- All of the above may change based on Dr. Martucci's recommendation and unforeseen changes in your care.

## Post-Operative Care at Home

- **Take the pain medications** as prescribed and/or as needed (see next section). These medications are in addition to a nerve block with local anesthetic that is given at the time of surgery. This nerve block may last until the day after surgery. In some cases, patients are given a popliteal nerve block (behind the knee anesthetic) that may last for up to three days. This means that you may not experience any pain but you may also experience weakness, inability to move your toes, heaviness in your leg, etc.
- **Rest and elevate** with your “toes above your nose.” This means that you **MUST** have your feet elevated higher than your heart while resting at home. Keeping your toes above your nose helps to heal the muscles and skin (soft tissues) by reducing swelling in your leg. It is also very important in avoiding deep venous thrombosis (blood clots).
- **Place a bag of ice** (or frozen vegetables) behind your knee for 15 minutes at a time. Do this a couple of times during each instance when you are resting and elevating. Your body is going to be in a state of inflammation and ice can help reduce the discomfort and swelling associated with it.
- Once you are out of your surgical dressing/cast/boot, swelling may persist for many months (*even up to a year after surgery*). This is all normal and part of the usual post-operative experience for foot and ankle surgery.
  - Once you have transitioned back into regular shoes, you may benefit from wearing a knee-high compression stocking (15-30 mmHg) during the day to aid in swelling control. These stockings should be placed first thing in the morning and kept on while upright and ambulating.

## Post-Operative Medications

### **Blood Thinners Before Surgery**

If you are taking blood thinner of any kind (aspirin, Coumadin (warfarin), Eliquis (apixaban), etc.), please let Dr. Martucci know as this medication will need to be held for up to a week before surgery depending on the medication and your health condition for which it is taken.

Unless you have a contraindication, such as an allergy, or are not comfortable taking a medication, you will be prescribed the following medications for use after surgery. Dr. Martucci will send all but your opioid medication (oxycodone) to the pharmacy before your surgery day. Please plan to have your ride pick up your opioid medication the day of your surgery.

**First, the most important piece of controlling post-operative pain is rest and elevation!**

### **For Pain Control**

1. **Acetaminophen 500 mg:** take 2 tablets (1000 mg) three times a day for a 5-day course. Start in the evening after your surgery.
2. **Ketorolac 10 mg:** take 1 tablet every 8 hours after surgery until you finish the 5-day course. Start in the evening after surgery.
  - a. This is a non-steroidal anti-inflammatory (NSAID) and can reduce the amount of the narcotic pain medication that you need if taken regularly after surgery. \*This medication is not safe if you have a history of a stomach ulcer, gastro-intestinal bleed, or near renal failure.
  - b. Take with meals to prevent stomach upset, and drink plenty of water while taking this medication.
  - c. Do NOT take over-the-counter ibuprofen (Advil, Motrin) while taking this. This medication is essentially a stronger ibuprofen.
3. **Gabapentin 600 mg:** take 1 tablet twice a day until you finish the 5-day course. Start in the evening after your surgery.
4. **AS NEEDED: Oxycodone 5 mg:** take one to two tablets every 4 hours as needed. You must take the other three medications prior to resorting to this medication.

### **For Preventing Blood Clots (DVT Prophylaxis)**

- After foot and/or ankle surgery, it's common not to be allowed to put any weight on the operated limb. If that is the case, we will also recommend that you **begin taking a blood thinner starting the day after your surgery**, to help prevent blood clots.
  - Unless you are allergic to aspirin or currently taking a blood thinner, we request that you take one **325 mg aspirin daily** until you are back to walking normally after surgery (this can be up to 6 weeks).
  - If you experience stomach upset with aspirin, we recommend purchasing Ecotrin (Enteric-coated aspirin) to minimize the risk of stomach irritation.
  - In some cases, you may be prescribed blood thinner shots (heparin) or another oral medication if aspirin is contraindicated.

### **For Nausea**

- If needed, you will be prescribed ondansetron to take as needed.

**\*\*\*Please Dr. Martucci know if you have a personal history or family history of blood clots (deep vein thrombosis or DVT). If you do, you may be prescribed a more potent medication.**

- We ask patients to get up once every 2-3 hours during the day with your assistive device. This means you should at least cross the room and come back. It does not mean you have to be up for long periods of time.
- We also recommend that you perform these exercises on the non-operative leg at least ten times every 2-3 hours while awake to help keep the blood moving:
  - Opposite Leg Exercises (do while lying down):
    - Ankle Pumps: Step on and off the gas pedal
    - Ankle Circles: Move foot up/down in a circular motion
    - Leg Lifts: with the leg straight, lift it a few inches from the bed/couch/ground
  - If you did NOT have surgery on your ankle and you are NOT in a hard cast or splint, you may also perform these same exercises on the operative leg.

### **\*MEDICATION ALERTS\***

- Narcotic pain medications, like oxycodone, have side effects, such as nausea and itching. Taking them with food can help to decrease nausea. If you are having extreme nausea or itching, please contact us for an alternative medication or for something that can be taken with this medication to decrease the nausea. *If you have had this problem from narcotics in the past, please let Dr. Martucci know ahead of your surgery.*
- Also, narcotic medications frequently cause constipation. Drink lots of water your first days after surgery. An increase of fiber, fruits and vegetables in your diet may alleviate this problem. You may also take Metamucil or Fibercon for constipation problems. If necessary, you may also use over-the-counter medications that stimulate movement such as senna glycoside (Senokot) and colace (Docusate).

### **Weight Bearing Status**

- Your weight bearing status initially after surgery will be one of the following:

#### **Non-weightbearing (NO WEIGHT!)**

## **Partial weightbearing (OKAY TO TAKE A FEW STEPS)**

## **Full weightbearing (IN YOUR BOOT OR SURGICAL SHOE)**

If given a surgical boot or shoe, you may remove it when resting and elevating. For your first week after surgery, you may have to wear the boot/shoe in bed while sleeping to prevent any unwanted trauma to the surgical site.

- If wearing a surgical boot (“CAM boot”), consider purchasing a shoe lift for your other foot to help keep you balanced. A brand to search for would be “EVENup”.
- Use crutches as instructed. If you do not already have these, you will receive these on your day of surgery before leaving the hospital.
- If you think that you will have difficulty with crutches, you may use an alternative assistive device such as a rolling knee scooter, iWalk crutch, walker, or wheel-chair.
  - Please keep in mind that rolling knee scooters are typically NOT covered by insurance and therefore you do NOT need a prescription for this. You may rent one from a medical supply store or purchase one online through sites such as Amazon.
- Please let Dr. Martucci know if you expect to have difficulty maintaining your weight bearing status safely. We call this “Pre-hab”! You can be provided a referral for physical therapy pre-operatively so you’re ready for the big day!
- Do not do any excessive walking during the first few days after surgery. Recovering from surgery is a full-time task. Please do not plan activities or go out of town for several weeks after surgery.

## **Smoking and Healing**

- Smoking and the chemicals associated with it may result in incomplete healing of fractures (broken bones) and joints that may have been fused. It also slows the healing of muscles and soft tissue, e.g. ligaments, tendons, and the skin. Therefore, please do not have surgery if you continue to smoke. We reserve the right to cancel your surgery if we suspect that you are smoking as we only want the best outcome possible for you. DO NOT use nicotine gum or other patches. Please find an alternative method to quit smoking before your surgery and do not restart after surgery to allow for adequate healing.
- If you had fracture surgery, bony surgery like an osteotomy or fusion, or a surgery that requires bone healing, you are advised to take Vitamin D and Calcium to improve healing potential. **Vitamin D3 4000 units/day and Calcium 1200 mg/day.** These are over-the-counter medications. You may begin taking

this on the day of your surgery. These medications are recommended but not required.

## **Your Surgical Bandage, Dressing, Cast**

- Bleeding through the bandage almost always occurs. Do not let this alarm you. Simply add more gauze or a towel, call the office, and come in for a dressing change. If you think it is excessive, contact us immediately.
- Do not get the bandage wet. Showering is possible with plastic protectors (e.g. wound or cast bag). Be very careful, as the bathroom can be wet and slippery. If you do get your dressing wet, it should be changed immediately. Please contact us if this occurs.

## **Other Frequently Asked Questions**

**What signs or symptoms should I be concerned about after surgery? These are a few. If you experience any of these, call the office immediately. This may require a medication change, urgent appointment, or trip in the emergency room.**

- Nausea
- Vomiting
- Fevers
- Chills
- Shortness of Breath
- Chest pain
- Intense calf pain

### **Why does my heel hurt while resting?**

Pain in the heel is often caused by pressure from the weight of your foot on the bed. Make sure your heel is suspended off the bed by keeping a pillow underneath your calf not your knee.

### **When can I fly after surgery?**

That decision is ultimately yours. However, please discuss with Dr. Martucci before doing so. Your risk of blood clot is elevated after foot and ankle surgery.

### **When can I drive after surgery?**

If your surgery is being done on the RIGHT side, you should not drive without discussing this with Dr. Martucci first. Do NOT drive in your removable boot / splint / cast. If surgery is on your left side, please clarify if you're okay to drive given dressings/casts/boots can make it difficult even when on the left side.

### **Will I need therapy after surgery?**

Yes, you will be referred to physical therapy once your incisions are healed and Dr. Martucci feels that your condition allows for therapy.

### **I think I will need help after surgery. Who do I contact to make sure I get what I need at home?**

If you live at home alone or feel you may need extra assistance after surgery, we will help you social workers/case manager before surgery to help make sure you have the care you need after surgery.

### **Will the doctor's office fill out Family Medical Leave Act (FMLA), disability insurance, or other paperwork for me?**

Of course. **There is one-time \$15 fee.** Please either have your paperwork faxed to the office, dropped off during business hours, or bring it to your first post-operative appointment. Dr. Martucci's office will fill out the paperwork, scan a copy for the office, and provide you back with the originals within the week after it is received and payment is received.