A Member of Trinity Health

Dr. Tara G. Moncman, DO
Orthopaedic Foot and Ankle Surgery

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****The best way to get in touch with Dr. Moncman's team during regular business hours, is to send a message through the MY CHART portal****

How Can I Prepare for Orthopaedic Foot & Ankle Surgery?

Thank you for choosing the Holy Cross Orthopedic Institute, Division of Orthopedic Foot and Ankle Surgery. We have put together a list of common questions patients have prior to undergoing foot and ankle surgery, as well as some tips for planning and recovery. Please review this information in full and if you have any questions do not hesitate to call the office.

Patients with orthopaedic foot and/or ankle conditions that need surgical treatment are a unique group of individuals. Each patient has his or her own particular needs, largely due to the wide variety of conditions we treat. Despite these differences, preparation and education about what to expect from surgery are always an important part of doing well afterward. It helps us all manage expectations accurately and plan for our surgical recovery. So while this handout is not a be-all-end-all in regards to what your experience will be like, it does provide helpful information on the pre-operative time period, surgical experience and hospitalization, and post-operative recovery.

PRE-OPERATIVE PLANNING

Do I need pre-operative medical testing?

Preoperative medical testing is known as pre-admission testing (PAT). All operating room facilities have strict regulations about who must get tested and what minimum tests are required. The nature of any additional tests are determined by our surgical team, your medical doctor, the facility at which you are having your procedure, as well as the anesthesia team.

If you are over the age of 50, or have any medical conditions, you will likely need medical clearance from your primary care doctor. Additionally, if you have a history of cardiac disease, then you will likely need clearance from your cardiologist as well. **In almost all cases, tests required include blood tests/lab work and an EKG.** Other PAT may

also be required depending on your medical history, including noninvasive heart examinations, a chest X-ray, and/or a complete history and physical examination by your primary care physician. Please understand that while this may be inconvenient for you, PAT ensures that as a patient, you are at the lowest possible risk for your upcoming surgery. **If you don't have a primary care physician, we can recommend one for you.**

Do I need to stop my medications before or after surgery?

Some medications can have a negative impact on your recovery and healing before and/or after surgery. As you prepare for your surgery, our team will tell you which medications must be stopped before or withheld after surgery. Here are a few important medications to keep in mind:

STOP TAKING BEFORE SURGERY:

1. **Aspirin.** This drug can increase bleeding during surgery by decreasing one's ability to form the necessary clotting factors to coagulate bleeding. Increased blood loss during surgery can make the surgery more complicated for the surgeon, increase your risk of needing a transfusion, or result in a post-operative hematoma (collection of blood) which can lead to wound complications and/or infection. PLEASE STOP ASPIRIN 72 HOURS PRIOR TO SURGERY UNLESS OTHERWISE SPECIFIED BY YOUR SURGEON OR PRIMARY CARE PHYSICIAN/CARDIOLOGIST.

2. **Non-steroidal anti-inflammatory drugs (NSAIDs). Examples include ibuprofen (Motrin, Advil), naproxen (Aleve), meloxicam (Mobic), COX-2 inhibitors (Celebrex), and ketorolac (Toradol).** Like aspirin, these drugs can increase bleeding during surgery and increase your risk of complications, as mentioned above. PLEASE STOP THESE MEDICATIONS 72 HOURS PRIOR TO SURGERY UNLESS OTHERWISE SPECIFIED BY YOUR SURGEON OR PRIMARY CARE PHYSICIAN/CARDIOLOGIST.

3. **Steroids (Prednisone).** Steroids can change the way you respond to anesthesia. If you are on chronic steroids, it is important that you discuss this with the anesthesiologist, as this can alter their intraoperative management. Steroids also act to suppress your immune system and can slow down wound and/or bone healing after surgery.

4. **Narcotic pain medicine. Examples include Dilaudid, Oxycodone, Oxycontin, Hydrocodone (Percocet), Hydromorphone (Vicodin), Morphine.** When patients take too much narcotic pain medicine before surgery, this affects their ability to manage pain effectively after surgery. If you have built up a tolerance to narcotic pain medications, then the post-operative pain medications will not work as well to control your surgical pain. In order to avoid patients taking too much narcotic medication, we highly encourage all patients to stop taking any narcotic medications prior to surgery. If you are unable to stop your chronic narcotics, then we will require your post-operative narcotic pain medications to be prescribed and managed by your pain management doctor. It is very important that you work with your pain management doctor prior to surgery so that you have the appropriate prescriptions and pain management plan for after surgery.

5. **Biologic/immunosuppressant medications (Abatacept/Orencia, Adalimumab/Humira, Anakinra/Kineret, Belimumab/Benlysta, Canakinumab/Ilaris, Certolizumab/Cimzia, Etanercept/Enbrel, Golimumab/Simponi, Infliximab/Remicade, Ixekizumab/Taltz, Natalizumab/Tysabri, Rituximab/Rituxan, Secukinumab/Cosentyx, Tocilizumab/Actemra, Ustekinumab/Stelara, Vedolizumab/Entyvio, Basiliximab/Simulect, Daclizumab/Zinbryta).**

These drugs are often used to treat rheumatoid arthritis, osteoarthritis, psoriatic arthritis, Crohn's disease, lupus, Sjogren's disease, and other autoimmune diseases. They work by suppressing your immune system, which can decrease your body's ability to heal bone and surgical wounds. These drugs typically have to be stopped at least 2-4 weeks before surgery and can be restarted 2-4 weeks after surgery. Please speak with your rheumatologist prior to surgery about coming off these meds if you have never done so before, as it can cause a flare-up reaction.

6. GLP-1 agonists (for diabetes or weight loss management). Examples include Exenatide (Byetta, Bydureon), Liraglutide (Victoza, Saxenda), Dulaglutide (Trulicity), Semaglutide (Ozempic, Rybelsus), Tirzepatide (Mounjaro, Zepbound). GLP-1 agonists can slow down the rate at which your stomach empties food. This can be dangerous during surgical procedures that require anesthesia and put you at risk of aspiration (choking food content into your lungs), or other procedural complications. YOU MUST STOP THESE MEDICATIONS AT LEAST ONE WEEK PRIOR TO SURGERY, OR YOUR SURGERY WILL BE CANCELLED.

7. **Over-the-counter (OTC) supplements and/or herbal preparations.** Many of these agents can increase bleeding during surgery by decreasing one's ability to form necessary clots. Please check with our team regarding any specific homeopathic remedies you are currently using.

STOP AFTER SURGERY:

1. **Non-steroidal anti-inflammatory drugs (NSAIDs). Examples include ibuprofen (Motrin, Advil), naproxen (Aleve), meloxicam (Mobic), COX-2 inhibitors (Celebrex), and ketorolac (Toradol).** These drugs can reduce wound and/or bone healing after surgery. Additionally, they can increase bleeding and cause stomach pain/ulcers if taken in excess. Dr. Moncman often prescribes an oral baby aspirin (81mg) twice daily after surgery to help prevent blood clots. Aspirin, in combination with NSAID medications, can result in an increased risk of bleeding and/or stomach issues. Dr. Moncman may also prescribe you a high-dose anti-inflammatory (ketorolac/Toradol) for post-operative pain relief. This is temporary (3-5 days) and should not increase your risk of bleeding with temporary use. Please call the office with any concerns.

2. Steroids (prednisone). Steroids suppress your immune system and can slow down wound and/or bone healing after surgery.

3. Hormone replacement therapy (HRT) and/or birth control pills (OCP). These may increase the risk of having dangerous blood clots after surgery. PLEASE STOP TAKING THESE FOR 2 WEEKS AFTER SURGERY.

3. **Biologic/immunosuppressant medications (Abatacept/Orencia, Adalimumab/Humira, Anakinra/Kineret, Belimumab/Benlysta, Canakinumab/Ilaris, Certolizumab/Cimzia, Etanercept/Enbrel, Golimumab/Simponi, Infliximab/Remicade, Ixekizumab/Taltz, Natalizumab/Tysabri, Rituximab/Rituxan, Secukinumab/Cosentyx, Tocilizumab/Actemra, Ustekinumab/Stelara, Vedolizumab/Entyvio, Basiliximab/Simulect, Daclizumab/Zinbryta).** These drugs are often used to treat rheumatoid arthritis, osteoarthritis, psoriatic arthritis, Crohn's disease, lupus, Sjogren's, and other autoimmune diseases. They work by suppressing your immune system, which can decrease your body's ability to heal bone and surgical wounds. These drugs typically have to be stopped at least 2-4 weeks before surgery and can be restarted 2-4 weeks after

surgery. Please speak with your rheumatologist prior to surgery about coming off these meds if you have never done so before, as it can cause a flare-up reaction.

Are electronic cigarettes (vaporizers, vape pens, Juuls), cigars, chewing tobacco, and/or nicotine-gum/patches better than smoking traditional cigarettes?

NO!! Nicotine (and other chemicals) is contained in traditional AND electronic cigarettes, as well as cigars and chewing tobacco. Nicotine decreases the circulating oxygen in the blood. This oxygen is essential for wound and bone healing. Nicotine taken IN ANY FORM, including nicotine gums and patches (YES...the kind that helps you try to quit smoking), increases your chances of developing a complication from surgery, including delayed wound healing, deep infection, your bone not healing properly, and perhaps requiring additional surgery. Nicotine use may also increase the chance of getting a blood clot or deep vein thrombosis (DVT) in your leg or lungs. To get the best results after orthopaedic foot and ankle surgery, patients should stop using all nicotine-containing products immediately.Pre-operative nicotine labs may be required and ordered at our request in order to proceed with surgery.

What devices are needed after surgery?

After orthopaedic foot and/or ankle surgery, many of our patients will not be allowed to put any weight on their surgical leg for a period of time. We call this "NON-WEIGHT BEARING (NWB)." This is done at our discretion in order to ensure that the bone and/or wound heals appropriately. However, you will still need to be able to get around to care for yourself. **In order to do so, you will need to use some sort of device as described and shown below. Some insurances may cover these devices, but many can also be found on AMAZON or a local medical supply store.**

Crutches: Crutches are the most common device used after surgery to stay off the operative leg, especially for shorter distances inside your home. They do require upper body strength and sometimes cause patients discomfort in the armpit. Before surgery we recommend you see our physical therapy department for a lesson on getting around with crutches. We call this "crutch training." Practicing at home before your surgery is also a very good idea.

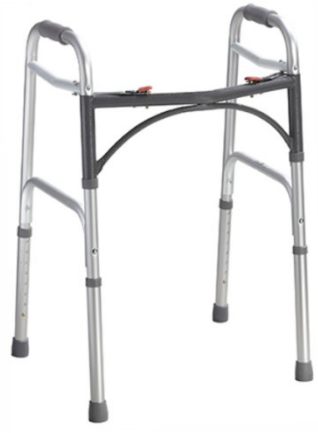
Walker: A 4-point walker is more stable than crutches; however it requires you to hop on your non-operative leg in order to advance forward without putting any weight on your operative leg. This also requires some upper and lower body strength. Before surgery, we recommend you see our physical therapy department for a lesson on getting around with a walker. We call this "walker training." Practicing at home before your surgery is also a very good idea.

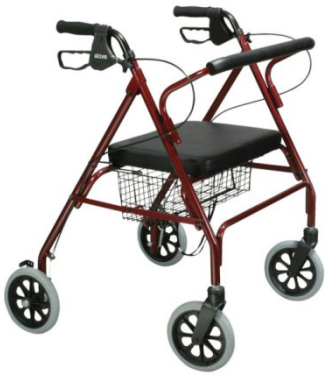
Rolling walker with seat: Some patients find a standard 4-point walker to be difficult due to the upper body strength required. Another option is a rolling walker with a seat. I recommend this to patients who are unable to use a rolling knee scooter, but may not have the space in their house/apartment for a wheelchair. You can sit on the rolling walker seat and properl yourself around using your non-operative limb.

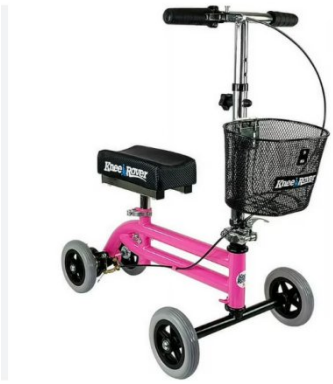
Rolling knee scooter: This tends to be every patient's favorite device. It is the easiest to use. You are able to put weight through your knee while your operative leg is resting on the scooter seat. Keep in mind that some patients with knee replacements or a knee injury may find this difficult or painful. It is also larger so it is not great in small spaces. Some insurances pay for knee scooters, so it is a good idea to call your insurance and ask. However, they are available on AMAZON as well. Make sure you get one with a hand brake system.

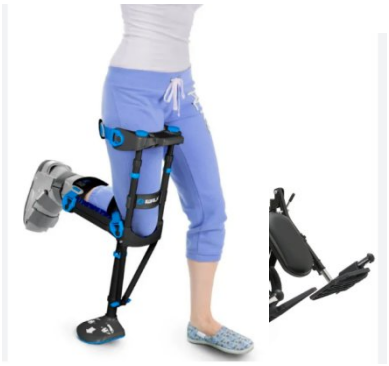
Knee crutch or iWALK: The iWALK is a great device; however, it does require some practice. Your operative leg is strapped to a half-crutch, and you can weight bear through the knee. It allows you to be hands-free. Some use it with a cane on the opposite side for extra stability. The iWALK is expensive, but many patients really like the independence it allows. You can order it on AMAZON.

Wheelchair with an elevated leg rest: Not being able to put weight down on your operative limb (non-weight bearing) can be very difficult. Some patients have difficulty with the devices above and opt for a wheelchair. This can be purchased or rented. If you are going to use a wheelchair we recommend you get one with an elevated leg rest so that your limb can stay elevated in the air to reduce swelling.









Other recommended devices to help with your transition after surgery while you are non-weight bearing on your operative leg include:

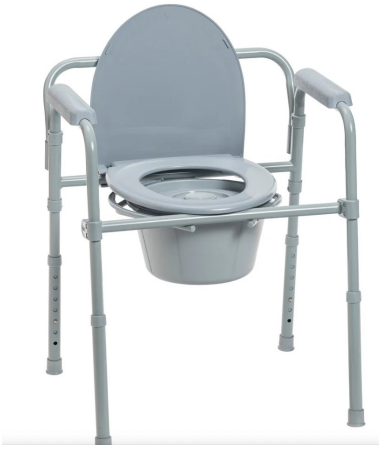
Bedside commode: It can be difficult to get to the bathroom after surgery. Placing a commode next to your bed makes this easier for you. Most postoperative accidents at home occur at night when the patient attempts to go from their bed to the bathroom. Having the bedside commode also helps to reduce the risk of any accidental traumas. A helpful tip is to have an extra pillow at the foot of the commode that you can rest your operative leg on while you are seated.

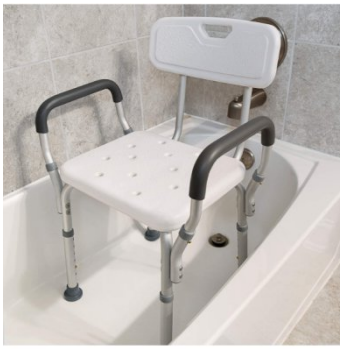
Shower chair/stool: If you do not have a bathtub or an area to sit safely and comfortably in your shower, then you must get a shower chair. We prefer that you sponge bathe or sit in a tub and rest your operative leg up out of the tub on the side for the first 2 weeks after surgery. However, if showering is your only option, then having a shower chair will allow you to safely do so. Many patients have fallen while trying to balance on one leg in the shower. Please don't let this be you!

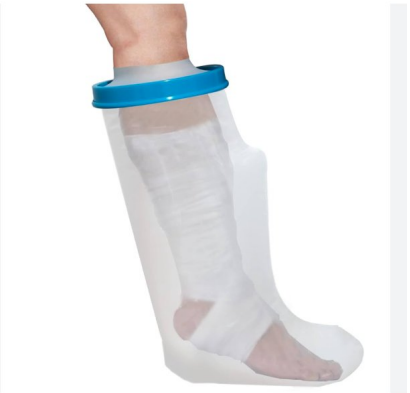
Waterproof cast cover: You will likely be in a soft dressing with a boot or post-op shoe, splint, or cast for at least 2-3 weeks after surgery. During this time, you will not be able to get your operative leg wet. If your postoperative dressing/splint/cast does get wet, it can lead to skin ulcerations, wounds, and very serious infections if not addressed by your surgical team. If it does get wet, please call the office immediately so that a new, dry dressing/splint/cast can be applied. A waterproof cast cover, when used appropriately, will help keep your dressing/splint/cast dry during baths/showers. These can be found on AMAZON or at your local pharmacy.

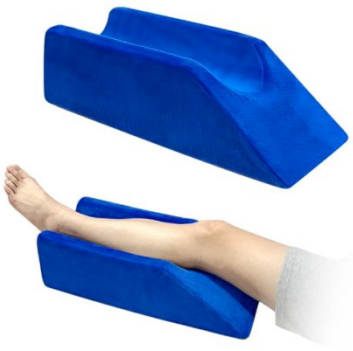
Wedge pillow: During the first 2 weeks after surgery, it is very important that your operative leg stays elevated above the level of your heart for at least 22 hours per day. Many patients just use a stack of pillows to do this. However, the stack of pillows can fall over or flatten out over time. Some patients prefer the wedge pillow because it keeps the leg stable while staying elevated. These can be found on AMAZON.

Cryotherapy cooling system: Using a regular ice pack or frozen bag of vegetables wrapped in a thin towel is perfectly fine. However, some patients prefer a commercial cooling wrap. This can be applied around the knee if you have a cast, splint, or dressing above the foot. Otherwise, if you had foot surgery, it can be applied to the ankle. These tend to be expensive, but some insurances cover it. They can also be found on AMAZON.









Is physical therapy (PT) needed before surgery?

Typically, pre-operative physical therapy is NOT needed. However, some select patients may need to receive training from a physical therapist to help optimize their ability to get around safely after surgery. For example, if you have never used an assistive device before, such as crutches or a walker, then a single session at PT to familiarize yourself with the

use of these devices may be useful for improving balance, arm strength, and opposite leg strength. If this has not been arranged for you and you think you would benefit from a session of PT, please let our team know.

When should I stop eating and drinking before surgery?

You are NOT allowed to eat or drink after 12:00 midnight (12AM) on the night before your surgery. This includes coffee and tea!! You should also avoid chewing gum on the day of surgery. The reason for this is that at the time of anesthesia, you must have little to no food, drink, or stomach acid in your stomach; otherwise, you are at risk for postoperative nausea/vomiting and more serious complications such as aspiration pneumonia, in which food contents get into your lungs.

EXCEPTION: If you take certain daily medications that have been pre-approved by your surgical team and the anesthesia team, then you can take your medication with a small sip of water on the morning of surgery.

When do I need to arrive at the hospital or surgical center on the day of surgery?

A member of Dr. Moncman's team will usually call you on the day before surgery (typically after 1pm). Please be prepared to arrive anytime between 5AM - 12PM. If you have not received a pre-operative phone call by 3PM, then you should contact the office or send a message through the portal.

The purpose of this pre-operative phone call is to provide information as to when and where you must appear on the day of your surgery. Please keep in mind that each hospital or surgical center has different policies. However, most will require you to arrive at least one to two hours before your scheduled time of surgery. Much of this time is spent preparing you for surgery, including registration, changing into a surgical gown, storing personal belongings, receiving an intravenous (IV) line, and meeting/being examined by the anesthesiologist. And of course, Dr. Moncman will also meet with you again to discuss your surgery and answer any remaining questions.

What should I bring with me to the hospital on the day of surgery?

While each hospital or surgical center has different policies, it is highly recommended that all patients bring the following on the day of surgery:

1. Your medical insurance card.
2. A passport or driver's license as legal identification.
3. A list of medications (including doses) that you take regularly.
4. Any special medications in the original pharmacy package.
5. An immunization record (if patient is a minor).
6. A copy of pre-operative test results. This is very important to have if these tests were done at a location different from the place of surgery.
7. Assistive devices, such as crutches or a walker, that are to be used after surgery.
8. Any immobilization device that was discussed with and ordered by your surgeon, such as a fracture boot or post-operative shoe that is to be used after surgery.
9. A small bag for personal belongings.
10. A credit card and a small amount of cash.

11. A book, magazine, or music for relaxing before surgery.

While each hospital or surgical center may have different policies, it is NOT recommended for you to bring jewelry (including rings and piercings), large amounts of cash, and more than one credit card on the day of surgery. Small items like these can be misplaced at a busy hospital or surgical center.

What should I wear on the day of surgery?

On the day of surgery, you should wear loose and comfortable clothing. You will have a bulky dressing and/or a plaster splint (which is like half of a cast) on your operative leg, ankle, and/or foot after surgery. Your clothes must be able to fit over this dressing and/or splint comfortably. Recommended clothing includes shorts or sweatpants without elastic bottoms. Additionally, you will not be able to wear your typical everyday shoes on the operative foot until your wound and bone has healed. Please bring a supportive non-slip shoe with rubber soles to wear on the NON-operative foot.
Just before surgery, you will be asked to change into a hospital gown. Depending on the policies of the hospital or surgical center, you may be asked to remove your underwear beneath the hospital gown. Please rest assured that your modesty and privacy will be respected at all times. If you are to stay overnight in the hospital after surgery, it is recommended that you bring a robe or layered clothing to wear over the hospital gown for your comfort.

Who will I be meeting with on the day of surgery?

After you arrive and register at the hospital or surgical center, you will be brought to a pre-operative area. Here you will:

- Change into a hospital gown, and possessions will be stored safely.
- Meet with a pre-operative nurse and/or physician's assistant (PA). They will review pre-operative notes and tests, shave and cleanse your leg/foot, and perform a quick physical exam.
- Get an IV placed in one of your arms. This IV allows you to receive fluids and/or medicines before, during, and after surgery.

Next, you will meet with your surgical team. This team includes not just your surgeon, but also surgical nurses, PAs, and possibly other team members assisting the surgeon in the operating room (First-Assists, orthopaedic surgeons in-training such as residents or fellows). Assisting surgeons in-training are common at many hospital systems and are known as "orthopaedic surgical residents and fellows." These residents and fellows are MD/DO/DPMs who assist Dr. Moncman in the operating room. While you will meet with many people who are part of the surgical team, it is important to recognize that Dr. Moncman is the leader of the team and will be the one performing the actual surgery on you. Nurses, PAs, First-Assists, and assisting surgeons (residents/fellows) provide whatever help she may need during surgery and are an important part of the team so that we can provide optimal patient care.

As the leader of the team, Dr. Moncman will speak with you before surgery again, detailing the surgical plan, going over the postoperative instructions, and answering any questions that you may still have. She will then mark her initials on the leg/foot that you are getting surgery on with a special skin marker. This interaction is a complete reminder to both you and Dr. Moncman regarding the nature of the planned surgery so that everyone is on the same page.

After you have met with the surgical team, you will then meet with the anesthesia team. This team includes the anesthesiologist, as well as nurse anesthetists (CRNAs), and possibly assisting anesthesiologists in-training. Again, such assisting doctors are common at university or academic hospitals and are known as resident anesthesiologists. While you will meet with many people that are part of the anesthesia team, it is important to recognize that the anesthesiologist is the leader of the team and will be the one ensuring that your pain is well controlled and that you remain asleep/sedated during surgery. Nurses and those in-training provide whatever help the anesthesiologist may need during surgery and are an important part of the team providing patient care.

What are the options for anesthesia during surgery?

Through various oral, inhaled, and intravenous medications, anesthesia allows you to be sedated or asleep, to experience no pain, and no memory of a surgical procedure. You will need some form of anesthesia in order to safely receive any kind of foot and/or ankle surgery. Below are a few of the more common forms of anesthesia that are typically used:

- **General anesthesia.** With general anesthesia, you are completely asleep during surgery. You receive medicine through your IV to make you fall asleep. Once asleep, you are medically paralyzed and receive a tube in your mouth (laryngeal mask airway or LMA) or windpipe (endotracheal tube or ETT) to help you breathe during surgery. Most patients undergoing foot and ankle surgery will require general anesthesia.
- **Regional anesthesia.** This provides localized numbness to the surgical leg/ankle/foot through an anesthetic that is injected around your nerves. An example of regional anesthesia that we use very commonly in foot and ankle surgery is a regional nerve block. This involves injecting numbing medicine into the thigh or leg, around specific large nerves that provide sensation to the leg/foot/ankle. An advantage of this type of anesthesia is that you can have pain relief for many hours after surgery. In fact, some nerve blocks can even last for up to 48-72 hours. Often, these nerve blocks are combined with general anesthesia so that you are asleep for the surgery but also receive significant post-operative pain relief. Another advantage of a nerve block is that you may experience much less post-operative nausea or vomiting because you will require less pain medication during and after surgery.
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How long will I have to stay in the hospital after surgery?

Your surgery will be scheduled as either ambulatory/outpatient (going home the same day) or same-day admission (SDA)/inpatient (staying overnight). The type of surgery that you receive depends both on surgeon preference and your immediate needs after surgery.

Patients who receive ambulatory or outpatient surgery ("same day surgery") will have surgery and then go home after a few hours in the recovery room. The amount of time from surgery to being fully awake is different for each patient and surgery, but is typically between 4-6 hours. While each hospital or surgical center has different policies for when it is safe for you to go home, you must be able to do the following in order to be safely discharged:

1. Safely stand and walk independently without feeling dizzy or lightheaded, losing balance, or falling.
2. Urinate without difficulty.

3. Eat and/or drink small amounts without nausea or vomiting.

If you are to receive SDA/inpatient surgery, you will stay in the hospital for 1 night (rarely 2) after surgery. This is usually done for surgeries that are more complex. Additionally, we may recommend you stay in the hospital after surgery to better control your pain and/or work with physical therapy to ensure you can safely get around at home once you are discharged. You may also need to stay in the hospital after surgery if you have certain medical conditions (diabetes, lung disease, and/or heart disease) that require extra medical attention.

Where will my family members wait or stay during my surgery?

Each hospital or surgical center has different policies. Some hospitals and surgical centers will allow family to stay with you in the pre-operative area until you go to the surgical area. Many hospitals and surgical centers have an assigned waiting room where family members can stay while you are in surgery. Once you are out of surgery, some hospitals and surgical centers will allow family to briefly visit with you in the post-operative recovery room. Many hospitals and surgical centers have an assigned post-operative discharge area where you can be formally reunited with your family once you are more awake and ready to go home.

If you are to be admitted to the hospital after surgery, family members may have to wait until you are brought to your inpatient hospital room.

While you are in surgery, your family member does not have to stay in the hospital/surgery center. However, if your family member does intend to leave for whatever reason, they should leave a contact number where they can be reached.

After your surgery is complete, Dr. Moncman will call your designated family member and update them on how things went. Please make sure you give Dr. Moncman and your pre-operative nurse the phone number of your family member so that we can get in touch with them after surgery.

POST-OPERATIVE PLANNING

What kinds of symptoms should I expect after surgery?

Surgery can be a big stress on anyone's body, so it is normal for you to experience the following after surgery:

1. **Pain.** The first 24-48 hours are the hardest, which is why a nerve block can really help make your post-operative experience more tolerable. Even if you do not have a nerve block, we provide adequate pain medications to help control your pain after surgery. With each day, as your body starts to heal, the post-operative pain becomes less and less. We unfortunately CANNOT make your surgery pain-free. Pain IS a part of your surgery. We can, however, make it manageable for you, and we will do our best to assist you through this process.
2. **Numbness, tingling, burning** is very common after foot and ankle surgery, especially if you had a nerve block performed. Either with the nerve block or during surgery, the nerve can become irritated. It can take up

to 3 months for the nerve to calm down and sometimes up to 9 months. As long as this comes and goes and is overall improving, then it is not something we typically treat or worry too much about. However, if the numbness is progressively worsening or keeping you up at night due to burning pain, then please call the office. There are nerve medications we can start you on that can help ease the symptoms.

3. **Swelling** of the surgical foot and/or ankle. Swelling typically lasts for at least 3 months after surgery but can last for up to 14 months after surgery. This is due to both the trauma of surgery and gravity since we stand and walk on our feet.
4. **Bruising and discoloration** of the surgical foot and/or ankle. Normal skin colors after surgery include blue, red, pink, purple, and brown. Skin colors that may be a sign of a problem with circulation are pale white and dark black (although this is sometimes just dried blood or a scab). Please let us know if you are experiencing this.
5. **Mild blood or fluid leakage** from the surgical foot/ankle incisions. This tends to occur early after surgery and is common. Please let us know if you are experiencing this.
6. **Low-grade fevers** (between 100.5 - 101.5 degrees) during the first week after surgery. Low-grade fevers that last after 1 week or those that are above 101.5 degrees at any time after surgery may not be normal. Please let us know if you are experiencing this.

What further modifications or accommodations are needed at home after surgery?

After foot/ankle surgery, you will likely have restrictions on how much weight you can put down on your surgical leg. This will naturally make you less mobile and less active. Due to this change in your activity level, you will have to make adjustments to your daily routine at home. While everyone has a different living situation, some things can be done at home to make the post-operative recovery time easier. If you live alone, it can help to have a close friend or relative stay with you during the first several days after surgery. This friend or relative can help you get your home organized, grocery shop for you, and assist with anything else around the house that you may need after surgery.

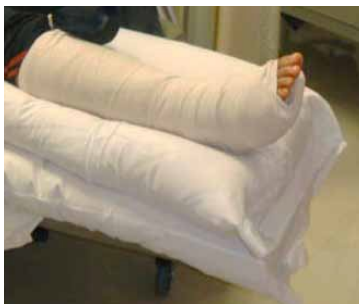
Whether you live alone or not, there are some things to know before surgery. These include:

1. For the entire house, it is best to keep things clean and organized to avoid injury. This includes decreasing clutter, removing loose wires and cords, securing rugs to the floors (or rolling them up and putting them to the side), and cleaning up spills immediately. At night, patients should have the lights on as they move through the house. A night-light can be very helpful in certain rooms like the bathroom and bedroom.
2. For the bathroom, organize common toiletries so that they are easily accessible and not in cabinets or shelves that are either too high or too low for you to reach.
3. For the bedroom, organize common clothes to be worn so that they are easy to reach. When getting dressed, place the operative leg into clothes before the non-operative leg. When getting undressed, get the non-operative leg out of clothes before the operative leg. Tight pants and/or socks can be uncomfortable against the post-operative dressing and/or splint and should be avoided for the first 2 weeks.
4. For the kitchen, organize common foods to be eaten so that they are in easy reach. The best types of foods to eat after surgery that help with healing include fruits, vegetables, nuts, lean meats, and dairy items like milk

and yogurt. It also helps to drink plenty of water and electrolytes (for example, Gatorade, Powerade, Vitamin Water, or electrolyte packet) to stay hydrated after surgery. It can also help to prepare meals before surgery and store them in the freezer to be thawed out and eaten after surgery.

5. For the first 2-3 weeks, you may find that icing the surgical area helps to reduce pain and swelling. We recommend you place the ice behind the knee or on the top of the foot. The concept is that, while the ice doesn't actually touch the skin, a cool dressing is more comfortable than a warm one. The ice can be placed in a freezer or Ziploc bag and wrapped in a thin towel/cloth. Never place the ice directly on the skin. This will also prevent your dressing and/or splint from getting wet from the ice. Ice should be applied for no longer than 30 minutes at a time but can be used intermittently around the clock. We typically recommend 20-30 minutes on, 20 minutes off, and repeat throughout the day.
6. When resting, keep the surgical leg elevated above your heart ("toes above your nose"). This helps to decrease pain after surgery because it reduces swelling. In addition, it decreases your risk of developing a post-operative wound since too much swelling can cause your incision to open up or delay healing. Proper elevation can be done with a few firm pillows placed under your surgical leg, as shown below. Try to keep your heel free from resting on the pillow to reduce your risk of a pressure ulceration.

BAD (heel is resting on pillow)



Good (heel is free)

Wedge pillow

7. Stairs can be challenging to use after foot/ankle surgery, but handrails can help provide body support. When going upstairs, the non-operative leg goes first, and the operative leg follows. When going downstairs, the operative leg goes first, and the non-operative leg follows. An easy way to remember this is: "Good things go to heaven (lead with the good leg when going upstairs), bad things go to hell (lead with the bad/operative leg when going downstairs). It is easiest and safest to go up and down stairs on your backside.

Do I need to take a blood-thinner medication after surgery?

The known risk of getting a blood clot (deep venous thrombosis, DVT) in one's leg after orthopaedic foot/ankle surgery is very low. However, we instruct our patients to do several things to reduce the chances of this problem occurring. Such actions include:

1. If you are on medications like Hormone Replacement Therapy or Oral Contraceptive Pills, these can increase the risk of getting a blood clot. We recommend that you stop these medications, if possible, for 2 weeks after surgery.
2. Avoiding nicotine-containing products, which can increase the risk of getting a blood clot.

3. Staying relatively active after surgery. While you typically aren't allowed to place weight on your surgical leg after surgery, you are encouraged to move around the house. If allowed, you may also be permitted to exercise your hips and knees with regular movements and stretching. Staying inactive and/or in bed can increase the risk of getting a blood clot.
4. All patients will be prescribed a baby Aspirin 81mg (two pills, 162mg, to be taken once per day), or another blood thinner to be taken after surgery.

How long will I be non-weight bearing?

This depends on what surgery you had done and how your incision and bone are healing. Some patients will be able to weight bear in a boot or post-op shoe at 2 weeks. The majority of patients will begin weight bearing in a boot by 6 weeks post-op.

How do I protect my operative leg while bathing/showering?

While bathing, you should have the operative leg protected in a waterproof cast cover and elevated outside the tub. While showering, you should have the operative leg protected in a waterproof cast cover, and you should be sitting in a shower chair. Make sure the operative leg is out of the way and not getting hit by the shower stream. The best way to protect it in the first 2 weeks is to sponge bathe. Typically, once your sutures are removed, you will be allowed to shower your incisions with warm, soapy water. Submerging and soaking the incisions (baths, pools, hot tubs, oceans, pedicures) are usually prohibited for the first 6 weeks after surgery to help reduce the risk of an infection.

Can I go to the beach?

You cannot go to the beach for at least the first 2-3 weeks after surgery. There are lots of reasons for this, but most importantly, it places an increased risk of developing a wound complication and/or infection. The beach is dirty and has many contaminants that can risk infection. Additionally, sand can get into the surgical site and cause wound breakdown. It is also hot at the beach, and you will likely sweat, which can cause ulceration and wound breakdown along the surgical site. The heat will also cause increased swelling, which is critical to avoid in the first 2 weeks after surgery. For many patients, we will recommend they avoid the beach for the first 6 weeks. Please let us know if you plan on going to the beach early in your recovery so we can best prepare you for this.

Will I need help after surgery?

We do not recommend you have surgery unless you have someone to help you the first 2 weeks after surgery. This can be a family member or friend who lives with you or lives close by and can stop in and check on you a few times per day. While you are non-weight bearing and keeping your leg elevated 22 hours per day, it will be difficult for you to get around the house. This person should help get everything you need for the day, such as clothes, books, laptop/phone, chargers, and a cooler with bags of ice, drinks, and food by your bedside. This eliminates you trying to do too much in the first 2 weeks and risking falling. By 2-3 weeks, most patients are more independent and require less help.

How long will I be on narcotic pain medications for?

Most patients only require narcotic pain medications for 2-3 days after surgery. Afterwards, pain is controlled by ice, elevation, and non-narcotic pain medications such as acetaminophen (Tylenol) and NSAIDs (ibuprofen, Aleve, Motrin, Toradol). These can be taken every 6-8 hours as needed. We recommend you stagger them so you are always taking something every 3-4 hours as needed. For example, Tylenol at 8AM, NSAID at 11AM, Tylenol at 2PM, NSAID at 5pm, etc...

Is physical therapy (PT) needed after surgery?

Many patients require physical therapy after surgery to help with rehabilitating the operative limb. After foot and ankle surgery, many patients experience temporary swelling, stiffness, weakness, and nerve sensitivity. Physical therapy has many different types of modalities to help improve and alleviate these symptoms. Physical therapy is typically initiated at the 6-week postoperative visit. However, each patient and procedure is unique, so Dr. Moncman will discuss your specific physical therapy needs with you during your postoperative visits.

When is my first appointment after surgery?

Most patients will come to the office 2-3 weeks after surgery for their first post-operative visit. In general, your first post-operative appointment will be made at the time you schedule surgery. If not, then please call our office to schedule this appointment.

What should I expect at my first post-operative visit?

Your surgical dressings and whatever immobilization device you were placed in will be removed so that we can examine your surgical incisions. As long as the incision is healing appropriately, the sutures or staples will be removed and steri-strips will be applied. Typically we will place you in a new immobilization device at this time, such as a splint, boot, or post-op shoe. <u>If we already gave you this device at your pre-operative visit please bring it with you to your first appointment!!</u> Sometimes we get x-rays at this visit to evaluate bone healing. Your next appointment will be scheduled at the end of this visit.

When can I drive after surgery?

There have been multiple published studies on when it is safe to resume driving after foot and ankle surgery. Being able to return to driving is based on 2 factors: 1) whether the patient feels they are safe and ready to resume driving, and 2) the patient's brake reaction time. While this is dependent on the surgery that was performed, there are some general rules. If you do not drive a manual/stick-shift and your left leg was operated on, then you can resume driving once you are off narcotics. In general, if your right leg was operated on, then most patients are allowed to resume driving by 6-9 weeks post-operative. Once you are cleared to drive, if you are still using a boot or post-op shoe, then you must take this off and put on a sneaker to drive. You should wear the boot or post-op shoe into the car, change into the sneaker to drive, and then

change back into your boot or post-op shoe prior to getting out of the car. Make sure that you go and practice in a parking lot before returning to the road to ensure you feel safe and can stop your car abruptly.

When can I fly after surgery?

The risk of developing a blood clot is increased after surgery. Flying can also be a risk factor for developing a blood clot. In order to help reduce the risk of developing a blood clot after surgery, we recommend you do not fly until you become full weight-bearing. If you are allowed to weight bear immediately after surgery, then it is a good idea to wait until after your 2 week post-operative visit. We do realize there are circumstances in which you may need to travel. If this is the case, we may place you on a blood thinner and recommend compression stockings. Also, keep in mind you should not fly with a cast or splint. Please let us know if you plan on traveling in the first 2 weeks after surgery or while you are non-weight-bearing so that we can properly help you plan for this.

When can I swim after surgery?

Typicaly, the incisions should not be submerged in water for the first 6 weeks after surgery. This includes pools, baths, hot tubs, pedicures, oceans, lakes, etc. This is important in order to allow the incision to heal and prevent unwanted bacteria from getting into the surgical site and causing an infection. By 6 weeks, your incision should be completely healed, and we will allow you to start swimming.

What sneakers do you recommend?

It is not so much the brand but more the stiffness and support of the shoe. A good tip for any shoe is that if you can't bend the sole of the shoe very well with your hands, then it is a good supportive shoe. If you can bend the shoe sole lengthwise (and often it is very easy to bend sneakers almost in half these days) then we do not recommend it for our foot and ankle patients. Our favorite brands are: Hokka, New Balance, Brooks, and Asics. Many patients have to temporarily go up one size on the operative foot after surgery due to swelling.

When can I wear dress shoes or regular shoes?

This depends on the surgery you had done and whether you were immobilized in a soft dressing, boot, post-op shoe, splint, or cast. By 6 weeks post-operative, most patients are starting to transition to sneakers. Once you are comfortable in a sneaker, you can then attempt to wear a dress shoe. Keep in mind that the less supportive the shoe, the more likely you will have discomfort and swelling at the end of the day. It will be normal for you to have some pain and swelling initially once you begin to transition to dress shoes. It also may be difficult to fit into a dress shoe due to swelling. Some patients use compression stockings or will order a size bigger shoe.

How long will I be out of work for?

This is very dependent on what you do for work and what procedure you had done. We recommend that all patients take the first 2 weeks off after surgery, even if they work from home on a computer. We feel this gives the patient dedicated time to recover physically and mentally and better prepares them for the remaining recovery period. We do understand that not everyone is able to take this much time off, so we will work with you to come up with a plan that makes the most

sense for you personally and for your recovery. Many patients will be out of work for 4-6 weeks while they are non-weight bearing. We always recommend you request the full 6 weeks off from work initially. It is a much easier process for you to request to go back to work earlier than you expected, as opposed to having to request more time off because you initially only asked for 2 weeks and now need more time.

When can I return to working out?

This is different for all patients and depends on what surgery you had done and what types of workouts you enjoy doing. All high-impact activities (running, jumping, HIT classes, burpees, box jumps, spin classes that involve heavy resistance or standing positions, and many functional lifting exercises in the standing position) should be avoided for at least the first 3 months after surgery. Lower-impact activities, such as walking, stationary biking, swimming, elliptical, and seated weight training, can usually start around 6-8 weeks after surgery once you are comfortable in routine shoewear. As you start to return to higher-impact activities, it is recommended that you do this slowly and steadily. For example, if you are a runner, you should start with a run-walk program for 1 month. If you enjoy lifting, you should start with 25% of your previous weight and gradually increase as you feel comfortable. Please ask Dr. Moncman before starting any new activity or exercise after surgery, so we can we help you safely achieve your exercise goals without compromising your surgery1

When can I return to sports?

Typically the return to sports is around 6 months post-operative. Some patients will be able to resume sports sooner, around 3-5 months. This will depend on the surgery you had, your healing, and your recovery progress.

Is there a special diet I should be eating?

Maintaining a healthy diet is important both before and after surgery to optimize your recovery and healing. Making sure you eat enough protein is essential, as protein is the building block of healing bones, muscles, and tendons. It is recommended that you eat 1g of protein per pound of body weight for the first 6 weeks after surgery. So for a 150lb individual, this is 150g of protein per day!

Calcium and vitamin D are also important for bone healing and are best when ingested in whole foods such as leafy green vegetables, dairy products, and fish. Please know that if you are going to take calcium supplementation, it should be calcium citrate. We recommend that you take a calcium and vitamin supplement for the first 6 months after surgery. You should also drink plenty of water since calcium can cause constipation. Additionally, if you are diabetic, it is essential that your sugars are under control, as this can significantly impact your ability to heal.

Can I start smoking again now that my surgery is over?

NO!!! Tobacco products in all forms are not recommended after surgery. This includes e-cigarettes, cigars, nicotine patches, and gums as well. Nicotine in any form can lead to serious post-operative complications, including delayed wound and/or bone healing, infection, blood clots in the lungs or legs, failure of your surgery, and/or the need for additional surgery. For best results, all tobacco and nicotine products must be stopped prior to and after surgery.

How long will my leg be swollen?

The operative limb can stay swollen for up to 14 months after surgery. This can be affected by things like, what surgery you had done, the number of incisions that were made, whether there was an initial trauma, your body's ability to clear fluid through the lymphatic and vascular systems, your activity level, and your compliance with the post-op protocol and elevation. However, even with good compliance after a small foot procedure, some patients still experience swelling for about 1 year. The use of compression stockings, modifying your activity level, icing, and elevating your operative leg throughout the day can all help with edema control throughout your post-operative course.

What is the full recovery time?

The full time to recovery is 1 year! Dr. Moncman will remind you of this over and over again. At each follow-up appointment, you will gradually feel better, and by 6 months, most patients are feeling more like themselves and back to routine activities.

Please let us know if you have any further questions. We know how scary this process can be for you as a patient. We can assure you that Dr. Moncman and the entire surgical team prioritize patient care first. We will do everything we can to make this a smooth and enjoyable experience for you.