Post-Operative Advice: Podiatric Surgery

This leaflet explains more about podiatric surgery and post-operative care. If you have any further questions, please speak to a clinician caring for you.

Common Questions

For the initial 2 weeks following surgery it is important that you:

- Rest - don't underestimate how important this is for prompt wound healing.
- Keep your activities to a minimum
- Keep your foot elevated as much as possible to minimise swelling
- Use Ice packs frequently
- Start taking your pain relief as soon as you get home as directed
- Keep your foot clean and dry

How often do I need to attend Clinic after my surgery?

You will be expected to attend 1 or 2 appointments in the first 2 weeks following your operation. This may vary depending upon the type of surgery performed. Additional visits may be necessary dependent on your recovery. Between 2 weeks and 6 weeks you have an open appointment which allows you to contact clinic if you have any concerns. Thereafter you will commonly be reviewed at approximately 3 months post-op. Some procedures carry a protracted recovery and we may see you more often; For example at 3 months, 6-9 months and 1 year.

When will my stitches be removed?

Stitches are usually removed between 9 -16 days following your operation. This may vary depending upon the type of surgery you have had and the progress of the wound. Stitches on the bottom of the foot or the back of the heel are usually left in for 3-4 weeks. At this time your dressings are also usually removed.

- Do not remove your foot dressing
- Keep foot dry in this period
- When up and about wear your post op shoe or boot
- Use your crutches as instructed (if provided)

- Keep well hydrated
- Do ankle exercises regularly

What shoes can I wear after my operation?

For the first 2 weeks you will be expected to wear the footwear provided at the hospital; this is commonly rigid post-operative sandal or ankle boot In some cases this can be longer. If your surgery has involved wires in the toes then you will be required to wear the footwear issued for up to 6 weeks.

Most people will transition into good quality supportive running trainers at 2 weeks. It is likely that you will be restricted to this style of shoe for the following 6-8 weeks.

Additional Information

It is advisory that you do not attempt to drive whilst a plaster cast is worn. It is an endorsable offence and you maybe liable to prosecution under the Road Traffic Act (1988) for Dangerous Driving.

How to look after your foot when you get home?

After your foot operation it is important that you rest and avoid doing too much, this includes prolonged standing. You should expect to do no more than rest, get to and from the toilet, the kitchen to make a drink and your resting position (chair/sofa/bed) for the initial 2 weeks.

If you have been issued with crutches please use them as directed.
Wear the post-operative velcro fastened shoe, or surgical boot, whenever you are up and about, as it acts as a splint to support and protect your foot following surgery.

Keeping your foot elevated can help reduce pain and swelling. Keep your foot elevated using pillows or cushions placed under your heel but NOT under your calf as this may affect the circulation to your foot. Elevate your foot, remember "Toes to Nose".

It is important to assist the circulation to your foot when resting. This can be achieved by performing ankle exercises every½ hour or so.

Swelling and pain are common following foot surgery. Ice packs or a bag of frozen peas wrapped in a tea towel placed on the front of the ankle or behind the knee for 10 to 15 minutes. Repeat hourly as necessary. Be careful not to wet the dressing and avoid the ice coming into direct contact with your skin. Do not use

ice if you know you suffer from cold induced circulation problems, such as Raynaud's syndrome.

Signs of Infection

It is normal for you to experience pain or discomfort for at least 2-3 days following your operation. However if you experience any of the following signs beyond this period of time we need to know;

- Foot / leg feels warmer /hotter to touch
- Foot / leg becomes red, swollen or hard
- You notice malodor (bad smell) or weeping from the dressing
- You become generally unwell and or have a temperature
- If you notice any of the above contact the Podiatric Surgery Team, GP or A&E

Controlling your pain after Foot Surgery

As your anaesthetic wears off, you may experience pain. This may be worse for the first few days after your operation and may disturb your sleep. During the first few days try to:

- -+ Rest and relax in a warm quiet place. Take your mind off the pain by watching TV, reading or listening to the radio.

Take your painkillers regularly as directed. It is advisable to start taking your pain killers as soon as you get home **whilst your foot/leg is still numb** - don't wait for the pain.

Your Painkillers Pain medication

You have either been advised to purchase or been issued with a number of painkillers for after your surgery. These may include one or more of the following: Dihydrocodeine (30mg) Tablets OR Paracetamol (500mg) Tablets AND Ibuprofen (200mg) Tablets

Paracetamol (500mg)

These are for mild pain. You can take one-two tablets every 4-6 hours, but do not take more than 8 tablets in 24 hours. If you weigh less than 50kg you are only allowed to take 1x 500mg tablet per dose

Ibuprofen (200mg) Only take if you are able to and do not have any risks to anti-inflammatory drugs e.g. Gastric pain, cardiac or bleeding conditions.

These are used for mild-moderate pain and should not be taken on an empty stomach. You can take 1-2 tablets up to 3 times a day with or after food. They

are similar to aspirin and can irritate your stomach. If you get any discomfort/ pain in your stomach/ heartburn symptoms stop taking these tablets and contact your clinic for advice. Do not exceed more than 1200mgs in 24 hours.

Dihydrocodeine (30mg)
These are for Moderate-severe pain. You can take 1 tablet every 4-6 hours, but do not take more than 6 in 24 hours. They could make you feel dizzy, light-headed, drowsy or sick. It is advisable not to drive or operate machinery whilst taking these. Dihydrocodeine may also cause constipation a laxative is recommend alongside these. In some circumstances you may be prescribed alternative analgesia.

What to do

For the first few days after your operation you may need to take regular painkillers. Below is an example of a typical post-operative regime to manage pain after surgery. If you have any medical conditions, drug intolerances or allergies or extremes of weight, you may be given a different pain management plan. Your Podiatric Surgeon will advise you accordingly.

For example:
If you are in **mild** pain you may take:
Morning: 2 Paracetamol
Lunch: 2 Paracetamol
Tea: 2 Paracetamol
Bedtime: 2 Paracetamol

If you are in **moderate** pain you may take:
Morning: 2 Paracetamol+ 1-2 Ibuprofen
Lunch: 2 Paracetamol + 1-2 Ibuprofen
Tea: 2 Paracetamol + 1-2 Ibuprofen
Bedtime: 2 Paracetamol

If you are in **severe** pain you may take:
Morning: 1 Dihydrocodeine + 2 Paracetamol + 1-2 Ibuprofen
Lunch: 1 Dihydrocodeine + 2 Paracetamol + 1-2 Ibuprofen
Tea: 1 Dihydrocodeine + 2 Paracetamol + 1-2 Ibuprofen
Bedtime: 1 Dihydrocodeine + 2 Paracetamol

What do I do with the Tablets I have left?

If you do not use your tablets you may return them to the department or to your local pharmacy for disposal. Do not put them in your domestic refuse bin.

What do I do if I need more tablets?

If you experience a lot of pain you may need more tablets. You can buy Paracetamol/ Ibuprofen from a pharmacy. If you need stronger or alternative pain killers you will likely need a prescription, please contact the clinic for advice.

Stronger painkillers typically require higher doses of codeine which may make you feel more dizzy, light-headed, drowsy or sick.

Additional Information/ notes:

If your foot is excessively painful

Everyone has a different experience of pain, some may have none or very little. It is however normal to experience significant pain for the first 24-48 hours. By the third-fourth day the pain should be improving. If it does not improve and/or does not respond to your painkillers, elevation and ice packs, please contact a member of the team for advice.

If your foot is bleeding

Some bleeding is to be expected in the first few hours after the operation. As a general rule a patch of blood the size of a fist is probably ok as long as it shows signs of slowing / stopping /drying up. If however, the bandage becomes saturated with blood it will need to be changed. If this happens, please contact clinic to arrange to have the dressing changed.

Dizzy spells/ fainting

There is a higher risk of fainting or dizzy spells after surgery (more so with Dihydrocodine use). When rising from a seated or lying down position be careful to ensure you have gained your balance before moving. Getting up too quickly is the most common cause of fainting following surgery. It is advisable that someone accompanies you when moving to the toilet for the first couple of days - especially the first night following surgery and do not lock the door.

Wires in your toes

Be careful if you have a wire in your toe(s), try to ensure you do not knock it or bend it, get it dirty or wet.

How can I help to prevent an Infection?

To reduce the likelihood of developing an infection do not remove your dressing. Please keep the dressing clean and dry and do not attempt to bathe without a suitable shower cover e.g. Limbo; strip wash is a suitable alternative. Keep your foot cool - use ice packs and do not sit with your foot in the sun. If you have animals ensure the dressing remains hair free.

When can I fly after Surgery?

It is strongly advised that you do not take long journeys or flights (4 hours or more) within the first 6 weeks after surgery as this may increase your risk of blood clots.

What do I do if I need advice before my 8-12 week review?

When you have had your stitches removed it is likely that your next appointment will be your 8-12 week post-operative review. However, if you have any problems or concerns you can phone for advice. In some circumstances the clinical team may suggest an earlier review appointment.

How to reduce your risk of Blood Clots (DVT / PE)

It is important that you carry out ankle exercises as advised. Keep well hydrated, drink plenty of water (2 litres daily is recommended) and avoid excessive caffeine drinks and alcohol. If appropriate you may have been issued with Heparin which is an anticoagulant (blood thinner) injection. You will be shown how to self administer these injections.

What are the Signs and Symptoms of VTE/PE?

A DVT usually affects just one leg. The symptoms of a deep vein thrombosis in the leg include:

- Leg swelling / discolouration
- Calf/ thigh pain or tenderness that does not improve

The symptoms of a blood clot on the lung known as a pulmonary embolus (PE) may be difficult to distinguish from a heart attack. Symptoms can vary from mild to severe the most important is sudden breathlessness.

Other important symptoms include:-

- Sudden pain in the chest, back or ribs that gets worse with
- deep breathing

- Coughing blood
- Anxiety and nervousness

If you suspect you have a blood clot please seek advice ASAP

Heparin Injections
If appropriate for your surgery you may have been advised to administer heparin injections at home. Pinch an area of clean skin, typically the tummy. Holding a skin fold between a finger and thumb introduce the whole length of the needle vertically. Inject the entire contents of the syringe. Do not release the skin fold until the injection is complete.

Do not rub the site after the injection as this can encourage bruising. Administer the injection(s) at approximately the same time of day.

When can I return to work?

You may be issued with a sick note on the day of your operation or at your first post-operative appointment, the period of leave will be appropriate to the operation you have had and your occupation. For most operations expect to be signed off work for a period of 6 -8 weeks. Manual work or work with prolonged standing or walking could involve a longer period off work.

Will I need an X-ray?

In most cases, especially where internal fixation (screws/wires/ plates) or implants have been used an x-ray will be necessary. The amount of x-rays will vary depending on your surgery.

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.stgeorges.nhs.uk.

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you on-the-spot advice and information when you have comments or concerns about our services or the care you have received. You can visit the PALS office between 9.30am and 4.30pm, Monday to Friday in the main corridor between Grosvenor and Lanesborough wings (near the lift foyer).
Tel: 020 8725 2453 **Email:** pals@stgeorges.nhs.uk

NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

Web: www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

Tel: 111

AccessAble

You can download accessibility guides for all of our services by searching 'St George's Hospital' on the AccessAble website (www.accessable.co.uk). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.

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