



**Northumbria Healthcare**  
NHS Foundation Trust

# Preparing For Foot and Ankle Surgery

Issued by the Orthopaedic Department



This leaflet gives you information about what is involved in foot and ankle surgery. This will help you decide, with your surgeon, whether surgery is the right treatment for **you**.

Alternatives to surgery 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 or ankle works forever. Your foot may take many months to recover. It is unusual for the foot to be perfect when the bandaging or plaster 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 reliably 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 increased risk.

## **Risks**

Your surgeon will talk to you about the operation and potential complications and risks. You should think about these and ask for clarification if you are uncertain about them. There are risks with all types of surgery and understanding these will help you make the decision about whether to have the operation.

### **The operation site:**

- Bleeding, bruising, swelling (long term)
- Infection and wound breakdown
- Damage to blood vessels that may require surgical repair, or result in poor circulation that leads to loss of tissue or toes or the foot
- Persistent tenderness or sensitivity near scars, or ugly scars
- Damage to major nerves leading to absent, abnormal or painful sensations, or local weakness or paralysis of the foot or ankle
- Complex regional pain syndrome (unpredictable pain, stiffness and circulation changes)

Your surgeon will discuss any complications that are specific to your procedure.

### **General complications:**

- Heart attack
- Stroke or mini-stroke
- Blood clots in leg veins (Deep Vein Thrombosis) or lung
- (Pulmonary Embolus)

- Stomach / bowel ulceration (response to 'stress' of surgery)
- Chest infection
- Allergic reaction to drugs or blood transfusion
- Temporary worsening of diabetes
- Protecting the foot after surgery can put additional strain on
- other joints e.g. hip or back
- Any surgery poses a very small risk to limb and life

Although this is a fairly frightening list you should remember that planned, modern surgery is very safe compared with many activities we all encounter every day.

## **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 a general anaesthetic and 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. The risk of complications and failure is so high after certain operations that your surgeon may be reluctant to perform it without evidence of you stopping smoking. 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 two weeks prior to your operation date. If, however, the effects of stopping are too unpleasant, you may restart it, but we will then prescribe medication to help reduce the risk of DVT. These will start on the day of surgery and continue until you are fully weight bearing.

## **Podiatry treatment**

If you are having chiropody or podiatry treatment, it is important that you tell your podiatrist that you will be having surgery. Your last treatment should be one week before the date of surgery at the latest. Do not resume any treatment after surgery without consulting your surgeon.

## **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 reinfection. Ask your GP 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 nonprescription medication to the pre-operative assessment clinic. Please let us know if you have any allergies.

## **Extra help you will need after surgery**

Plan to rest; you may be far less mobile than normal for some time. You may need help from friends or family with certain tasks such as shopping and preparing meals. Please inform us at your pre-assessment appointment if you anticipate difficulties.

## **Before admission**

At the pre-operative assessment clinic you will be asked about your health. Tests will also be arranged as including blood tests, heart tracings and x-rays. Occasionally the clinic highlights health problems that require further specialist tests and/ or treatment to be carried out before you have surgery. Your surgery may need to be delayed because of this.

Please ensure your foot hygiene is as good as possible on the days leading up to surgery. If you have difficulty with this you may need to see a chiropodist at least a week prior to surgery.

## **On the day of admission**

Usually you will be admitted on the day of surgery to the Surgical Admissions Unit (SAU) or equivalent, depending on the hospital you are attending. If you will have difficulty arriving early in the morning, on the day of surgery, please let us know. Some patients with certain health problems may need to be admitted the day before surgery. If this is necessary, you will be informed at your pre-operative assessment clinic.

## **The operation**

Your surgeon and anaesthetist will see you before the operation. The surgeon will answer any further questions you may have, take verbal and written consent for the procedure, if not already obtained, and mark your leg. The anaesthetist will discuss their role and the options specific to you and your surgery; this includes general and/or local anaesthetic (numbing injections) as well as post-operative pain control. Local anaesthetic blocks around the foot and ankle have greatly improved the experience of patients in recent years and may last for up to 24-36 hours. You are advised, to start regular pain killers well before it wears off.

A physiotherapist will help you with the safe use of a crutch or crutches. You will need these for as long as you need help with your walking during your recovery.

At the time of surgery you will leave the ward and be taken to a 'holding bay' in the theatre suite for safety checks. Staff will then take you to the anaesthetic room, next to the operating theatre (or in the theatre at Hexham and Alnwick).

After the operation, your foot and ankle will either be bandaged or in a boot/ plaster cast. You will wake up in the 'recovery room' before being returned to the ward once you are awake and comfortable.

## **After the operation**

When in bed, you will be instructed to keep your leg elevated in the bed before attempting to get up. The nurses and physiotherapy staff will help you when you are ready to mobilise on the ward. They will also provide further advice for when you are at home, especially if you still have a numb foot from the anaesthetic. You will not be discharged until you are safe to mobilise in the manner the surgeon intended.

You may be discharged home on the day of your surgery. You will be informed at your pre-operative assessment clinic so that you know what to bring with you on the day of surgery. Please organise transport home as you will not be allowed to drive. If you have had general anaesthesia or sedation you will need a friend or relative to be with you on the night of surgery.

# When you get home

## Elevate your foot

This is vital to reduce swelling and to speed the healing process. For the first 72 hours after surgery, elevate your foot for 50 minutes every hour, ideally at the level of your heart. As a guide if you are not preparing meals, bathing or toileting, your foot should be elevated. Please do this until your wound has been checked in clinic and is healing as expected. Swelling may also be reduced by applying ice (or a bag of frozen peas) wrapped in tea towels applied directly on to the dressings. Do not apply ice directly to your skin as it may cause injury. Reducing the swelling will reduce the pain.

## Check your foot

Check the colour of your foot or tips of your toes. Bruising is normal as is some oozing of the wound(s). If your toes are blue or white, if you have worsening pins and needles and massive swelling you must seek urgent medical attention. Ring the ward, contact your GP, or attend your nearest Accident and Emergency (A&E) department for an urgent assessment.

## Pain relief

Take painkillers regularly for a few days, as prescribed, whether you are in pain or not. You may need them for several weeks after surgery. Discuss with your GP if you have any side effects.

## Dressings and wound care

Keep your bandages clean and dry. Do not tamper with the dressings. The dressings are usually left on several days; your surgeon will determine when your wound is first re-dressed and/or inspected. This may be within the first week or at two weeks depending on the operation and the surgeon's clinic times. Plaster casts must remain dry at all times. If the cast or bandaging become blood-stained you will need to have these changed. Please contact the hospital to arrange this.

## **Weight bearing and mobilisation**

After your operation you might be instructed to be 'non-weight bearing'. Other forms of weight bearing include 'heel weight bearing', 'toe touch weight bearing' and 'partial weight bearing'. These will be fully explained to you by the staff after your operation and must be strictly followed to prevent failure of surgery. The physiotherapist may also advise simple exercises, at an early stage, depending on the operation you have had.

## **Venous thromboembolism (VTE)**

VTE is the formation of a blood clot (thrombus) in a vein which may dislodge from its site of origin to cause an embolism. Most thrombi occur in the deep veins of the legs and pelvis; this is known as a deep vein thrombosis (DVT). Dislodged thrombus may travel to the lungs; this is called a pulmonary embolism (PE) and can be fatal. You may be started on blood thinner medicines to reduce the risk of developing blood clots in your veins. Please do discuss with your consultant if you are unable to weight bear on your leg beyond the duration of your blood thinner medications to get their duration extended.

## **Symptoms for deep vein thrombosis**

1. Pain, swelling and tenderness in one of your legs (usually calf)
2. A heavy ache in the affected area
3. Warm skin in the area of the clot
4. Red skin, particularly at the back of your leg below the knee

## **Symptoms for pulmonary embolism**

1. Breathlessness – which may come on gradually or suddenly
2. Chest pain – which may become worse when you breathe in
3. Sudden collapse

Please consult your doctor/helpline if any of the above symptoms develop.

## Driving

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

## Sport

Discuss this with your surgeon before returning to activity. Non-weight bearing activities, for example swimming may be tolerated soon after wounds have fully healed. Other activities will be resumed only after controlled, gradual increases in activity without pain or swelling. This may be several months – your physiotherapist will help to supervise this.

If you need further information or advice about your surgery please discuss this with your surgeon.

## Sources of information

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

(<http://www.arthritisresearchuk.org/arthritisinformation/surgery/foot-and-ankle-surgery/>)

[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)

<https://www.nhs.uk/conditions/deep-vein-thrombosis-dvt/>

## Contacts

Orthopaedic Helpline:

**North Tyneside General Hospital** 01912934220

**Wansbeck General Hospital** 01670 529431

If you need further information, please contact your consultant's secretary, their direct telephone number will be on your letter from the hospital.



## 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](http://www.nhs.uk/pages/homepage.aspx)

### NICE (National Institute for Health and Clinical Excellence)

[www.nice.org.uk](http://www.nice.org.uk)

### Patient Advice and Liaison Service (PALS)

Freephone: **0800 032 0202**

Text: 01670 511098

Email: [northoftynepals@nhct.nhs.uk](mailto:northoftynepals@nhct.nhs.uk)

### Northumbria Healthcare NHS Foundation Trust

General Enquiries **03 44 811 8111**

[www.northumbria.nhs.uk](http://www.northumbria.nhs.uk)

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