



## DR. GROSSER POST-OPERATIVE INSTRUCTIONS

NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

- PATIENTS MUST BE DISCHARGED TO THE CARE OF A RESPONSIBLE ADULT.
- **DO NOT** MAKE ANY PERSONAL/BUSINESS DECISIONS FOR 24 HOURS AFTER ANESTHESIA.
- **DO NOT** DRIVE OR USE POTENTIALLY DANGEROUS EQUIPMENT FOR 24 HOURS.
- QUESTIONS? CONTACT THE OFFICE AT **972-250-5700**

**FOLLOW-UP APPOINTMENT:** \_\_\_\_\_

*Please arrive 10 min early for possible paperwork and check-in.*

**(If you are having your post-operative care performed by an Orthopaedic surgeon other than a doctor at POSMC, please contact POSMC medical records department and request a copy of your operative report and any imaging studies performed at POSMC).**

### SWELLING/MOTION | ANKLE/FOOT

It is important to **wiggle your toes/ankle** while in the postoperative dressing/splint. As swelling comes down, the appearance of the toes will be more “normal” and movement will improve.

The most important thing you can do for your comfort immediately after surgery is to **keep the foot and ankle region elevated above the heart** i.e. “toes to nose.” Usually 45 minutes of every hour for elevation is necessary during the first week. This helps to minimize swelling and will decrease your pain. This is required less often as the weeks progress and the foot can be in the dependent position longer, but it takes a long time for the swelling to completely resolve after foot/ankle surgery. Often the surgical area and below will become bruised and appear purple or yellow. You can prop your foot on pillows or foam wedge (available at the office or online) making sure to support your knee as well with a slight bend. Make sure that your heel is hanging free without anything underneath it. “Floating heel” at all times. This will avoid the burning sensation which is felt with pressure under the heel and is a precursor to a bed sore or ulcer. **DO NOT use a box, strap, or anything with a sharp edge for elevation.**

**Large ice packs can be applied to the surgical area. DO NOT place the ice on top of the ankle or foot as it will start to feel heavy and hurt.** Place it on either side (or both depending on surgery). Please only apply for 20 minutes per hour. A towel or something to absorb moisture can be helpful to avoid dressing from getting wet.

**BLOOD CLOT PREVENTION:** In addition to wiggling the toes and moving the ankle up and down, You will take Aspirin 325mg Daily for 28 days. Alert Dr. Grosser's team and do not take this medication if you have any allergies to NSAIDs or aspirin or ulcer disease, or if GI upset occurs with this medication. Please take with food.

### AMBULATION/WEIGHT-BEARING

- Splint     Boot     Post-Op Shoe
- Non Weight-bearing (Balance only with the weight of the leg)
- Partial Heel Weight-bearing as tolerated up to \_\_\_\_\_ %

### **Limit your activity to essential activities for the first 5-10 days following surgery.**

At first this will mean being up primarily for meals, use of restroom, bathing. Later, you can increase activities as directed by your surgeon. Initially you can expect your surgical site to throb when it is down and to be more comfortable when elevated. You will gradually be able to do more upright with less discomfort. You will need to have a knee scooter or wheelchair (if unstable) if you are non weight-bearing. Crutches or a walker are used for shorter distances and for partial weight bearing (putting some tolerable pressure on your operative leg but not all). You need to feel comfortable with the use of these devices and should be instructed on proper use prior to discharge home. **DO NOT lean your arm pits on the crutches as this can create other problems.**

### DRESSING AND INCISION

**DO NOT remove the dressing before returning to the office.** If the dressing feels tight and it does not improve with elevation as previously instructed, you may unwrap the outside layer and then rewrap looser if needed. Please leave the layer in contact with the skin in place.

You can take a shower by sitting on a stool in the shower and using a shower bag which can be purchased online, in the office, or at a pharmacy. Alternatively, you can use 2 waterproof trash bags with each sealed separately at the top with duct tape. You must keep your dressing dry. If the dressing gets unexpectedly saturated, remove wet dressing completely, let skin air out and then use non-adherent gauze and ace wrap for temporary coverage. Call the office if this occurs.

Do not be surprised if there is some drainage or blood on your initial dressing. This is normal, but continued bleeding is not, so contact our office if this occurs. If your surgery is during the summer months, you must avoid being outside in the heat. This increases perspiration and can lead to wound complications and infection.

When the incision site looks like a scar, which typically takes between 4-6 weeks depending on your healing rate, the scar needs to be massaged. You can use appropriate lotion, Scar Away, Mederma, or other moisturizer 10 minutes 3 times per day for two months. This helps decrease the thick scar tissue that can develop and can cause pain as well as interfere with range of motion. Massage also helps the nerves become less sensitive over the incision. Some numbness can be expected after surgery that may not resolve. When the incision looks like a scar, you may immerse your leg in water or shower without covering it, but not until then.

### POST OP PAIN CONTROL

Your pain should be controlled when you depart the hospital or surgery center. You will be given prescriptions for pain medication. Please have this filled and begin taking as soon as you begin feeling pain. Oral pain medications normally take 20-30 minutes to be effective. If not directed otherwise, you may also take ibuprofen or other anti-inflammatory in the same 24 hour period. The prescribed pain medicine can be staggered with the anti-inflammatory to help decrease narcotic use. It is important to take these medications with food. Medications that may be given are listed below.

- Norco or Percocet every 4-6 hours for pain (prescription)
- Gabapentin 300mg by mouth at night (prescription)
- Advil (do not exceed 2400mg in 24 hours) or Aleve (2 in the morning and 2 at night)
- Tylenol (do not exceed 4,000mg in 24 hours, your pain medication may have Tylenol in it, usually 325mg per pill)

You also need to get a stool softener or stimulant as the medications given in the OR and after are constipating. Your pharmacist can give you advice as well.

- Colace Or Miralax are STOOL SOFTENERS
- Magnesium Citrate or Dulcolax are LAXATIVES

As described above, you can decrease the amount of pain you have by keeping your surgical site elevated to decrease swelling and applying an ice pack as needed for 20 minutes out of each hour. **DO NOT drink alcohol or other sedatives while taking pain medication. DO NOT use heat on the surgical site during the first 2 weeks after surgery; this may cause more swelling and pain.**

### PHYSICAL THERAPY

When your postoperative dressing is removed and you are able to move more freely, you will be shown exercises to do on your own for range of motion and strengthening. Depending on the surgery, you may need physical therapy when you are able to fully weight bear. If so, you will be given a prescription for outpatient physical therapy which can increase the likelihood of a good outcome and quicker return to activity.

### PRESCRIPTION REFILLS

Recent studies have shown the average amount of pain pills required is less than 19 tablets postoperatively. You will typically be given a prescription after surgery to have filled at the pharmacy for 20-30 tablets depending on the surgery. This should be enough to cover postoperative pain. A refill is generally not given. If under extenuating circumstances a refill is considered, by law, the written (hard copy, original) prescription can only be picked up from our office by you or a family member or our office can mail you the written (hardcopy, original) prescription. This prescription must then be taken to your pharmacy to have filled. By law, we cannot fax/email/or call the prescription into a pharmacy. If you are taking pain medications regularly, please try to decrease this before surgery so the pain medication after surgery is more effective. If you are under the care of a Pain Management Specialist, he or she will need to be the one prescribing postoperative pain medication for you.

## **FOLLOW-UP CARE**

Following discharge from the surgical facility, call the office for your follow-up appointment if this has not already been done. Depending on your surgery and how recovery is progressing, you will typically have 3 to 5 follow-up visits. Care is provided by our team and we are all here to help you postoperatively.

## **DIET**

**Eat lightly today and progress to regular diet as tolerated.** Drink plenty of non-alcoholic liquids as tolerated to avoid dehydration. For recovery we recommend a well-balanced diet: green vegetables, lean meat/protein. It is important to take Vitamin C 1000 mg and Vitamin D 2000 i.u. supplements each day for wound healing and bone health respectively.

## **WHEN TO CALL** *(Our office or the physician on call)*

**If any of the following problems occur, call the office:**

- Fever over 101.5 degrees, or fever over 100 degrees that persists for 48 hours, or longer
- Red streaks on the leg, foul odor from the dressing, increasing drainage on the dressing, or toes that become increasingly painful.
- Severe pain that is not relieved by your pain medication or other pain-relieving techniques noted above.
- Increased swelling that does not improve with elevation.
- If the dressing gets wet.
- If an emergency develops on the weekend or at night, call the office telephone number and you will be given the number for the answering service. If there is a delay in contacting the surgeon on call and you are concerned, go directly to the Emergency Room for evaluation and treatment.