

**PLEASE READ THIS PRIOR TO YOUR SURGERY**

**Preoperative visits:** Generally you will have a preoperative visit scheduled with me, Dr. Kibler, in the days just before the surgery. The purpose of the visit is to:

- a. Review your health and clear you for surgery.
- b. Answer any questions about the surgery and obtain written and verbal consent for the surgery.
- c. Give written and verbal instructions for the post-operative period.
- d. Make sure that you are provided with the necessary medication prescriptions and equipment that you will need after surgery.
- e. Complete any paperwork necessary for work, disability or DMV placards.
- f. Additionally, depending on your general health and age, you may also be scheduled preoperative visits with your primary care doctor (for medical clearance for surgery) and with the anesthesiologist (for clearance for surgery and review of anesthesia/instructions). These additional visits, if scheduled, are for your absolute safety.

**Medical history:** It is important that the entire team of providers that will be seeing you before and during surgery know your entire medical history. You will no doubt be asked numerous times about things such as your medications and your allergies by the many providers that compose the surgical team that will care for you – please bear with us.

**Medications and supplements:** Please let your anesthesiologist and me know about ALL prescription or non-prescription medications or supplements that you are taking. Some medication and supplements may have the potential to cause problems due to adversely interacting with anesthesia or perioperative medications that may be administered. Also, some may increase bleeding and/or slow healing.

**Medications that may cause excess surgical bleeding** – If you are taking any of the following medications or supplements, please let me know at least **two weeks before the planned surgery**, so that modifications can be made to avoid excess bleeding, if possible. (Check the circles as you review)

- Supplements: All nutritional supplements
- Blood thinners: Coumadin (warfarin), Lovenox (enoxaparin), Pletal (cilostazol), Plavix (clopidogrel), Eliquis, Pradaxa, Savaysa and Xarelto
- Anti-inflammatories and Aspirin: aspirin, ibuprofen, naproxen, indomethacin, meloxicam and many others.

**Medications that may slow healing** – If you are taking any of the following medications or supplements, please let me know at least **two weeks before the planned surgery**, so that modifications can be made to avoid impaired bone healing, if possible. (Check the circles as you review)

- Prednisone or other steroids
- Methotrexate
- Immunotherapy medications (monoclonal antibodies) ie. Enbrel (etanercept)
- Plaquenil (hydroxychloroquine)
- Chemotherapy agents
- Immunotherapy medications (monoclonal antibodies)

**Medications that may interfere with Anesthesia** – If you are taking any of the following weight-loss medications please let us know **at least two weeks before the planned surgery** to avoid any complications. (Check the circles as you review)

- Qsymia (phentermine/topiramate)
- Belvique (lorcaserin)
- Lomaira or Adepix-P (phentermine)
- Contrave (naltrexone)

## Time Line

Check circles as you go...

### **Two weeks before surgery:**

- Stop taking medications that are on the medication and supplement list (talk with me first).

### **One week before surgery:**

- Complete the preparation of your home.
- Stop smoking.
- Start adjusting your diet and supplements in preparation for surgery.
- Arrange for your transportation to and from the hospital on your surgery date.
- You will complete your preoperative appointments during this week.

### **The day before your surgery:**

- It is best to have already picked up your medication prescriptions and equipment.
- Practice with your equipment.
- Remove any nail polish that you may have on your toes.
- If you will be staying overnight in the hospital after your surgery, pack your bag
- Shower the night before surgery.
- Do not eat or drink anything after midnight before your surgery, unless directed to do so by the anesthesiologist (see next section.)

### **The day of surgery:**

- Shower the morning of surgery washing the surgical foot and leg with antibacterial soap
- Do not eat or drink anything after midnight before your surgery, unless directed to do so by the anesthesiologist.
- The anesthesiologist will direct you as to which medications to take prior to your surgery today. Take only these medications and take them with a minimal sip of water.

You will often be told to **not take any of the following prior to your surgery today:**

**Diabetes medications**

**Diuretics – (water pills)**

**Over the counter meds and health supplements** – vitamins/minerals, herbs, decongestants, antacids (Tums, Maalox, Mylanta, etc.), laxatives/stool softeners.

### **After the surgery:**

- You will need to have a designated driver take you home.
- Follow the written and verbal instructions that I gave you in the office (NOT hospital nurses)

- Plan on resting and elevating your limb for the first two weeks after your surgery.
- Keep your bandage dry and do not change it unless directed otherwise.
- Resume your normal medications, unless directed otherwise.
- When you get home start ibuprofen/acetaminophen (unless directed otherwise)
- Only use Rx narcotic in addition to ibuprofen/acetaminophen if pain not relieved
- You should first start with a clear liquid diet in the hours after you leave the hospital. If clear liquids are well tolerated, then progress to a diet that has adequate amounts of protein and resume recommended supplements.

**Smoking:** If you smoke, it is important that you stop before surgery and continue to not smoke after surgery. First, smoking can increase the risk of heart and lung complications during and after surgery. Second, smoking can impair both bone healing and skin healing seriously placing the outcome of your surgery at risk. If you smoke, please speak with your primary care provider to learn more about quitting.

**Alcohol:** Alcohol does not mix well with pain medication that you might be taking following surgery. Alcohol can lead to inadvertent falls and disruption of your surgical correction. Alcohol can interfere with your body getting the appropriate nutrients that it needs to heal properly. Furthermore, alcohol can impair bone healing. Please limit your alcohol intake or eliminate it completely in the weeks before and after your surgery.

**Diet and supplements:** Eating a diet that provides adequate calories and protein will support the body's healing process. Because you will be less active after surgery you will not require as much food, but do not attempt to "diet" in the two weeks before surgery and the two months following surgery. Discontinue any weight loss or diet pills at least two weeks before surgery. Furthermore, you might be able to "boost" your healing by consuming adequate amounts of good quality protein. Take a daily multivitamin, add 500mg of Vitamin C two times per day and take 220mg of zinc sulfate daily for the week before and the week after surgery. Some patients undergoing fusions will be asked to supplement Vitamin D. Dr. Kibler will review this individually.

**Weight bearing status:** Following some foot and ankle surgeries, patients may or may not be allowed to bear weight on the operated limb in a protected fashion. I will discuss the weight bearing requirements of your procedure with you before surgery. Some people can use crutches, walkers, rolling knee scooter or I-Walk 2.0 to help them get around better.

**Postoperative shoes and casts:** After surgery, you should not attempt to wear your regular footwear on the operated foot/ankle until I clear you to do so. For some procedures, you might be provided with a postoperative Velcro-strap shoe to be used whenever you bear weight. This type of shoe will be given to you in the recovery room after your surgery. You can remove it when you sleep. For other procedures, you might be provided a prefabricated removable Velcro-strap walking cast at the time of your first postoperative visit. Often, you will be allowed to remove this type of cast for sleep, but confirm with me that it is ok to do so. Wearing a shoe of similar height of the boot on the opposite foot or purchasing the Even-Up shoe lift online will make walking easier.

**Care of bandages, splints, and casts:** You should never remove bandages, splints, or casts unless specifically instructed to do so by me or by my office staff working under my orders. These will be changed at the time of your postoperative appointment. Bandages, splints, and casts must be kept dry. If they were to become wet, the risk of infection increases dramatically. If your bandage, splint, or cast becomes wet, call the office or go to the Emergency Room  
There are a number of options for keeping your bandage, splint, or cast dry:

- Use an over-the-counter short leg shower protector. You can purchase a Xerosox shower protector from a medical supply store.
- Use the double garbage bag method – heavy duty garbage bag above the knee, duct tape, garbage bag to a higher level, duct tape again.
- Sponge bathe.

Besides using one of the above options, you must take care to avoid weight bearing on the operated limb while getting in and out of the bath or shower, and while showering (if a shower is used). Some patients have benefited in these circumstances by using a small plastic garden chair as a shower chair in order to sit while showering.

**Rehabilitation:** Most foot and ankle surgeries require some type of home rehabilitation. In most cases, I will give you instructions on the type, frequency, and duration of rehabilitation activities. These activities may include range of motion exercises, icing, contrast baths, and strength work that you perform on your own. In some cases, working formally with a physical therapist may be required, for which I will make a referral. Rehabilitation activities may be started in some cases immediately after surgery, while in other cases, will be delayed until a cast is removed. In most cases, rehabilitation activities will last for 2-12 months.

**Preparing your home:** It is best to prepare your home before you actually have surgery so that it is compatible with your recovery needs. Here are some recommendations (check the circles as you prepare):

#### ***Kitchen***

- Prepare some meals ahead of time for yourself.
- Stock up the refrigerator, freezer, and pantry so that you will not have to go grocery shopping for at least two weeks.
- Stock the freezer with large ice packs. An alternative to ice packs that works very well is a large bags of frozen corn or frozen peas – they can be refrozen and reused for the duration of your recovery.
- Place frequently used kitchen equipment and utensils in an easy to reach location.
- Remove throw rugs so that you will not slip or trip.
- Arrange for help preparing meals or explore Meals on Wheels.

#### ***Bedroom***

- If you live in a two-story home, it would be helpful to prepare a sleeping area for yourself on the ground floor.
- Ensure sufficient lighting between your bed and the bathroom.
- Keep a flashlight at your bedside.
- Place the phone within easy reach at your bedside.
- You can cut out one side of a box and put it under your bed linens and blankets if you wish to avoid their pressure on your foot.

#### ***Bathroom***

- Remove throw rugs.
- Consider a shower chair or plastic garden chair in your shower.
- Purchase a short leg shower protector (a device that keeps your leg dry while you shower) ahead of time.

#### ***Living Space***

- Remove throw rugs or other objects (cords) on the floor that can cause you to trip or slip.
- Set-up your couch or a chair so that you will be able to make yourself comfortable and elevate your foot – make sure that you have foot rests to elevate your foot above the level of the heart
- Rearrange furniture to allow for clearance of crutches or walker and wheelchair, if needed.
- Bring your medications wherever you go.
- Plan sedentary projects for while you are recovering such as reading, organizing photo albums, etc.
- Keep the TV remote control handy.

#### ***Wardrobe***

- Allow ease in dressing by wearing loose-fitting pants, shorts, or skirts.

**Driving and parking:** You will not be allowed to drive yourself home after surgery. If you do not have someone designated to drive you home after your surgery, the surgery will be cancelled. In the days and weeks following surgery, I may or may not allow you to drive. Before the surgery, you may discuss this with me. **Do not** drive after taking pain pills. **Do not** drive a manual transmission automobile when you have a cast on your left leg. **Do not** drive at all when you have a cast or knee high cast boot on your right leg. Since your operated foot/ankle will be lower than your heart, avoid driving or traveling by car any longer than 20-30 minutes in the first few weeks, as this will cause your operated foot/ankle to become more swollen

and painful. When travel by automobile is necessary, always bring your required walking aid (cane/crutches/walker/wheelchair) with you. Attempt to park as close to your destination as possible. Before your surgery, we will discuss the possibility of obtaining a temporary parking placard for your car from the Department of Motor Vehicles.

**Work release/Disability/Business office:** If you need a work release, I will complete a standard work release letter at the time of our preoperative visit together (or sooner, if you require). All insurance forms and requests for leave should be submitted directly to the receptionist rather than to me.

**Outpatient versus Inpatient:** The majority of foot and ankle surgeries are performed on an outpatient or observation basis, meaning that you will go home the same day or within 24 hours of surgery. In some cases (particularly more involved reconstruction cases); patients will stay in the hospital after their surgery is performed. In the hospital, we can observe both your general health and your foot/ankle closer than if you went home. I will discuss whether your surgery will require a stay in the hospital well ahead of time. In some cases, the patient is transferred from the hospital to a rehab facility in order to obtain further physical therapy assistance.

**Type of anesthesia:** Most surgery involving the midfoot or forefoot (from the arch to the toes) is performed under local anesthesia with intravenous sedation. This means that your foot is anesthetized from the ankle down and you are sedated (sleepy). The amount of sedation can be adjusted by the anesthesiologist between very light to very sleepy, depending on your comfort levels. This form of anesthesia is quite safe and usually does not require a long recovery in the recovery area. Surgery involving the midfoot, hind foot, ankle and leg (from the arch to the leg) is usually performed under general or spinal anesthesia in order to assure that you will not feel any portion of the surgery and that you remain comfortable for the duration of the surgery. General anesthesia involves the use of anesthesia gasses, while spinal anesthesia numbs you from the waist down with an injection in your low back.

**Risks of surgery:** You should be aware that while foot and ankle surgeries are usually successful, they are not entirely without risks. The risks of foot and ankle surgery may be related to the surgery itself or other perioperative risks.

General operative risks:

- Anesthesia complications
- Medication reactions
- Blood clots
- Cardiac arrest
- Death

Risks related to the foot and ankle:

- Nerve injury
- Numbness
- Weakness
- Tendon injury or disruption of tendon function
- Complex regional pain syndrome (CRPS or RSD)
- Circulation disturbance of soft tissues or bone
- Loss of toes, foot, or limb
- Infection
- Wound or scar problems (poor or slow healing, thick scar, sensitive scar, unsightly scar)
- Failure of bone healing (delayed or non-healing of bone)
- Intolerance of hardware of implanted materials
- Failure or breakage of hardware or implanted material
- Stiffness
- Arthritis
- Limp
- Chronic pain
- Chronic swelling

- Prolonged recovery
- Transfer of pain, fracture, or callus to new location
- Change in shoe size or inability to wear desired footwear
- Overcorrection of deformity
- Under correction of deformity
- Unresolved pain

Call me at Instride Brunswick Foot and Ankle Surgery if you experience any of the warning signs below. The phone number is (910)755-651. If you are unsuccessful in reaching me within 1 hour, go to the Emergency Room.

- Severe foot pain that is not relieved with elevation, ice, and medication.
- Bandage/cast accidentally getting wet.
- Fever over 100 degrees F, or lymph node tenderness in the groin.
- Severe calf pain, shortness of breath or chest pain.
- Adverse reactions to prescribed medications.

**Your first return visit:** On your first return visit, your cast or bandage will be removed for the first time. You should be aware that the foot and ankle will look nothing like it will when it is finally healed months down the line. In fact, for some patients, the site can be somewhat alarming, given the bandages may have a lot of dried blood on them, your foot and ankle may be somewhat swollen and bruised, and you will may have stitches at the incision site(s). When I see you, I will assess your progress and review the recovery plan that I will have you follow until our next visit together.

**Recovery Time:** Activities are usually progressed gradually in the following sequence:

- a. Very restricted home activities of basic daily living with mandatory rest and elevation.
- b. Restricted home activities with reduced rest/elevation.
- c. Light work activities with restricted footwear and non-impact exercises
- d. Light work with standard footwear and non-impact exercises
- e. Mild impact exercise activities with standard footwear.
- f. Full exercise activities

The time it usually takes to progress through these levels is typically 2-6 months depending on the type of surgery. Before full weight bearing activities are allowed, non-impact exercise activities are encouraged, including activities such as upper body weightlifting, swimming (after incision healing and no cast), stationary cycling, and elliptical trainer.

**Resuming footwear:** Gradual bone healing and swelling prevent early return to normal footwear following most foot and ankle surgeries. There are a few surgeries where a patient can be expected to resume standard footwear in as little as 2-3 weeks. However, a majority of foot and ankle surgeries take approximately 6-8 weeks before standard footwear can be attempted. If the surgery requires a cast, then there is typically a 2-4 week period of weaning back to shoes after the cast is removed (a removable walking cast is typically used during this weaning period). Therefore, if the surgery requires a cast for 3 months, then you can expect to be in standard sneaker style shoes no sooner than 14-16 weeks after surgery.

**Return to work:** Since virtually all foot and ankle surgeries require rest and elevation of the operated limb for at least 2 weeks following surgery, it is rare that a patient will be allowed to return to work that requires standing and walking before 2 weeks following surgery. If you work in a sedentary occupation and can arrange your work environment so that you can continue to keep your foot elevated, it might be possible to return to work under these circumstances at approximately 1-2 weeks following some foot and ankle surgeries. If you work at a job that requires you to be on your feet for a substantial portion of the workday, it is rare that you would be allowed to return to work in less than 8 weeks following your surgery. In more complex surgeries, patients may be required to remain off work for as much as 3-6 months. I will review this with you at your preoperative visit.