



## **Foot & Ankle Surgery: A Patient Information Guide**

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The following information is intended to give you some understanding about what foot and ankle surgery involves. It is intended to help consolidate the **shared decision making process** between you, as the patient, and your surgeon. It helps you decide which option of treatment best suits you and would justify the risks involved in that procedure.

Your consultant would take into consideration his clinical examination findings depending on his expertise and recommend an operation in certain cases. Surgery is generally considered to be the last option in the treatment of foot and ankle conditions.

Foot and ankle problems can be treated in various ways including lifestyle changes, insoles or modification of footwear, physiotherapy, medication, injections and finally surgery. Surgery is generally offered to patients who have tried other methods of treatment unsuccessfully or are unlikely to benefit from them.

### **Surgery Aims to Improve Function.**

Surgery is not performed for cosmetic correction. The main aim is to try and help you walk better and reduce the associated pain or discomfort. Cosmetic correction of deformities has unpredictable results and the risks associated with the procedure far outweigh the benefits. In general, the foot is likely to be swollen for at least 12-18 months after surgery and it takes that amount of time for the final benefits to be appreciated. The aim of surgery is to enable you to cope with day to day activities and it takes many months after an operation for you to be able to do so.

### **Helping Yourself**

It is important for you to follow the instructions given after the operation. This generally involves keeping your foot elevated after the operation so that your foot is above heart level. Swelling can occur very quickly if it is not elevated leading to throbbing pain, delayed wound healing and infection. It is important for all of us to work together to ensure that you get the best results. Weightbearing on the foot also must be according to your surgeons instructions.

### **Success Rates**

The rate of success for surgery is generally high but there are certain problems for which success rates are not as high. Early surgery may be offered in such patients after a thorough discussion of the risks and benefits associated with it and a mutual agreement to proceed with the operation.

## **The Risks Involved**

The associated risks and possible complications would be explained by your surgeon. Despite all attempts being taken to reduce the risk of complications, they do still happen occasionally, and it is important for you to understand the risks included in this booklet prior to accepting any operative interventions to treat your condition.

## **Preoperative Assessment**

You would be requested to submit general health and smoking status prior to your operation, and you may need a formal appointment with a preoperative nurse a consultant in certain cases. These are to highlight any pre-existing health problems which may render you at a higher risk of complications and try and reduce / remove those risks if possible, prior to the operation. In some cases, we may have to postpone the surgery or operation to achieve that.

### **1) Smoking**

Smoking seriously hampers wound healing and increases the risk of wound breakdown and wound infection. It also increases the risks of your bones not uniting and the development of a deep vein thrombosis. You would be recommended to completely stop smoking before your operation as the risk of complications and failure is very high if you continue smoking. Help is available through your GP and the hospital to assist you quit smoking. We would recommend you to ask for help, if it has not been offered to you.

### **2) Oral Contraceptive Pill**

Women taking the oral contraceptive pill are at a higher risk of developing deep vein thrombosis and pulmonary embolism. It is recommended to stop the contraceptive pill at a minimum of 4 weeks prior to any elective operation (preferably 6 weeks). You may wish to seek help through your nurse/doctor for avoiding pregnancy whilst stopping the pill.

### **3) Hormone Replacement Therapy (HRT)**

HRT contains oestrogen and can increase the risk of DVT. The recommendation is to stop the HRT for 2 weeks prior to your operation. You may wish to seek assistance from your GP/nurse if the effects of stopping the HRT are unpleasant.

### **4) Foot hygiene**

If you suffer from athlete's foot, it is important to have this cleared up before any operation. It is also important to treat your socks and footwear with antifungal powder to reduce the risk of re-infection. Any chiropody or podiatry treatment should be avoided one week prior the operation at the latest. The resumption of chiropody or podiatry treatment should be after consulting your surgeon.

### **5) Prior Medications**

It is important that you bring all your prior medications and non-prescription medications to your preoperative assessment. It is important to make your surgeon and anaesthetist aware of your prior medications to avoid interactions during anaesthesia and surgery.

## **Help After Surgery**

You would be far less mobile following your operation and it is important to have family or friends help you during the recovery period. If you are alone and need help, you may consult your GP to get social services involved during your recovery period. You would need help for certain tasks like shopping and preparing meals. Other points to consider are whether you would be able to negotiate around your house and manage stairs and with crutches or sticks. Please discuss this with your preoperative assessment nurse to help prepare for these difficulties.

## **On the Day of Admission**

Usually you would be admitted on the day of surgery to the surgical admission unit or equal depending on the hospital where the operation is being performed. It is important to be on time to avoid a delayed start to the operation list. If you have difficulties in transport, please highlight these during your preop-assessment or seek help from your GP practice. Certain patients may have general health problems and may be admitted the day before the operation depending on the preoperative assessment.

## **The operation**

Your surgeon and your anaesthetist will visit you prior to the operation. The surgeon will answer any questions that you may have, fill out the appropriate consent form if not already obtained and mark your leg. The anaesthetist will discuss various forms of anaesthesia including local anaesthetic blocks. Local anaesthetic blocks have greatly improved the patient experience in foot and ankle operations and the pain relief may last for 24-36 hours. Most of the operations nowadays are performed under block anaesthesia avoiding the risk of a general anaesthetic. You are advised to take your painkillers regularly before the block wears off. You would also be seen before or after surgery by a physiotherapist or a nurse who will supervise and train you for the safe use of crutches or walking sticks. You will then be taken to the holding bay of the operation suite for safety checks. You will be taken to the anaesthetic room, in certain hospitals this will be in the operating theatre. After the operation your foot and ankle will be wrapped up in a bandage or a plaster and you would be moved to the recovery room prior to returning to the ward when stable.

After the operation you will be advised to keep your leg elevated in the bed. The nurses or the physiotherapy staff will assist you to mobilise on the ward. You will not be discharged unless you are safe to mobilise in the manner that your surgeon intended and are safe to go back home.

Most of the foot and ankle surgery patients are now discharged home on the same day of surgery but this depends on the patient's general health, help and support at home, type of anaesthesia, the surgery performed and the surgeon's preferences. Please organise adequate transport to take you home as you will not be allowed to drive after the operation. If you have had a general anaesthesia or sedation, you will need a member of your family or a friend to be with you on the night following your surgery.

## **On Reaching Home**

### **1) Elevate Your Foot**

This is very important to reduce swelling of your foot and ankle and to speed up the healing process. For the first couple of weeks it is important to keep your foot elevated for up to 15 minutes every hour ideally at the level of your heart. In general, if you are not preparing meals, bathing or toileting, your foot should be elevated. Applying ice or a bag of frozen peas wrapped in a tea towel over the dressings would help in reducing excessive swelling. Reducing the swelling helps reduce the pain. Do not apply ice directly to the skin as this may cause injury.

### **2) Keep an Eye on Your Foot**

Observe the colour of your foot and the tips of your toes. It is normal to have some bruising and oozing from the wound. The warning signs are blue or white toes, worsening pins and needles and severe swelling. If these happen, please alert your medical staff. You should contact your ward, GP or your nearest A&E for an urgent assessment.

### **3) Dressing and Wound Care**

It is important to keep your dressings clean and dry and not to get them wet. The initial dressings applied in the operating theatre are generally left on for several days and your surgeon will instruct you when the wound needs to be inspected or redressed. This will depend on the nature of the operation and the clinic timings. If the plaster or bandaging becomes bloodstained, please contact the hospital to get it changed.

### **4) Weightbearing**

The operation needs your bones as well as your soft tissues to heal and hence you may be instructed to be non-weightbearing depending on the nature of your operation. In certain situations, you may be allowed to bear weight through your heel or maybe rendered toe-touch weightbearing or partial weightbearing. This will be fully explained to you by the nursing staff or the physiotherapist after the operation and it is important to strictly follow those instructions to ensure success of the operation. You may be supplied with a special form of postoperative shoe to take pressure off the site of the operation for example bunion surgery. The physiotherapist may advise you on simple exercises to be started at an early stage depending on the type of the operation.

### **5) When Can I Drive?**

You should not be driving until you can wear a normal shoe and can safely perform an emergency stop with confidence. Please inform your insurance company about your operation and when you return to driving.

### **6) When Can I Pursue Sports?**

Please discuss this with your surgeon regarding return to sport. Non-impact activities such as swimming and in certain cases cycling may be tolerated soon after the wounds have healed up. Contact activities are generally commenced after gradual increase in the level of activity and the pain and swelling has subsided. Your surgeon and your physiotherapist will help supervise this.

### **7) Blood Thinner Injections**

After your operation you may be started on blood thinner injections or medications to reduce the risks of developing clots in your legs or your lungs. This will generally continue while you are non-weightbearing i.e. about 6-8 weeks depending on the operation. If you are still non weightbearing beyond the period of blood thinner medication, please do consult your surgeon or medical team to have it extended. This carries a small risk of bleeding and wound healing problems.

### **The Risks/Complications of Foot and Ankle Surgery**

Even operations that have a predictable excellent result can result in a poor outcome if a complication happens. All measures should be taken to reduce the risk of complications including stopping smoking and control of diabetes. It is for you, the patient, to decide what level of risk you are prepared to accept. Your surgeon will discuss the risks and benefits for the operation and use his experience and expertise to help you make an informed decision whether you wish to proceed with the operation.

#### **Operation site complications**

- 1) Bleeding, bruising, swelling and infection or wound healing problems.
- 2) Damage to blood vessels  
This may compromise the circulation and lead to loss of tissue, loss of toes or even the foot. In certain cases, it may need an operation to repair the vessels.
- 3) Injury to nerves  
This can result in absent, abnormal or painful sensations, weakness and paralysis of the foot and ankle.
- 4) Persistent Scar Tenderness or Sensitivity.  
Complex regional pain syndrome: unpredictable severe pain, stiffness and circulation changes. This is a rare but very disabling complication.
- 5) General Complications Associated with Any Operation  
Heart attack, stroke or mini stroke, deep vein thrombosis or pulmonary embolism i.e. clots in the leg or clots going to the lungs and stomach or bowel ulceration, chest infection, allergies, medication and blood transfusion.
- 6) Temporary Worsening of diabetes  
Additional strain on other parts of the body i.e. hip, knee and back that are protecting the operated foot can lead to pain in these regions.

Most of these complications are common and some are extremely rare but it is important for you to understand the risks involved prior to contemplating any operation. You should remember that planned modern surgery is a very safe procedure compared to many of the activities that we encounter every day.

We hope that this information helps you decide about which treatment option suits you the best. Do not hesitate to discuss with your surgeon if you have any questions regarding your operation or the information supplied.

### **Further reading resources recommended**

[WWW.BOFAS.org.uk](http://WWW.BOFAS.org.uk)

[WWW.footeducation.com](http://WWW.footeducation.com)

[WWW.myankle.co.uk](http://WWW.myankle.co.uk)

[WWW.arthritisresearchuk.org](http://WWW.arthritisresearchuk.org)

[www.kakwani.com](http://www.kakwani.com)

### **Contact details**

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Orthopaedic Helpline for North Tyneside hospital: 0191 2934220

Northumbria Healthcare NHS Trust: 03448118111

Nuffield Health: 0191 2816131

Cobalt Hospital: 0191 2703250

Spire Washington Hospital: 0191 4151272

Tyneside Surgical Services: 0191 4452474