

Postoperative Instructions: Ankle Surgery

Diet

- Begin with clear liquids and light foods (jellos, soups, etc.).
- Progress to normal diet as tolerated if not nauseated.
- The digestive system may be slow after anesthesia and due to the narcotic pain medication.

Wound Care

- Maintain operative dressing, loosen bandage if substantial swelling of foot occurs.
- It is normal for there to be bleeding and swelling after surgery. If blood or fluid soaks through the bandage, do not be alarmed. You may reinforce with additional dressing on top. Do not remove the dressing unless it has been discussed with Dr. Allahabadi's office.
- Keep incisions and dressings clean and dry - this helps limit risk of infection. If your surgical site can be easily covered by a plastic covering, you may shower beginning the day after surgery. Otherwise, you should plan to bathe or sponge bathe after surgery. It is very important to keep the dressings absolutely dry.
- After your first postoperative appointment, you can get the wound wet in the shower - allow gentle water to run over it with soap. Do not scrub or rub the incision. Limit the total time in the shower to only what is necessary. Make sure to dry off the incision carefully by patting it with a towel without rubbing or disturbing it. You may NOT immerse in a hot tub, bath, pool, lake, or ocean until after clearance by the MD (typically ~4 weeks postoperatively).
- Do not put ointment on your incisions or touch your incisions/wounds until approved by your MD.
- It is normal to experience some swelling and bruising in the leg. You may move your ankle and toes. This will decrease the amount of swelling that you have in the leg.

Medications

- Effects of local anesthetics in the wound and shoulder region may wear off around 8-12 hour after surgery. It is not uncommon for patients to experience more pain at this time. Swelling typically peaks ~48 hours after surgery and is also associated with pain.
- Pain medications are recommended to be taken regularly during the first 2 days postoperatively, and as-needed thereafter.
- Narcotic pain medications (eg, Norco, Percocet, oxycodone, hydrocodone): Many patients will be prescribed a short course of narcotic pain medications, which are a stronger type of pain medication. These may be taken per the prescription directions. Please try to wean off these medications as soon as you are able as they can be addictive – most patients are off the narcotic before their first postoperative appointment and only taking anti-inflammatory medications. Common side effects of narcotic pain medications include nausea/vomiting, drowsiness, and constipation. These side effects may be limited by staying

hydrated and taking medication with food. For constipation, you may take an over-the-counter laxative medication.

- Do not consume alcohol when taking narcotic pain medications.
- Do not drive a car or operate machinery while taking narcotic pain medication.
- Do not take more than prescribed without discussing with your physician.
- You should not take any tests at school while taking narcotic pain medications.
- Anti-inflammatory pain medications (NSAIDs such as ibuprofen/Motrin/Advil, naproxen/Alleve, diclofenac/Voltaren, meloxicam, indomethacin, celecoxib/Celebrex): NSAIDs if prescribed should be taken with food. These medications help decreasing inflammation and swelling after surgery. Common side effects of anti-inflammatory pain medications include: stomach upset (such as gas, heartburn, stomach pain, nausea/vomiting), lightheadedness/dizziness, and headaches. If you are having stomach issues you should stop taking the medication.
 - If you have a history of cardiovascular disease, stroke, bleeding disorders, kidney disease, stomach ulcers/gastrointestinal disease, reflux - please contact your physician and do not take these medications without discussing them.
 - You may alternate NSAIDs with narcotic pain medications for more regular pain control.
- Acetaminophen (Tylenol): If you are prescribed acetaminophen, ensure that your total acetaminophen dose does not exceed 3000mg in 24 hours to limit toxicity. There may be acetaminophen combined with a narcotic pain medication (eg, in Norco or Percocet) that should be accounted for. Common side effects of acetaminophen include nausea/vomiting, stomach pain, constipation, loss of appetite, and headaches.
 - If you have a history of liver disease please do not take this medication without discussing with your physician.
 - Do not consume alcohol when taking acetaminophen.
- Anticoagulants (Aspirin or others): Many patients will be prescribed anticoagulant medications to reduce the risk of blood clots after surgery. Please take these as prescribed beginning the day after surgery.
- Stool softeners (docusate): If you are prescribed this medication, please take as needed for constipation while taking narcotic medications.
- Anti-nausea medications (eg, ondansetron/Zofran, compazine): Anti-nausea medications may be taken as needed to help with symptoms of nausea which are typically associated with the anesthesia and narcotics.
- Antibiotics: If prescribed-- Please take beginning the first day out of the hospital as prescribed for the full course.
- Vitamin supplementation: Vitamin C may help decrease post-surgical pain. Vitamin D may help with bone health and healing. A high protein diet can be beneficial during surgical recovery.

Regional Nerve Blocks

- If you had a regional nerve block performed by the anesthesia team or have a nerve block catheter, please contact the anesthesia team for questions/concerns.

Activity

- Please wear your splint as instructed.
- Keep the operative leg elevated above the heart as much as possible. The operative ankle should be elevated on pillows.
- Weightbearing status/crutches: Some patients have restrictions on the amount of weight they can put on their leg after surgery to protect the surgery and allow for safe recovery.
 - o **Please clarify how much weight you can put on your leg with your surgeon; most patients are restricted to non-weightbearing initially after surgery.**
- Do not engage in activities that increase pain/swelling.
- Avoid long periods of sitting or long-distance traveling.
- Driving: NO driving while in a splint or while taking narcotic pain medications.
- Work/school: This will depend on the type of work. May return to sedentary work or school 3-4 days after surgery if pain is tolerable.

Bracing and Splints

- Please wear your splint brace, if applicable, as instructed. Depending on the procedure, this will range from 2-6 weeks.
- In your splint, you may move your toes as tolerated and this is encouraged.

Exercises

- Begin exercises 24 hours after surgery unless otherwise instructed.
- *Quad Sets*: With this exercise, you tighten your thigh muscles and hold for five (5) seconds. Do a minimum of three (3) sets of ten (10) repetitions. When you tighten your thigh muscles, it will feel like your knee is being pushed into the ground.
- *Straight Leg Raises*: Tighten your thigh muscle like in exercise 1, then lift your leg about twenty-four (24) inches off the ground and hold it for 5 seconds then lower. Do a minimum of three (3) sets of ten (10) repetitions. Make sure you do this with your brace locked fully straight.
- *Heel Slides (bending the knee)*: Unlock the brace and slide your heel toward your buttock and hold for 5 seconds, then straighten the knee. Heel slides may be assisted by using a towel to pull your foot. Perform 3 sets of 10 repetitions. Do not bend the knee beyond the preset brace limits.
- *Bridging Exercises*: Roll a towel/pillow and place it under your heel with nothing under your knee/thigh. Hold this position for 5 to 10 minutes. Gravity will slowly assist with straightening your knee. Alternatively, you can sit in a chair and place your foot up on another chair/ottoman. You can assist this exercise by resting your hand on your thigh, near the knee.
- *Calf Pumps (non-surgical side)*: Move both feet at the ankle up and down. Perform at least 10 times an hour every 1-2 hours until you are up and around.

regularly. This encourages blood flow in the lower legs and helps reduce the risk of DVT (blood clot).

- *Toes motion:* Move all your toes up and down to help promote blood flow to the operative side.
- Formal physical therapy (PT) will be initiated by Dr. Allahabadi. Timing will vary by procedure but is typically prescribed before or on the day of surgery. Please schedule PT to begin after your first postoperative appointment.

Ice Therapy

- Icing can help reduce swelling and pain in the initial postoperative period. Icing may begin immediately after surgery.
- Ice packs or ice machine if prescribed can be applied for a maximum 45 minutes every 2 hours daily until your first postoperative appointment as the initial dressings are thick - after the first dressing removal, icing should not be more than 20 minutes at a time. Care should be taken with icing to avoid frostbite to the skin.
 - o If you have a regional nerve block, you may not be able to feel the skin - so maintain extra caution with icing to limit skin injury.

Follow-up Care and Questions

- If you do not have an initial postoperative appointment scheduled (typically within 10-14 days of surgery), please contact our office to schedule: **936.321.8000**
- Nonurgent questions and prescription refills may be directed to the office line. You may also contact Dr. Allahabadi and his office via MyChart.

Emergencies

- Please contact our office immediately if you have any of the following:
 - o Fever >100.4 degrees Fahrenheit (38 degrees Celsius) or chills
 - It is normal to have a low-grade fever the first 1-3 days after surgery
 - o Significant redness around incisions
 - o Color change in distal leg (eg, turning pale or dark) - feet/toes should be pink & warm
 - o Continuous draining or bleeding from an incision
 - A small amount of drainage is expected
 - o Sudden increases in pain or unrelenting pain
 - o New-onset calf pain (concern for blood clot)
 - o Rapid increase in swelling in the extremity
 - o Excessive nausea/vomiting
- If you have an emergency that requires immediate attention, please proceed to the nearest emergency room or call 911.
 - o Extreme pain on back of calf, shortness of breath/difficulty breathing, or chest pain are concerns for blood clots and pulmonary embolus.