

Ankle Surgery Instruction Sheet

Dr. Solberg's Office Number is **213-455-8448**

This information should be useful after your ankle surgery. Please read this information carefully. You will receive further instructions at your next visit. The following items cover what to expect and what to do for the first week after surgery.

GENERAL EXPECTATIONS

Your ankle will be sore after surgery. It is important to keep it elevated above the level of your heart for the first 2-3 days after surgery. You will feel a burning sensation around the incisions when you leave your foot down for the first 2-3 days, this is normal and is your body's way of trying to tell you to keep your leg elevated. Your foot will swell quickly if allowed to be in a dependent position for any extended period of time. The swelling will cause increased pain and may cause the wounds to heal slower than otherwise.

You have been given a long acting local anesthetic around the incision. It will often last 6-8 and sometimes as long as 12 hours. It may cause part of your hand to be numb after surgery. This will subside when the local anesthetic wears off. Many patients also have a regional anesthetic or block to help with post-op pain control. The effects (numbness in your leg) can last for up to 24 hours. When the block wears off though, it tends to happen very quickly so make sure you take your pain medication regularly and take an extra dose when you begin to feel the anesthetic begin to wear off. When this happens you will feel a tingling sensation in your toes and foot (this feels similar to when your foot falls asleep after laying on it for a long period of time).

Apply ice to your ankle for the first 3-4 days after surgery. Wrap the ice in two bags to avoid getting the splint wet. You may use ice packs longer if they help the pain.

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You should expect some swelling in your foot and toes on the affected side as well as some bruising on the top of your foot and toes, this is perfectly normal. This will subside in a week or two.

CAST CARE

Most patients will have a splint on their leg after surgery. This is a partial cast that is made of a kind of "sandwich" of plaster. The skin is wrapped in a soft cotton layer with a strip of hard plaster running down one side of your leg, under the heel and up the other. The splint is made to allow some swelling without damaging the skin or tissue around your surgery site. Sometimes there will be a small bloodstain on the bandage especially near your surgical incision or on the back of the heel. This is normal. The splint is designed to wick blood away from your skin and out to the surface of the cast. **Do not get the cast wet, the plaster will soften and the padding will stay wet.** This can delay the healing process if it occurs. If you do get the splint damp, take a hair dryer on cool setting and blow it into the wet area.

Color changes, temperature changes, throbbing and burning around the incisions are normal, especially in the first few days.

When showering or bathing cover the cast or splint with a plastic bag and make sure the top is sealed with at least 2-3 rubber bands. This will keep water from getting into the cast from above.

There are several companies which manufacture cast covers. These are more form fitting and work better than plastic bags, but also cost more than trash bags. I have included three web sites below that sell covers over the internet.

Cast Cover Web Sites

<http://castcoversnow.com/>

<http://www.nextag.com/waterproof-cast-covers/search.html>

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PAIN MEDICATION

Take your pain medication as directed by your prescription. Do not wait until the pain is intolerable to take the medication. It will take between 30-60 minutes to begin working, so take it accordingly. You may combine your pain medication with an anti-inflammatory medication for a synergistic effect (the effect of the combination is more than each of the separate components). I recommend over the counter Advil or Aleve and these can be taken safely in conjunction with your prescription. If you want to combine your prescription with Advil or Motrin, take 3 tablets (600 mg) three times a day, if you are using Aleve (naproxen) take two tablets (440 mg) twice a day. Make sure you take these medications with food to avoid stomach upset.

SLEEPING AND ACTIVITY RESTRICTIONS

If you're having trouble falling asleep you can take an over the counter sedative such as Benadryl or Unisom. These can be taken safely with your pain medication and help you to fall asleep more quickly.

Don't drink alcohol with the pain medication or sleep aid as this can be dangerous.

Do not put any weight on your foot. Although you may feel good after surgery, it's really important to protect the surgical repair and not walk on your leg. This can damage the surgical repair and it increases swelling in your leg which can have a detrimental effect on incision healing.

Some people will have a pillow between their arm and chest after surgery to hold their arm away from their body. It is important to have someone help hold your arm in this position when removing the sling and pillow such as when you take a shower.

You can wiggle your foot and toes inside the splint. I encourage you to do this at least 2-3 times a day. This helps the muscles keep some of

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their tone and also assists the blood flow return from your foot and lower leg.

TIGHT CASTS

Sometimes the cast can feel very tight and occasionally I will get a call about cast tightness. If you feel your cast is really tight around your foot or ankle, the first thing I recommend it to elevate your foot way up, say on about 4 or 5 pillow. Make sure your foot is above your head and give it 20-30 minutes for the swelling to go down.

If your cast still feels very tight, then I recommend you split the outer wrap on the splint. This is a tan colored cloth material called bias that lookS like an elastic bandage. You should be able to feel the hard plaster splint underneath the bias and also a soft spot where the splint doesn't cover. Take a pair of scissors and cut the bias in the soft gap between the plaster slabs. Then grab the plaster slabs and gently pull them apart.

This should relieve most of the pressure.

If your still having a lot of discomfort and tightness and its regular business hours, come into the office immediately and have someone check the splint out. If it is after hours, go to the nearest emergency room and have them take the splint off.

If you experience uncontrollable pain or new onset of numbness call the office immediately.

Most patients have persistent swelling in the ankle that often lasts for 6-8 months after surgery. This is normal and is not due to some additional injury. For most people, I recommend using a compressive stocking such as T.E.D. hose to help control the swelling. You should put the stocking on first thing in the morning and take it off at the end of the day. This can make noticeable difference in swelling and I encourage my patients to start using compressive stockings as soon as they are out of the cast and have their stitches out. I've included a link to the TED hose web site below

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Call Dr. Solberg's Office if you notice any of the following symptoms. You may be connected with an associate if you are calling in the evening hours. Have your discharge orders and description of your procedure available.

Temperature over 101° Fahrenheit

Persistent numbness in your foot

Increasing, severe pain in the ankle or foot

You have been prescribed pain medication which has a number of side effects. Most common are drowsiness, nausea and or vomiting, itching, constipation and irritability. If these are prolonged or severe, your pain medication may need to be changed. You must contact our office during business hours to have a prescription refilled or a new prescription dispensed. After hours (after 5:00 pm or weekends), the on call doctor will not give you a refill or a new pain medication prescription.

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