

# Foot and Ankle Surgery

This information leaflet has been designed to give you advice and information about your surgery. We expect you to follow the instructions given by your healthcare team prior to surgery and to take responsibility for your own aftercare.

Please be reassured that we will be available to contact if you have any problems or concerns or to answer any questions you may have.

On the day of your operation, please bring into hospital the crutches, post-operative shoe or boot which you will have been given at your physiotherapy assessment. This will prevent any delays in your discharge from hospital.

## After your operation

### • Dressings

Try to keep your dressing clean, dry and undisturbed until your dressing clinic appointment as this will lower the risk of infection to your wound.

If you have any problems with your dressing, please contact clinic and we will arrange for you to attend the treatment room for it to be changed if necessary.

### • Wires

With some foot surgery you will have wires coming out of your toes, they are usually taped so shouldn't move around but sometimes they can turn.

If the wire is causing concern or is becoming loose and is moving in and

out of your toe please contact clinic so a member of the team can check this for you.

### • Plaster cast

If you have a cast or blackslab (1/2 plaster of paris) please keep this clean and dry but if you have any problems or concerns please contact clinic so we can examine the cast and change it if necessary.

Plaster room can provide you with information of where to buy a sealed cover for your cast so you can shower without getting it wet.

### • Elevation

Elevation of your operated leg is crucial. This helps reduce swelling but can also help with post-operative pain. To minimise swelling and help reduce pain your foot should be elevated higher than your heart.

## Pain relief

You will be given pain relieving medications to take home with you, please take as prescribed to prevent pain building to an intolerable level.

If you take pain medications before your surgery it is vital you discuss with the admitting nurse and also your anaesthetist so we can reassess your medications to ensure they will manage your pain after the surgery

Regular pain medication may cause constipation so if you are not sent home

with laxatives (bowel opening medication)  
please see your local pharmacist

## Walking and mobility

The amount of mobility allowed following your surgery will depend on the type of procedure that has been performed.

You will either be:

- **Weight bearing or**
- **Non weight bearing.**

Please follow the instructions and advice given by your physiotherapist otherwise this could cause problems with your recovery.

If you are weight bearing we will provide a wooden soled shoe or boot which must be worn at all times when mobilising to protect the wound and also any metalwork which has been inserted during your surgery.

## Driving

**Driving is not permitted in the early post operative stage.** Please liaise with your healthcare team to discuss when you will be safe to return to driving.

Our advice is usually that driving may be possible when you are able to stamp your foot to the floor to mimic performing an emergency stop. This will be dependant on the surgery you will have had.

You should notify your insurance company of the procedure that has been undertaken to ensure your cover is valid.

## Post-operative complications

### VTE

VTE is a collective term for two conditions:

- DVT (deep vein thrombosis) - this is a blood clot most commonly found in a deep vein that blocks the flow of blood.
- PE (Pulmonary embolism) – a potentially fatal complication where a

blood clot breaks free and travels to the lungs.

Whilst you are less mobile, especially during the first few weeks following surgery, the risk of VTE is higher because of your immobility.

**VTE is a major health risk and the number one cause of preventable death for hospitalised patients in the UK; this will have been discussed with you during your clinic appointment when you consented for surgery.**

Your consultant will discuss with you if intervention with anticoagulation is required.

### Things YOU can do to prevent VTE

- Move around as much as possible although be sensible as you have a lower limb wound. Short and regular movement is adequate.
- Drink plenty of water to keep yourself hydrated.
- We strongly advise not to smoke – this will have been discussed pre op but we can also refer you to our smoking cessation team.
- Move your ankle around as much as possible to keep you calf muscle pumping.
- If in a boot or cast where this is not possible, research has proven that just by wiggling your toes regularly can be just as effective in VTE prevention.

Small preventative measures can have a huge impact on your recovery.

### Symptoms:

- Swelling – you will have some swelling due to the nature of the surgery but if you have any concerns please call for advice.
- Pain – any new pain we want to know about.

- Calf tenderness.
- Heat and redness compared to the other leg.
- Shortness of breath.
- Chest pain when breathing in

**Important:**

**A blood clot can occur without any symptoms.**

**If you have any concerns seek immediate medical advice**

**Contact details:**

- **Fracture Clinic**

Tel: 0151 529 2554 (Monday – Friday)

Please leave a message on the answer machine stating your name and contact number and a member of staff will return your call.

- **Ward 16**

Tel: 0151 529 3914 / 3527

Ward 16 is always open for advice.



**If you require a special edition of this leaflet**

This leaflet is available in large print, Braille, on audio tape or disk and in other languages on request. Please contact:

**Tel No: 0151 529 2906**

**Email: [interpretationandtranslation@liverpoolft.nhs.uk](mailto:interpretationandtranslation@liverpoolft.nhs.uk)**