

Dr. Scott Karr

Frequently Asked Questions after Foot and Ankle surgery

My pain medication is not working. What should I do?

First make sure you are using the maximal dose allowed according to the instructions on the bottle. It is also very important to know that pain medication is not designed to relieve all of the pain. It should “take the edge off” so you can be comfortable enough to sleep and carry out other normal activities of daily living within the restrictions provided after your surgery. If you have been using the maximum dose and are still not getting adequate relief then you will need to call the office for a medication change.

What else can I take other than pain medication to make me feel better?

Most narcotics that we prescribe have Tylenol (acetaminophen) in them and therefore while you are taking the narcotics you should not have any additional Tylenol. If you are not taking narcotics then the Tylenol is OK to take but no more than 4000mg per day. Anti-inflammatory medications (such as Ibuprofen, Advil, Aleve, Celebrex etc.) interfere with bone healing. Therefore if you have a healing fracture, osteotomy (bone cut) or bone fusion you should not be taking these medications. If you do not have any of the above bone healing conditions then it is OK to use these medications if you do not have any other medical contraindications.

My pain medication is making me nauseous. What should I do?

First make sure you are not taking it on an empty stomach. Always eat some bland food before you take your pain medication. An antinausea medication is usually given to you at the time of surgery. If you did not get it please call and we can call it in to your pharmacy. If you have it take it as directed. If it does not work and you are vomiting stop the narcotic medication and call the office. Usually in this situation we have to change the pain medication.

If drainage through the dressing what should I do?

If you are within the first two weeks after surgery then you should “reinforce the dressing”. This means you should add as much gauze as needed and then cover it with another ace bandage. Use a plastic bag under the area to keep other items from being soiled. Large foot and ankle surgeries can drain quite a bit but it is rarely a sign that something bad is happening.

What should I do if my toes change color (blue or white) and do not return to normal after elevation?

Initially you should keep the foot at heart level and then call the office as soon as possible for instructions.

Do I change the dressing?

Do not change the dressing unless you are given specific instructions to do so on your postoperative instruction sheet or by a member of the clinical staff at ONE.

Can I use the polar care beyond 3 days?

If you use the Polar Care Unit beyond the 3 day postoperative limit you risk the possibility of developing frostbite. During the first 3 days after surgery it also should be used intermittently only for 2 hours on and then 2 hours off to diminish the risk of developing frostbite.

Can I still ice?

Beyond three days after surgery ice generally is not helpful. If you are rehabbing with a home exercise program or with a Physical Therapist then icing for 15 to 20 minutes after the workout is recommended.

When can I resume my medications?

You can resume your medications when you get home after surgery except for any medications that were specifically determined to be bad for healing before the surgery. Such as Anti-inflammatories (Ibuprofen, Advil, Aleve, or Celebrex) that can interfere with bone healing.

When can I bathe and or shower?

You can bathe or shower any time after surgery if you can keep the dressing and underlying wounds dry. After the sutures are removed it is usually OK to shower or bathe. Soaking your foot and ankle however is not usually recommended because it can increase your swelling.

I am elevating in a recliner. Is that enough?

If your foot is at the level of your heart then it is elevated enough.

How often do I have to come in for an evaluation?

Usually patients are seen one week after surgery for a dressing change and wound check and then approximately 2 weeks after surgery for suture removal and wound check with further instructions. At the end of the office visit when you check out an appointment should be made for the next visit.

When do I come back to the office?

At the time of surgery or when you check out after an office visit a return office appointment should be given to you. This is the case unless you were instructed to "return as needed".

When do I get to see Dr. Karr?

After surgery I usually have my patients see my physician's assistant for a dressing change and to check the wounds approximately one week postoperatively. Then in my patients usually return in approximately 2 weeks after surgery for suture removal, another wound check and further instructions. After most surgery it is important for me to see the patient at 4 or 6 weeks postoperatively to assess the progression of healing and to determine subsequent postoperative care. If at any time after surgery there is concern of a significant complication then the physician's assistant or nurse will discuss the situation with me and then I will evaluate the patient if necessary as soon as possible to help determine the best course of action.

How long should I elevate my foot after surgery?

After most of the major Foot and Ankle procedures it is very important to elevate the foot at heart level until the wounds are well healed. That usually takes approximately two weeks unless you have a condition that can interfere or slow down the healing (such as diabetes or poor blood flow). After the wounds are healed then elevation is important to control the swelling on an as-needed basis. The closer it is to the time of surgery, the more the foot will need to be elevated to control swelling. Another technique for controlling swelling is to wear compression stockings. With time the swelling will diminish and eventually elevation will probably not be needed but for the foot and ankle which is the lowest portion of the body this may take many months.

Do I need crutches, rollabout, walker, or wheelchair?

The instruction sheet you were given after surgery will tell you whether you can put weight on your foot. If you were instructed to be non-weight bearing then you will need some equipment to help you keep the weight off of that foot. What device (or devices) you use will depend on your personal circumstances. It is best to get this equipment and practice with it before your surgery. If you need help using the device please call before surgery and we can have you work with a Physical Therapist to improve your ability to get around after your procedure.

When can I go back to work or school?

General guidelines for a return to activities are usually covered in the preoperative visit. However, fine tuning of your ability to return to work, school or athletic activities will occur as you recover from the surgery. This is usually discussed at each postoperative office visit. Therefore there is usually some information about these issues on the patient summary sheet given at the end of your appointment. If it is still unclear to you then you can call the office for more information or wait until your next office visit.

When can I drive?

You cannot safely drive if you are supposed to be wearing a cast, walking boot, or any kind of postoperative shoe on the right foot. If you have been told by the doctor or his Physician's Assistant that you may wear a regular shoe on the right foot then you may drive if you are comfortable enough to safely use both the gas and brake pedals (this is assuming you will be using a car with an automatic transmission). If you will be using a car or truck with a manual transmission then both feet must meet the above conditions.

When can I exercise again?

Returning to exercise is very individualized. It depends on the surgeries performed, the exercise anticipated, and how well the patient is healing. Therefore it will be necessary for you to discuss this with the doctor or his PA at your office visit.

Do I have to have a cast?

Frequently after larger surgeries in the hind foot and ankle area we will use a Jones dressing postoperatively. This is a compressive dressing with plaster splints (a type of partial cast) to keep the foot and ankle from moving. This is used for the first week after surgery and then usually changed to a regular cast or a walking boot.

Do I have to sleep in the FAW or post op shoe?

In most cases the use of the walking boot or the postoperative shoe while sleeping is a matter of what is most comfortable for the patient. In a few situations patients are given specific instructions to wear these appliances when they sleep. If you have not been given specific instructions to wear the device while you sleep then you may decide on your own whether or not you wished to do so.

I have bumped the pin in my toe and it recessed a little.....what do I do now?

If it is digging into the end of the toe and is uncomfortable you should call the office for an appointment to come in to have the pin advanced a small way of the toe to decrease the irritation.

When I start to weight-bear how do I do that gradually?

In general most transitions (such as moving from nonweightbearing to weightbearing on a lower extremity) in the postoperative period are done gradually. You must start by using crutches or a walker and wear any active device on your care ankle that has been prescribed for you. Then using a body weight scale you can feel what 15 pounds of pressure is like on your foot and begin weightbearing with that pressure for the first day. Return to the scale and remind yourself as often as necessary what the correct pressure feels like. If you're doing well after the first day and had no significant increase in discomfort than on the second day you may go to 30 pounds of pressure and continue increasing 15 pounds of pressure per day until you can get rid of one crutch and then eventually both crutches. If at any time during this progression you have a sudden increase in pain than he should back down to the previous pressure and weight a day or 2 until the pain subsides. Then you may start progressing again.