

Orthopaedic Foot and Ankle Surgery at The Royal Bournemouth Hospital



This leaflet from the Orthopaedic Directorate has been designed to answer any questions you may have

Please bring this booklet into the hospital with you

Introduction:

This booklet tells you about having orthopaedic foot and ankle surgery at the Royal Bournemouth Hospital. It is intended to be for patients who have decided to have surgery after discussing the options, benefits and possible risks with their Consultant or Surgeon.

We have developed this guide to help answer any questions that you may have about your operation and recovery afterwards. It will be useful during each of your hospital visits, so please bring it with you.

This booklet is a general guide and there may be alterations in your management made by your surgeon, anaesthetist or therapist. These alterations should take priority.

All members of the Orthopaedics Team are committed to providing you with the highest standard in care and we look forward to welcoming you.

This guide book belongs to:

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Your orthopaedic consultant is:

.....

Appointment Dates:

Surgery:

Follow up:

Other:

Your planned procedures:

1:

2:

3:

We encourage your questions and enquiries;
please write them here to ask at your next meeting

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Educational information

What is this operation for?

Foot and ankle problems can be treated in many ways. These include use of insoles, physiotherapy/exercises, injections and change of activity levels. Surgery may be offered if these treatments are unlikely to help or have failed to improve symptoms.

There are a wide range of foot and ankle procedures which we carry out at the Royal Bournemouth Hospital. Your surgeon will discuss with you the specific surgery they would plan to carry out based on your presentation.

Understanding Risks

Where we discuss risk with you we will use the following terms:

Term	People Affected	Equivalent
Very Common	More than 1 in 10	A person in a family
Common	Between 1 in 10 and 1 in 100	A person in a street
Uncommon	Between 1 in 100 and 1 in 1,000	A person in a village
Rare	Between 1 in 1,000 and 1 in 10,000	A person in a small town
Very Rare	Fewer than 1 in 10,000	A person in a large town

Risks of surgery

Surgery should not be undertaken lightly and it is always important to know the risks before proceeding. Below you will find the risks generally associated with foot and ankle surgery. Your consultant will have discussed the risks associated with your specific operation with you prior to listing you for surgery.

Common

- Scars
- Swelling
- Bruising
- Nausea/vomiting

Uncommon

- Pain
- Stiffness
- Infection
- Poor wound healing
- Nerve Damage
- Prominent metalwork

Rare

- Damage to blood vessels and bleeding
- Loosening of metalwork
- Delayed or non-union
- CRPS (Chronic Regional Pain Syndrome)
- Deep Vein Thrombosis (a blood clot in the leg)
- Pulmonary Embolism (a blood clot in the lungs)
- Further surgery (Revision for non-union etc)

Very Rare

- Heart attack
- Stroke
- Chest infection
- Amputation
- Death

Before your surgery

Pre-admission Assessment

The Pre-admission department from Royal Bournemouth Hospital will contact you with the appointment information. If you have any questions about your appointment please call their department. You can find their details on the useful contacts section at the back of this booklet.

The visit to the pre-admission assessment clinic may require you to be at the hospital for several hours. It is important to attend this appointment or your surgery may be postponed or cancelled. In the clinic, you will be officially registered for your hospital admission and a nursing assessment and preoperative tests will be done. These tests may include:

- X-rays
- Blood and urine tests
- ECG (Electrocardiogram)

You may be seen by other health care professionals during the visit. These may include::

- Pre-Assessment Specialist Nurse
- Anaesthetist
- Ward Doctor

Please bring the following to your pre-operative assessment appointment:

- All your current medications
- A list of allergies including the type of reaction
- Next of kin details and contact numbers

Actions to take before your surgery

Once you have your date for surgery you can do several things to aid preparation for your operation and to assist with your recovery.

Most foot and ankle procedures are performed as a day case operation, meaning that you will go home the same day as your operation. It is a good idea to get things organised for when you get home. Below is a list of things it might be a good idea to organise.

- Help with household tasks.
- Food cupboards stocked up.
- Help with shopping.
- Help with children, pets and relatives organised for your return home.
- Someone to bring you to and from the hospital.

Smoking

Smoking has been shown to delay wound healing and increase complications after surgery. Patients who stop smoking benefit from long term improvements to general health, decrease the risks associated with anaesthetic and have a better outcome from surgery.

If you are interested in stopping smoking please speak to your pre-assessment nurse or GP for advice and services available.

Weight management

Even though you may feel fit and healthy at your current weight, patients with a higher body mass index (BMI) are more likely to experience potentially serious complications both during and after surgery.

If you are keen to lose weight before your surgery please speak to your pre assessment nurse or GP for advice and services available

Cancellation

If you are unable to attend your appointment or surgery, please contact us immediately so that we can offer this to another patient.

Arriving for your surgery

Day of surgery

Eating and drinking:

Please follow the instructions given to you about when to stop eating and drinking before your operation. If there is food or liquid in your stomach during your anaesthetic, it could come up into the back of your throat and damage your lungs.

If you have not followed the correct fasting instructions your operation will be cancelled.

If you normally take prescribed medicines in the morning please continue to take these on the day of surgery, apart from tablets you have been specifically told not to take by the pre-assessment team. Take them with a sip of still water.

Please do not drink alcohol for 24 hours before surgery.

Arrival:

You will come into hospital on the same day as your operation. You will need to present yourself to the Sandbourne Admissions Suite to be admitted for surgery. Most foot surgeries are performed as day surgeries so you normally go home on the day of the operation. You may, however, be required to stay overnight depending on the time of your operation and your recovery.

Please note the time you are instructed to arrive at hospital is not the time your operation will take place. It is necessary for you to come a few hours before the time of your operation so that you can be admitted and prepared for surgery. Please prepare to be in hospital for at least 6 hours.

When you arrive at the Sandbourne Admissions Suite a nurse will check you in. You may also be visited by the surgeon and anaesthetist before your operation.

You will then be asked to put on a hospital gown. All patients who are able, will walk to theatre for their operation accompanied by a member of our nursing staff. You will be asked to remove any loose items such as glasses and false nails prior to your surgery.

Your surgery

Your anaesthetic

The exact anaesthetic used will depend on your surgery. Your anaesthetist will discuss with you what type of anaesthetic is the most appropriate for you, and can answer any questions you have.

A general anaesthetic is most commonly used; this means you would be unconscious throughout the operation. Alongside this a nerve block is often used which assists with pain control. A nerve block is an injection of local anaesthetic into a nerve and will affect sensation and muscle strength in the leg and foot. It can take 24 to 48 hours before this wears off completely.

Who will do my surgery?

All foot and ankle surgery carried out at the Royal Bournemouth Hospital is done under the care of one of our foot and ankle consultants. Your surgery may be carried out by them or a member of their team (Associate Specialist, Fellow or Registrar). All members of the team have been personally trained by one of our consultants and they will ensure that your surgeon has the right skills to deal with the complexities of your operation.

Surgical Procedure

Your specific surgical plan will be discussed with you in clinic.

More information regarding your specific procedure is available online either via Royal Bournemouth Hospital website or British Orthopaedic Foot and Ankle Society (BOFAS) website.

Closure and dressing

Once the surgery is finished, the small incision or incisions will be closed with steri-strips or stitches and covered with a small dressing. A large wool and crepe bandage will then be wrapped around the foot. A plaster of Paris may be used. The bandage or plaster may become slightly blood stained; this is to be expected and should not be cause for concern. It is important to keep your dressings clean and dry. The nursing staff will advise you about managing your dressings. You will normally have your wound checked and your stitches removed around two weeks after the operation. Your nurse will advise you whether this will be at the dressing clinic in the hospital's orthopaedic outpatient department or at your own GP practice.

What happens after the operation (while I am in hospital)?

We hope that you will be able to go home on the same day as your procedure, however depending on the type and timing of your surgery, your recovery and your home situation you may be required to stay overnight.

If you go home on the day of surgery you must have an adult at home with you for at least 24 hours.

After your surgery

Physiotherapy

Following your operation you will be seen by a physiotherapist, who will help you to get out of bed and walk for the first time. Your physiotherapist will give you a post-operative shoe or boot to wear when you walk, based on the instructions given by your surgeon after the operation. They will show you how to put on and take off the shoe/boot as well as tell you how long you should wear it for. If your foot is still numb from the anaesthetic this may affect how soon the physiotherapist can get you up and walking.

After your operation, the surgeon will specify how much weight they wish you to put on your operated leg. These instructions must be strictly followed to ensure your surgery does not fail. The different weight bearing statuses are written below, your physiotherapist will advise you which to follow:

Non weight bearing

You must not put any weight through the operated leg. This includes when standing up and sitting down, as well as walking. If this is the case your therapist will provide you a further information leaflet about this.

Touch weight bearing

When standing or walking, the foot can touch the floor but you should not put any weight through it. You will need to use a walking frame or 2 crutches every time you walk.

Partial weight bearing

You can take some weight through your operated leg but not all of it. This can be up to 50% of your weight but no more. The rest of the weight goes through your arms onto crutches or a frame. You will need to use a walking frame or 2 crutches every time you walk.

Heel weight bearing

Weight can be put through the heel of your operated foot but you should not put weight through the front of your foot or toes. Crutches or walking sticks can be used to help with your balance.

Full weight bearing

You can put as much weight as you feel comfortable through your foot. Initially you may need crutches or sticks for comfort and balance but you can wean off these as you feel able.

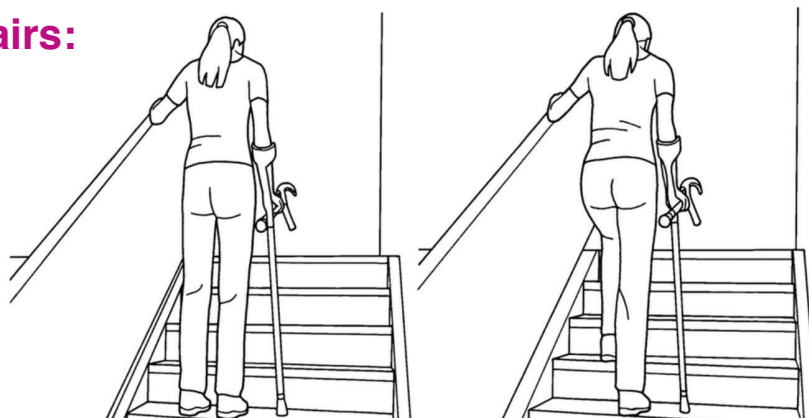
Walking after your surgery

It is important that you can walk safely and comfortably following your surgery. You will be provided with, and shown how to use elbow crutches. Depending on your weight bearing status they can be used to help put less weight through your foot and protect it whilst it is healing, or for balance if you are allowed to fully weight bear. You should continue to use these until your surgeon or physiotherapist tells you to stop. If you have stairs or steps at home we will ensure that you can manage these safely with crutches.

How to go up and down steps or stairs

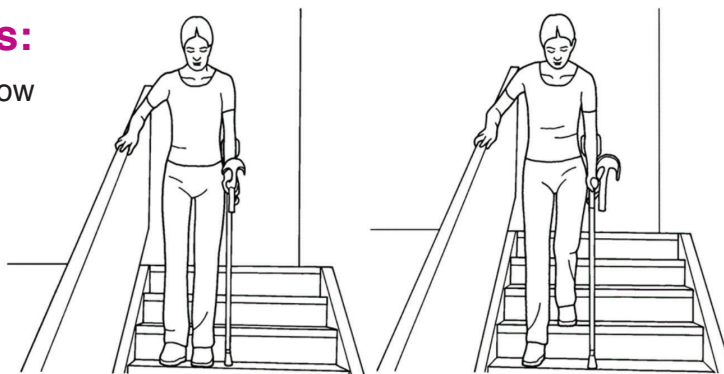
To go up a step or stairs:

- Step up with the 'good' leg
- Then bring the operated leg onto the same step
- Lastly bring your crutch(es) onto the same step



To go down a step or stairs:

- Put your crutch(es) onto the step below
- Then put your operated leg down onto the same step
- Lastly bring your 'good' leg down onto the same step



What happens when I go home?

Rest, Ice and Elevation

FOR THE FIRST 2 WEEKS AFTER SURGERY WE RECOMMEND THAT YOU ELEVATE YOUR FOOT FOR 50 MINUTES IN EVERY HOUR, IDEALLY AT THE LEVEL OF YOUR HEART

It is vital to keep the swelling under control for your comfort, and to help the healing process. As a guide if you are not getting washed/dressed, mobilising to the toilet or preparing food you should have your foot elevated.

From 2 weeks onwards after surgery you may start to be more active. We would recommend you spend no longer than 30 minutes on your feet at one time. You should continue to sit with your foot elevated (to hip level) when not weight bearing.

Using ice can also be useful to reduce swelling. You should apply an ice pack (or a bag of frozen peas) wrapped in a tea towel onto the dressings. You can do this for up to 20 minutes every two hours.

Do not apply the ice directly to your skin.

Exercise

You should aim to do 5-10 minutes of ankle pumps with both feet every 2 hours whilst you are awake. This exercise will help reduced swelling and help prevent blood clots in your legs.

Ankle Pumps

When lying or sitting, bend and straighten your ankles briskly.



Check your foot

Check the colour of your foot or the tips of your toes. Bruising is normal as is some oozing of the wound(s). If your toes are blue or white, if you have worsening pins and needles and severe swelling you must seek urgent medical attention. Ring the ward, contact your GP or attend the nearest Accident and Emergency (A&E) Department for an urgent assessment.

Pain Relief

As well as using advanced techniques such as peripheral nerve blocks, you will also usually receive regular pain killing drugs (analgesics), such as paracetamol or codeine. Some patients do not tolerate anti-inflammatories such as Ibuprofen and we may ask anyone who has had an operation that requires a bone to fuse together to avoid anti-inflammatories altogether. You may also receive strong drugs, such as morphine.

Whilst you are in hospital you will be monitored and the medical staff will give you painkillers as needed. The Nursing staff will ensure that you know what medications to take for pain when you get home. You may have some discomfort and swelling in your ankle at home. This is to be expected. Continue to take your painkillers as advised by the nursing staff.

Clinic review

A follow-up appointment with your consultant's team will be made for you. You will receive details of this appointment in the post following your discharge from hospital. The appointment is generally 6-8 weeks following your operation. A member of the team will review your progress and depending on the procedure you have had done, you may need an x-ray to check how your foot is healing.

Returning to normal

It is normal for the foot to be swollen around the site of the surgery for at least 3-6 months. This may mean wearing a wide fitting shoe such as a trainer or sandal when you come out of the post-operative shoe or boot. It is normal to experience some discomfort in the area as it usually takes the foot 6 months to fully settle down following surgery.

Driving

You should not drive until you can wear a normal shoe. Once back in normal footwear you must be confident that you are in full control of the car and can perform an emergency stop before returning to driving. You should also check your insurance policy as you may need to inform your insurer of your operation.

Work

Return to work will depend on the nature of your job. People who have a desk based job may be able to return to work after 2 weeks providing they elevate the foot throughout the day. If you have a more active job you are likely to require more time off work. Please discuss this with your surgeon or physiotherapist.

Sports/Hobbies

Discuss this with your surgeon before returning to activity. Non weight bearing activities, for example swimming, may be tolerated soon after wounds have fully healed. Other activities will be resumed only after controlled, gradual increases in activity without pain or swelling. This may take several months.

Frequently asked questions

If I have any questions who should I contact?

If you have any questions about returning to activities you can ask your surgeon or physiotherapist on the day of the operation. Use the notes section at the front of this leaflet to note down these questions and any instructions given to you by your surgeon or physiotherapist.

What should I bring with me to hospital?

What to bring

- This booklet
- All current medications in their original boxes
- Elbow crutches or walking sticks if you use them
- Trainers or flat heeled shoes
- Mobile phones/books
- Telephone numbers of friends/relatives
- Glasses and case
- Loose fitting clothing which will go over your dressings

Please do not bring

- Unnecessary jewellery
- Large sums of money
- Laptop computers
- Any other valuables

Please remove nail varnish and piercings.

Useful Contacts

Royal Bournemouth Switchboard: **01202 303626**

Sandbourne Suite: **0300 019 6104** (Mon - Fri - 8am to 9pm)

Pre-Admission Assessment Dept.: **0300 019 4102** (Mon - Fri - 8.30am to 4.30pm)

Orthopaedic Admissions Dept.: **0300 019 4919** Option 2 (Mon - Fri - 9am to 4pm)

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