

Preparing for foot and ankle surgery

Risks, complications and how you can help your recovery

Introduction

There are many conditions that affect the feet and ankles, resulting in immobility, pain or deformity. Surgery may help, but is only considered once all other treatment options have been exhausted. Surgery is to reduce pain, correct deformity or improve function, not for cosmetic purposes. Although most patients who undergo an operation have a good outcome, complications can occur. It is important that you understand these before deciding to proceed with surgery. This leaflet aims to help you with that process.

Preparing for your Surgery

Depending on what operation you have, you may be partially weight-bearing or totally non-weight-bearing on the affected leg. This will be the case for at least six weeks, and in some cases, up to three months. You may need:

- someone to help you with domestic activities of daily living;
- assistance with personal hygiene;
- to manage stairs with crutches, or arrange for your bed to be moved downstairs;
- to be able to access the lavatory

Smoking

Infections, wound and bone healing problems are much more common in smokers. Smoking reduces the blood flow to the healing tissues, starving them of nutrients. It is **essential** that you stop smoking before your operation. If we are performing major bone fusions, we may cancel your surgery if you continue to smoke. Electronic cigarettes and nicotine gum are also harmful after surgery, but they are a better alternative to tobacco. If you need help to stop smoking, your GP can advise you on this.

Hygiene

The day before your surgery we recommend you wash your feet thoroughly, cut your toe nails and remove nail varnish. Do not shave your foot or leg as this can increase the risk of an infection.

When you come into hospital

Fasting

When you attend the pre-assessment clinic, you will be told when you have to stop eating and drinking. It is very important that you understand this clearly. We will have to cancel your operation if you have eaten or drunk when you are not supposed to.

Medications

Please tell us about any medications that you take regularly, including blood thinners such as Warfarin or aspirin, the oral contraceptive pill, HRT and any other over the counter medications. Bring your regular medicines with you, including any inhalers. If you have any drug allergies, tell the anaesthetist and surgeon.

On the ward

The nursing staff will perform post-operative observations and provide food and drink. When you are alert and comfortable you will be assessed by a member of the nursing staff or a physiotherapist who will ensure that you are safe to walk. They will fit any special shoes which are required and show you how to use crutches or a frame if necessary.

You may see an Occupational Therapist if support with Activities of Daily Living and/or equipment is required for your discharge.

Most people go home the same day, but if you have had a big operation or have pre-existing medical conditions you may need to spend one or more nights in hospital. We will discuss this with you in the pre-assessment clinic.

Dressings and casts

Depending on what operation you have had, you may have a plaster cast. The nurses on the ward will tell you if you have to do anything to the dressings, but in most cases, you should leave the dressings alone until you are seen in clinic two weeks after the operation.

It is very important to keep the dressings dry in order to minimise the chances of infection. There are waterproof protectors available (search for 'Limbo' on the internet). If your dressing or cast accidentally gets wet or damaged, please telephone the Casting Department via your hospital Switchboard to have it replaced.

Swelling and Elevation

Swelling is common after foot and ankle surgery. If the foot becomes too swollen it will be very painful, bleeding can be increased and wound healing problems can result. It is very important that you elevate the foot to a level higher than your heart. You should put your foot on pillows at the end of the bed at night.

For the first two weeks you should have the foot elevated almost all the time. Only allow the foot to drop down when you are going to the lavatory. The swelling can take up to six months to go down, but keeping your foot up as much as you can will help.

Recovery time

Operations in the foot and ankle take a long time to recover from. A bone takes three months to heal, and soft tissue often takes longer. In general, you will be feeling better at three months, good by six months and 'back to normal' by a year. This is a rough guide, and the exact recovery time depends on what operation you have had and other factors such as your age and general health. People with diabetes and rheumatoid arthritis take longer to heal. Smoking seriously delays healing and **must** be stopped before surgery.

Return to work

This depends on the type of work you do and the operation you have had. Most people need six weeks off work. After two weeks, if you have an office job and can be seated with the foot elevated you may feel able to return for short days. For jobs which require standing for long periods or wearing work boots it can take up to three months.

Driving

After most foot and ankle operations, you cannot drive for six weeks. In some cases it may be up to three months until you can drive. For some minor procedures, such as removal of a

ganglion or ankle arthroscopy, you may be able to drive sooner. Ask your surgeon in clinic. When you return to driving you must let your insurance company know that you have had an operation.

Possible complications

The majority of patients are pleased with the outcome of their surgery and recover without complications. However, things can sometimes go wrong and it is important that you understand this before having an operation.

Complications of anaesthetic – these are unusual. If you have concerns regarding the anaesthetic you should discuss them at the pre-assessment clinic.

Infection and wound healing problems – infections occur in up to 10% of cases. They are more common in smokers, diabetics or people with rheumatoid arthritis. Symptoms include increasing pain or an offensive smell or discharge from the dressings. Most infections are superficial and can be treated with antibiotics. Very occasionally the bone can become infected which may require further surgery. In the most severe cases this may include amputation of the foot. The best way to avoid infection is to keep the foot elevated and keep the wound clean and dry until it has healed (around 10-14 days). You *must* stop smoking before surgery. You can get help and resources to do this at: <https://smokefree.gov>.

Bleeding and haematoma – after surgery you will have dressings which cover the wounds. These should not be disturbed until you return to clinic two weeks after surgery. Sometimes there is some oozing of blood. This is normal and will stop if the foot is properly elevated above the level of your heart. If it continues, please contact the ward for advice. Occasionally a collection of blood, called a haematoma, can form beneath the skin which may require further surgery to remove.

Nerve damage – small nerves in the foot may be bruised or damaged during surgery. This results in a patch of numbness. It usually resolves with time.

Blood clots – Deep venous thrombosis (DVT) or pulmonary embolism (PE) is rare after foot and ankle surgery. All patients are assessed for risk of blood clots and, if necessary, blood thinning medication is given. You must tell us if you have previously had a blood clot or take the contraceptive pill or HRT. If you develop a swollen calf, breathing difficulty or chest pain after surgery, contact your GP or attend A&E.

Pain and swelling – this is the most common problem after surgery. Swelling and pain occur in everyone and may last for up to six months. The foot should be elevated to reduce swelling. This is most important in the first six weeks after the operation. In a 1-2% of patients chronic regional pain (CRPS) syndrome may develop. It generally improves with time but sometimes medication may be needed.

Stiffness – after surgery the joints will be stiff. After six weeks you can start stretching exercises. In some cases physiotherapy is needed.

Non-union – if bones are realigned during surgery, they have to heal. This usually occurs within six to eight weeks, but can sometimes take longer. Failure to heal is known as non-union. If this occurs, further surgery may be needed. Smokers and diabetics are most at risk.

Malunion – sometimes bones may heal in the wrong position, resulting in persistent pain or recurrence of deformity. Further surgery may be needed to correct this.

Where can I get further information?

It is important to prepare for an operation to reduce the risks of complications. There is information about how to do this at: <https://www.cpoc.org.uk/patients>.

Who should you contact if you have a problem after surgery?

You will have clinic appointments two and six weeks after the operation. It is often helpful to write down any questions beforehand so you don't forget them.

If you have a problem at any other time, please contact the Day Surgery Ward or your consultant's secretary via the switchboard:

Conquest Hospital – Tel: 0300 131 4500
Eastbourne DGH – Tel: 0300 131 4500
Uckfield Day Surgery Unit - Tel: 01825 769999

In an emergency contact your GP or attend the Emergency Department (A&E).

Consent

Although you consent for this treatment, you may at any time after that withdraw such consent. Please discuss this with your medical team.

Sources of information

For more information you can visit the NHS website –
www.nhs.uk/Conditions/surgery/Pages/preparing-for-surgery.aspx
www.cpoc.org.uk

Important information

The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the Patient Experience Team – Tel: 0300 131 4731 (direct dial) or by email at: esh-tr.patientexperience@nhs.net

Hand hygiene

The trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.

Tel: 0300 131 4500 Email: esh-tr.AccessibleInformation@nhs.net

After reading this information are there any questions you would like to ask? Please list below and ask your nurse, doctor or practitioner.

Reference

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The following clinicians have been consulted and agreed this patient information:

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Physiotherapy Departments – East Sussex Healthcare NHS Trust

Occupational Therapy Departments - East Sussex Healthcare NHS Trust

The directorate group that have agreed this patient information leaflet:

Trauma and Orthopaedics

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