



Northumbria Healthcare
NHS Foundation Trust

Podiatric Surgery (Foot Surgery)

Issued by the department of Podiatric Surgery



This information is to help patients and their parents/guardians or carers to think about the potential benefits and risks associated with podiatric foot surgery.

Podiatric Surgery

Podiatric surgery is a proven and effective aspect of foot health care. It is undertaken by podiatric surgeons, who are not doctors but are specialist podiatrists specifically trained in foot surgery.

Alternative treatment

Foot and ankle problems can be treated in many ways without having an operation. These include custom made insoles and/or shoes, physiotherapy and exercises, medicines and injections, or a change in activity level. Surgery may be offered if these treatments are unlikely to help or have failed to improve your symptoms.

Benefits of surgery

Surgery aims to improve your mobility. The operation will help you by reducing pain and helping you to walk more efficiently. You will not be offered an operation purely for cosmetic reasons.

What can I expect from the surgery?

We perform surgery to help patients cope with day to day activity. However, this may involve changing the way the foot works forever.

Your foot may take many months to recover. It is unusual for the foot to be perfect when bandaging is removed and it takes approximately 12-18 months before the final outcome is appreciated.

How can I help myself?

You will need to follow instructions given after your operation. Failure to do so can have detrimental long term consequences. For example, if you do not elevate your foot after surgery, swelling can quickly occur, leading to pain and increased risk of delayed wound healing and infection. The success of your operation depends on you as well as the hospital team.

The success rates of surgery are generally high

For some conditions, however, there may be no operation available to readily improve your symptoms; in these cases surgery may carry unnecessary risks. Under some circumstances you may be offered surgery even when the chance of success is poor.

However, this would only happen after thorough discussion and your acceptance of this risk.

Possible complications and risks

No operation can be without risk. It is important that you are aware of this, however small, before consenting to elective (nonemergency) foot surgery.

To reduce risk and avoid complications, all patients have screening and investigations undertaken at various stages of care.

These can include:

- a detailed medical and surgery history,
- questions about your various body systems,
- tests and investigations such as x-rays, blood, urine, circulation and blood pressure.

If these raise concerns about possible health problems, questions about the safety or appropriateness of surgery, medical opinion may be sought. Surgery may be delayed until the problem is treated or controlled. (A typical example of this would be raised blood pressure).

Risks

- Prolonged swelling – 9 in every 1000 operations (0.9%).
- Haematoma – a painful accumulation of blood within the operation site.
- Thick and/or sensitive scar.
- Loosening or movement of screws or wires used to stabilize bone causing irritation or pain and may require removal – 14 in every 1000 operations (1.4%).
- Adverse reactions (minor or acute) to injected local anaesthetic or oral medication - 5 in every 1000 operations (0.5%).
- Infection of soft tissue - 17 in every 1000 operations (1.7%).
- Infection of bone – 1 in every 2000 operations (0.05%).
- Loss of sensation, usually temporary though occasionally permanent.
- Delayed healing of soft tissue or bone.

- Circulatory impairment and tissue loss.
- Deep vein thrombosis, possibly leading to pulmonary embolism, an acute, potentially life threatening medical condition – 5 in every 4000 operations (0.12%).
- Pain syndrome – neurological pain develops after the operation and does not settle after the usual six weeks. This will require referral to a pain specialist – 2 in every 1000 operations (0.2%).
- Recurrence of the deformity or failure of the operation - 38 in every 1000 operations (3.8%).
- Development of secondary problems including overloading of joints adjacent to the ones operated on - 32 in every 1000 operations (3.2%).

Any surgery poses a very small risk to life and limb. You should be aware these complications are rare. They can usually be revised or treated and need not result in permanent disability or pain. You should also remember that planned, modern surgery is very safe compared with many activities we all encounter every day.

Any possible complications specific to the planned surgical procedure are explained on an information sheet regarding your operation. This information will be discussed with you and you will be given the opportunity to ask any questions. You will also receive a printed copy of the information. If you are concerned about any of the above, please do not hesitate to discuss them with the Podiatrist or a member of the clinical team.

Most podiatric surgery is performed as a day-case using local anaesthetic.

The benefits of local anaesthetic include:

- lower risk of complication than a general anaesthetic
- shorter stay in hospital
- reduced risk of hospital acquired infection

Before your surgery

You will have a pre-operative assessment before your surgery where you will be asked about your general health. This can highlight any health problems that may put you at increased risk of complications

Smoking

If you smoke you should seriously consider stopping completely before having surgery. People who smoke have more complications after surgery with a much higher risk of wound breakdown, wound infection, deep vein thrombosis (DVT) and failure of bony operations. We can provide you with a leaflet about stopping smoking and also contact details for the Northumberland stop smoking service, additionally your GP can offer you help and advice on stopping smoking.

Oral contraceptive pill

The risk of DVT and pulmonary embolism is higher in women taking oestrogen – containing oral contraceptive pills, even low dose oestrogen preparations. You should stop the pill a minimum of four weeks prior to elective surgery and preferably six weeks before. If you do not know whether the pill you are on contains oestrogen, ask your GP or the clinic that prescribed it.

You should also seek advice on alternative methods of preventing pregnancy.

Hormone replacement therapy (HRT)

HRT contains lower levels of oestrogen than the oral contraceptive, but may still increase the risk of DVT. It is recommended that you stop HRT for 2 weeks prior to your operation date. If, however the effects of stopping are too unpleasant, you may restart it, but we may need to take other action to help reduce the risk of DVT, which may involve medication until you are fully weight bearing.

Athlete's foot

If you suffer with athlete's foot, you should try to have this cleared up before any surgery. It is acceptable to use antifungal treatment regularly but do not let your foot get too moist from excess use. Treat your socks and footwear with antifungal powder, to prevent re-infection. Ask your GP, community Podiatrist or pharmacist for advice.

Other medicines and allergies

Some medicines cause problems with anaesthesia and surgery. Some hospital drugs may be used routinely to which you may be allergic. You must bring a list of all medications and non-prescription medication to the pre op assessment clinic. Please let us know if you have any allergies.

Eating before and after your operation

You can eat normally on the day of your operation as you will only be receiving a local anaesthetic. You will be going home the day of surgery and should have food prepared for your return. It is also advisable to be organised for the following few days as you may need help from family and friends.

Admission

Please arrive at the ward/surgical day unit no more than 15 minutes before your appointment.

Once you have been admitted to the hospital by the nursing staff, you will be taken into the theatre suite. You can expect to be at the hospital up to 5 hours.

Please remove all jewellery before coming for your operation.

Changes in your health or medication

If your health changes in any way, or you are ill on the day of the operation, please contact the hospital for advice.

Transport

You will need to be driven home after the operation. The person driving you home can be contacted by phone when you are ready to go home. You will be able to go home as soon as you are ready.

Taxis are generally not suitable on your own.

If necessary on medical grounds, hospital transport can be organised through your GP. This may extend the length of time you are at the hospital.

Things you need to collect before the operation

You may need painkillers and crutches. These will be issued if necessary by the podiatrist on the day of the operation. For alternative painkillers or other medication for your particular health needs, you should contact your own GP at least 2 weeks before your operation. Your GP will issue an appropriate prescription.

These drugs must be discussed with the podiatric surgeon before your operation.

The Podiatric surgery team do not issue medical certificates (fit note) on the day of surgery. You will be issued with a discharge note for your GP. Your GP will then be able to issue a medical certificate for you if needed. Typically, a phone call to your doctors surgery the following day after your operation will be required to initiate this.

Help at home after your operation

After your operation, for the first week you should expect to do no more than rest with your foot elevated. You will need help with things like errands or exercising your dog. It is essential you have some home care support for after the operation. You will need it as you will be resting with your foot elevated. We recommend that you either have someone to stay with you or stay with someone for the first night after your operation.

This type of surgery can take some time to recover. It is not advisable to plan holidays (particularly abroad) within the first 6 weeks after your surgery.

Any unexpected problems in your planned recovery may need the attention of the surgery team for longer than you expected. If you have doubts please ask before proceeding with the surgery.

Post-operative information

How to look after your foot and avoid too much pain

Avoid prolonged standing; if crutches have been issued use them as directed.

Keep your foot well elevated. Use pillows or blankets placed under your heel or under your thigh but NOT under the calf as this may affect the circulation to your foot.

Assist your circulation. Draw imaginary circles or the alphabet with your ankle. This exercise also helps to keep the swelling down.

You may walk around the house for 5 minutes every hour, unless specifically told not to do so. You need to mainly take your weight on your heel when walking.

Ice packs wrapped in a tea towel can be placed over the front of the ankle for 10-15 minutes every hour to ease pain and swelling. However, take care not to wet the dressing.

Do not interfere with the dressing until you return to the outpatients clinic.

It is essential that the dressing remains dry and clean, as this reduces the risk of surgical wound infection. If your dressing becomes wet, dirty, or loose you need to contact the surgical team for advice.

Swelling

After any foot operation there will be considerable swelling around the operation site. Looking after your foot by taking the advice above will help to minimise this at first. However, it is expected that some residual swelling could remain for several months following surgery – sometimes up to nine months.

Taking your painkillers

You will be advised on when to start taking your painkillers. This will normally be before the anaesthetic starts to wear off. The label on the packet will tell you how many you are able to take.

If your foot is excessively painful

Pain varies with operations. It is usual to experience significant pain for the first 48 hours but by the third day it should improve. If it does not start to improve, or does not respond at all to the painkillers you have been advised to take, please contact the surgical team via the contacts listed at the end of this leaflet.

If your foot is bleeding

Some bleeding is to be expected in the first few hours after the operation. If however, the bandage becomes saturated it will need to be changed, please contact the surgical team via the team secretary, the direct telephone number is noted on the last page of this leaflet and also at the top of your hospital letters, for out of hours advice contact NHS 111.

If the foot suddenly starts to bleed two to three days after the operation, contact the surgical team via the contacts listed at the end of this leaflet, or your GP as it may indicate that the wound has become infected.

Fainting

For the first couple of days particularly, it is not uncommon to feel faint at times. Make sure you have someone with you to help especially when getting to your feet. Fainting can be caused by a combination of:

- stress from the whole experience,
- the pain in your foot,
- the pain killing tablets and
- sitting down for long periods of time.

This effect will usually pass after the first couple of days.

Infection

If the foot suddenly becomes very painful, starts to bleed or smell about three days after the operation, it may indicate infection. Seek help immediately via the contact numbers.

Calf pain

In you experience pain, redness, tightening and/or swelling in the calf this may indicate a blood clot. Seek help immediately by contacting the Podiatric Surgery office or attend one of the urgent care centres at our general hospitals (Hexham, North Tyneside or Wansbeck).

Wires and screws in the foot

Wires and screws are often used in foot surgery. Occasionally these can cause irritation of the skin and will need to be removed.

Contact the clinic for an appointment if you begin to experience any pricking of needle type symptoms.

Driving

You should not drive until you can wear a normal shoe and feel that you can perform an emergency stop with confidence. You must inform your car insurance company about your operation

Contact numbers

Podiatric Surgery Office 01434 655638
(Monday - Friday: 8am - 4pm)

Orthopaedic helpline:
(Office hours, Monday - Friday)

North Tyneside General Hospital 0191 2934220
Wansbeck General Hospital 01670 529431

Out of hours please contact NHS 111 by dialling 111.

Alternative Formats

If you would like a copy of this information in large print, another language, audio tape or other format please call the Contact Centre on **03 44 811 8118**

Other sources of information

NHS 111

NHS Choices

www.nhs.uk/pages/homepage.aspx

NICE (National Institute for Health and Clinical Excellence)

www.nice.org.uk

Patient Advice and Liaison Service (PALS)

Freephone: **0800 032 0202**

Text: 01670 511098

Email: northoftynepals@nhct.nhs.uk

Northumbria Healthcare NHS Foundation Trust

General Enquiries **03 44 811 8111**

www.northumbria.nhs.uk

PIN 333/V5

Review date: November 2021

© This material is the copyright of the Northumbria Healthcare NHS Foundation Trust