

Office # _____

POST-OPERATIVE INSTRUCTIONS FOR FOOT/ANKLE SURGERY

1. Remain quiet and off your feet as much as possible for the first 48 hours. After that you may walk as tolerated *or as directed.*
2. If you have had general anesthesia or IV sedation you may feel dizzy, light-headed or sleepy for 12 to 24 hours after your operation. This is perfectly normal. Try to stay sedentary. Do not drive or operate any mechanical or electrical machinery for 24 hours. Do not drink alcohol for 24 hours. After a general anesthetic it is normal to feel a generalized aching and to have sore muscles fo24 to 48 hours. A sore throat may also occur.
3. Elevate your feet above your heart level when sitting or lying down as much as possible for the next month. Keep the bandages clean and dry. Do not remove them.
4. Apply ice 20 minutes on, 10 minutes off for the first 3 days to help control pain and swelling. ***Do not get dressing wet.***
 Apply cold therapy as instructed by your physician
 Other: _____.
5. Resume diet gradually. Begin with clear liquids and progress as you feel ready.
6. Take pain medication as prescribed. It is best to maintain a regular schedule of pain medication for at least 24 hours post-operatively to maintain an adequate level of comfort. Remember to take pain medication with some food. **CALL YOUR SURGEON IF PAIN CONTROL WITH THE PRESCRIBED MEDICATION IS INADEQUATE.** Pain will most likely not be eliminated but it should be tolerable
7. The doctor wants to see you on/in: _____ . Call the office for an appointment if one has not already been arranged.
8. If you have received a post-op shoe or Air-Cast, wear it at all times while walking so as not to bump or injure operative site.
9. CALL THE DOCTOR'S OFFICE IMMEDIATELY IF:
 - The bandages become wet, come off, or they become saturated with blood
 - The pain pills do not stop the discomfort
 - You bump or re-injure the foot or the bandages feel too tight
 - Your toes are not warm and pink or if you have numbness in your feet after several hours
 - You develop a fever greater than 100⁰ Fahrenheit
 - You have difficulty urinating or do not urinate by 8:00 P.M.
10. **WEIGHT BEARING STATUS:** _____
These instructions have been discussed with the patient and/or the patient's representative and copy of these instructions has been given to the patient.

Signature Patient/Representative _____