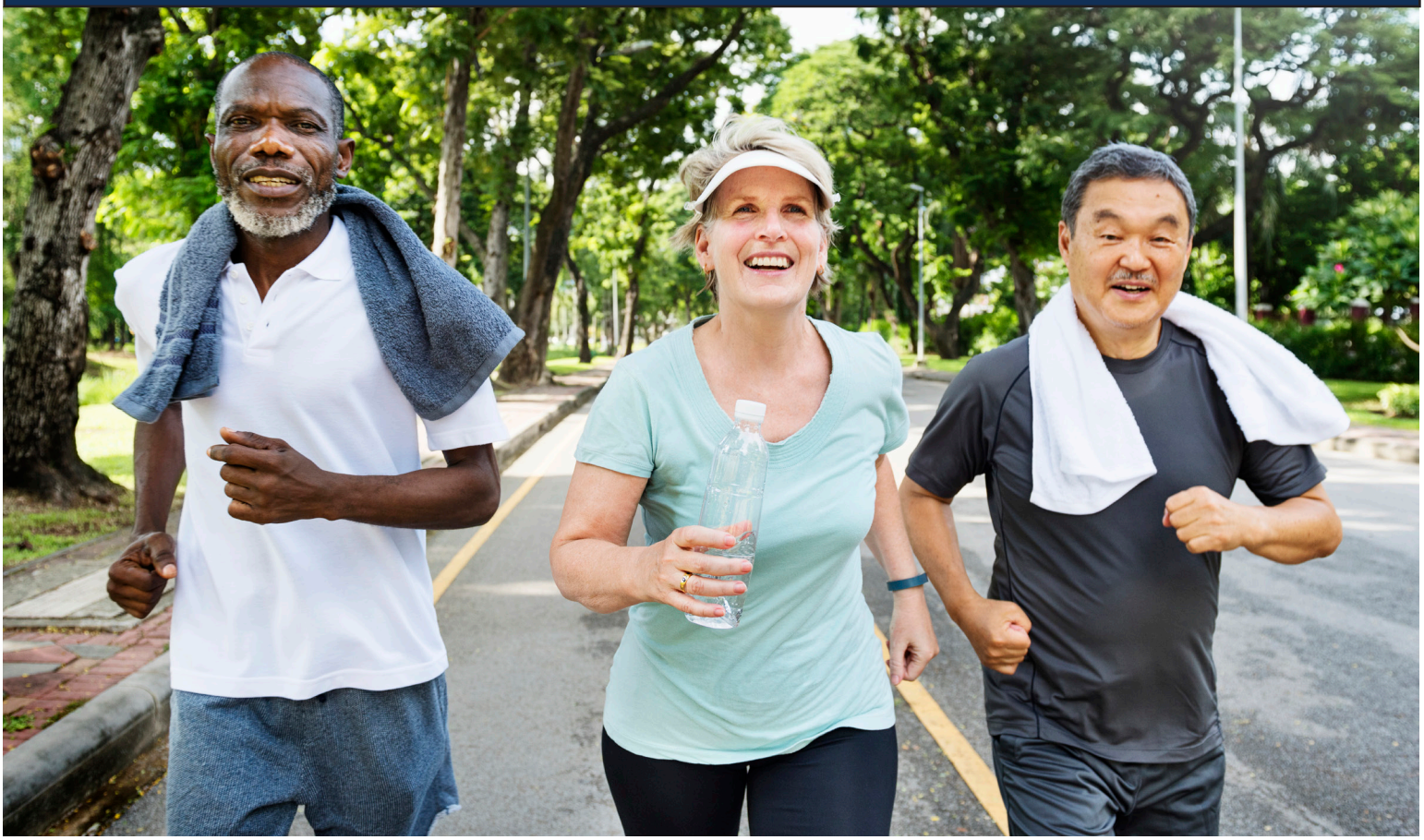
STEINDLER ORTHOPEDICS



Your Foot & Ankle Surgery Planning Guide

Patients, please be sure to

- Attend all appointments
- Bring this guide to all appointments
- Bring your coach to all appointments

Surgery Scheduling Department

Phone: (319) 600-8089

Office Hours: Mon - Fri, 8:00 am - 4:30 pm

Steindler's Foot & Ankle Surgeons



Dr. Bradly Bussewitz



Dr. Aaron Haubrich



Dr. Peter Maurus

Since 1950, Steindler Orthopedic has remained the region's most preferred orthopedic practice. Our experienced team of orthopedic surgeons work to provide excellence in total joint care and will get you back to doing the things you love.

To schedule your joint evaluation, call Steindler Orthopedic Clinic at (319) 338-3606.

STEINDLER ORTHOPEDICS

PREPARING FOR SURGERY

Your Surgery Scheduler will be contacting you within the next two business days to schedule your surgery. Prior to them calling you, the schedulers need to contact your insurance company to verify your eligibility status and prior authorization requirements. When they call you, they will be letting you know what days your surgeon does surgeries on and when the first available date is. **If you have not heard from the Scheduler in two business days, please give them a call at 319-600-8089.**

When the Surgery Scheduler calls you to set your surgery date, they will be letting you know which preoperative appointments your doctor has ordered to be done prior to the surgery and they will also be scheduling them for you. Preoperative appointments may include Preadmission/ labs, educational appointment(s) with Steindler Therapy, Medical Clearance from your Primary Care Physician, Cardiologist, Pulmonologist, etc. and your Surgeon.

Here's what you need to know and prepare for prior to scheduling your surgery.

☐ **Are you planning to travel out of town before or after your surgery?**

Before Surgery, please let us know the dates that you are out of town so that your surgery scheduler does not schedule any preoperative appointments for you during this time frame. **After Surgery**, there may be travel restrictions, please check with your doctor to see what those restrictions are as they may vary.

☐ **Do you have someone that can help you after surgery?**

Please make sure that you are planning for someone to help you for at least the first 24 hours after you get home from surgery.

☐ **Do you have transportation?**

You may not be able to drive initially postoperatively. Please make sure that you are planning for someone to drive you to and from the hospital/surgery center and to your PT appointments post operatively if the doctor orders physical therapy.

☐ **Do you see a Cardiologist?**

If you do see a cardiologist, make sure they are aware of your plans to have surgery and they feel you are medically cleared to proceed with surgery.

Please review the following information prior to your surgery at Steindler Surgery Center or the partnered hospital.

- Read all the instructions in your packet carefully and take the packet with you to each of your appointments and to your surgery.
- Complete any requested forms and send them to the designated party.
- Steindler Surgery Center will call you to perform your pre-admission screening 5-10 days before your surgery and will also pre-certify your surgery with your insurance company. If you are not receiving your surgery at Steindler Surgery Center, complete any pre-registration processes requested by the partnered hospital.

In addition to the above instructions, if you are scheduled as an OUTPATIENT, the following instructions will apply.

- Be sure you DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT THE DATE OF SURGERY UNLESS INSTRUCTED OTHERWISE.
- Your surgical arrival time will be scheduled several days prior to surgery. If you have not gotten a confirmation call by the day before surgery, please call to confirm your arrival time. Please keep in mind that your surgery time MAY change due to cancellations or urgent added cases.

IMPORTANT NOTICE REGARDING THE PAYMENT FOR YOUR SURGERY:
Not all insurance companies will cover all areas of your care. The Steindler Orthopedic Clinic surgeons utilize physician assistants, co-surgeons, and first assistants to perform your surgery. You may be responsible for non-covered charges if your insurance company does not cover the use of certain surgical assistants.

Please feel free to call Steindler Orthopedic Clinic if you have any questions regarding the above information.

Important Phone Numbers

Steindler Orthopedic Clinic.....(319) 338-3606

Steindler Therapy.....(319) 354-5114

Steindler Surgery Center.....(319) 259-8400

UIHC Downtown Operator Line.....(319) 339-0300

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STEINDLER ORTHOPEDICS

Foot & Ankle Surgery Planning Guide

Your Pre-Surgical Schedule

We're pleased that you have chosen Steindler Orthopedic Clinic for your surgery. To prepare you for a successful surgery and outcome. It is HIGHLY RECOMMENDED that you read through the information in this booklet to prepare.

This guide is to help you:

1. Understand what to expect during your surgery and recovery
2. Prepare your house for a safe return home after your surgery
3. Know what to bring on the day of surgery
4. Understand what to expect on the day of surgery
5. Understand the role of your rehabilitation team
6. Review ways to move around safely after your surgery to protect yourself

Medical Clearance Clinic
Location: Primary Care Physician

Your surgeon may request a pre-op medical clearance appointment with a medical specialist. This is a time to make sure all of your medical conditions are reviewed so that you are ready for elective surgery. Additional tests may be scheduled, based on your medical conditions, prior to your surgery.

If you do not have a primary care provider, you will instead be referred to Dr. Larew at Larew Internal Medicine.

Getting Ready For Your Surgery

Your COACH

Your coach is a person to support you in your recovery at home. A coach can be a spouse, a family member, a friend, a neighbor or a companion. Ideally, this person should stay with you for the first few days after you return home. After the first few days, your coach should be available to check on you and help with transportation to physician appointments.

We all need encouragement at times to help us along the way. Your coach can provide this by being present and taking part in therapy and home exercises. Because almost all patients go directly home after surgery, it is important to plan ahead to have a helping hand(s).

Checklist for your COACH:

_____ Ensure proper durable medical equipment is obtained prior to surgery

_____ Be present at discharge to learn home instructions

_____ Check in on you during your recovery process

_____ Run errands, prepare meals, and help with household chores

_____ Make arrangements for transportation to therapy, if needed

Things to Think About

Be cautious with your legs prior to surgery.

- Do not shave your legs for one week prior to surgery
- Cuts, scrapes, and scratches on your leg can cause your surgery to be postponed
- Notify your surgeon should anything happen to your leg prior to surgery

If you use tobacco (or nicotine of any kind), stop prior to surgery.

- Smoking reduces your lung function
- Nicotine reduces circulation and healing, increasing risk of poor healing and infection

If you drink alcohol, be honest with your doctors about how much you drink.

- Alcohol impairs liver function
- Going through withdrawal can impact your recovery

Surgery Pre-Payment/Insurance Out-of-Pocket Expense Estimate

Please take note that Steindler Orthopedic Clinic and Steindler Surgery Center/partnering hospitals are separate billing entities. **Steindler Orthopedic Clinic will bill the physician fees, and Steindler Surgery Center/partnering hospitals will bill the facility fees separately to your insurance carrier.** The anesthesiologist fee will also be billed separately.

Depending on your insurance carrier and your insurance benefits, you may potentially receive an estimate from both the clinic and the surgery center/partnering hospital, and you may potentially be asked to make a surgery prepay to both the clinic and the surgery center/partnering hospital. Commercial Insurance plans and Medicare Advantage plans typically have an out-of-pocket expense for surgery. Based on your individual out of pocket estimate, we may require that a surgery prepayment to be paid prior to surgery. Every insurance plan is different, so it is our goal to provide the surgery out of pocket expense estimate that will allow our patients to be prepared for their out-of-pocket cost and be able to plan accordingly. Note: We do not send expense estimates to patients who have Traditional Medicare or Medicaid.

PRE-OPERATIVE MEDICATION GUIDELINES

This information is a guideline for medication instructions prior to surgery. Please be sure to provide the surgery center or hospital with a complete list of your current medications so more specific instructions may be given.

MAOIs to be stopped 2 weeks prior to surgery (Marplan, Nardil, Emsam, Parnate)

Medications to stop 7 days prior to surgery:

- Aspirin products (Bayer, Excedrin, Ecotrin) if not prescribed by a physician for a medical condition
- Nonsteroidal anti-inflammatories such as ibuprofen, Advil, Naprosyn, Aleve, Voltaren, Indocin, Naproxen
- All herbal supplements including fish oil, garlic, vitamin E, ginkgo biloba
- Semaglutide injections such as Ozempic and Wegovy

*** If taking any blood thinners prescribed by a physician (aspirin, Plavix, Warfarin, Eliquis, Xarelto, Brillinta, etc), consult the prescribing physician to determine appropriate discontinuation times. Certain cardiac patients may need to stay on aspirin up until the time of surgery. ***

If you are on an immunosuppressant medication such as Methotrexate, check with your prescribing physician regarding whether this needs to be stopped prior to surgery.

Medications to hold 72 hours prior to surgery:

- Jardiance and Farxiga

Medications to hold 24 hours prior to surgery:

- Metformin and other oral hypoglycemics such as pioglitazone, glimepiride, glipizide, Januvia
- ACE inhibitors such as lisinopril, benazepril, captopril, enalapril
- Angiotension II receptor antagonists such as losartan, valsartan, irbesartan
- Semaglutide oral medications such as Rybelsus

Medications to take with a sip of water the morning of surgery (if routinely taken in the morning):

- Cardiac medications including Digoxin
- Blood pressure medication except diuretics and ACE inhibitors/Angiotension II receptor antagonists as listed above. May take diuretics if in combination form with a beta blocker such as metoprolol/hydrochlorothiazide
- Steroid medications such as prednisone
- Anti-seizure medications such as Depakote, Keppra, Dilantin, Tegretol
- Chronic benzodiazepines such as Xanax
- Acid reflux medications such as Prilosec, Tagamet, Nexium, pantoprazole
- Medications for Parkinson's such as Carbidopa/Levodopa
- Gabapentin and Lyrica

Use any inhalers that you normally would in the morning. Please bring these with you to the hospital. If you use insulin, instructions regarding this will be given by the hospital or surgical center Pre-Admission nurses. You may use Tylenol for pain if needed when you have stopped the NSAID medication. This does not need to be stopped prior to surgery.

STEINDLER ORTHOPEDICS

Infection Control and Showering Before Surgery

Our goal is to keep you safe and free from infection. You can help with this goal by following these showering instructions. Doing so will help reduce the number of germs on your skin, which lowers the risk of you getting an infection after surgery. It is also important for your skin to be as clean as possible so that the antiseptic cleaning we do before surgery on your skin will work to its full potential.

Before surgery, it is highly recommended that you use a 4% chlorhexidine gluconate solution to bathe with. Read all label instructions carefully and follow the directions on the package for proper skin cleaning. In most cases, this skin cleansing solution will be provided to you at your pre-operative PT or OT appointment. If you do not have a pre-operative PT/OT appointment, visit Steindler Therapy at our North Liberty clinic, Monday - Friday, 8:00 am - 4:30 pm.

Showering Before Surgery Instructions:

- Shower the night before or day of your surgery using antibacterial soap and shampoo your hair with regular shampoo.
- After you clean with antibacterial soap, turn the water away from yourself and thoroughly apply the 4% chlorhexidine gluconate solution to your entire body, but not your face and genitals. Take extra care to clean the surgical area.
- Once the solution is applied, fully wash it off and do not wash again with other soap.
- Do not shave. Men may shave facial hair if surgery is not in the head/neck area. Any cut, abrasion, or rash near your surgical site will be evaluated and may cause a delay in your procedure.

After Showering:

- Dry yourself off with a freshly cleaned, dry towel.
- Do not apply lotions, ointments, perfumes, deodorants, hair products, or powders.
- Put on clean clothes or pajamas.
- Put clean sheets on your bed to sleep on the night before surgery.
- Do not allow pets to sleep in your bed.

If you have any questions, please contact Steindler Orthopedic Clinic at (319) 338-3606.

What to Bring to Surgery

_____ This Planning Guide
_____ Your COACH
_____ Loose-fitting clothes
_____ Your front-wheeled walker
_____ Necessary personal items
_____ Supportive shoes
_____ Glasses/glasses case
_____ Hearing aid, extra batteries, case
_____ CPAP or BiPAP machine (if staying overnight at a partnered hospital)
_____ Copy of Living Will, Durable Power of Attorney, etc.

For your Family

Please designate one family member (perhaps your coach) to coordinate information about your procedure for other family members.

It is most convenient for you to receive personal phone calls after your surgery to avoid disruption of your care.

Consult with Steindler Surgery Center staff for wireless internet access.

Guest Lodging

If you are having surgery at a partnered hospital and may be staying over night, please consult with that facility about options for guest lodging.

Prepare Your Home

To plan ahead for you returning home after surgery, check your house to see how you can make it safe and comfortable while you are recuperating. Here is a list of things to look for and consider **before** your surgery:

Entrance

- How will you get into/out of your house after surgery.
- Do you have to climb steps? How many?
- Do your steps have railings?
- Is there an easier way in **without steps** that you can use?

Tip: Have a plan to get into your house and practice that entry method before your surgery.

Driving

- You will NOT be able to drive immediately after your surgery.
- At your follow-up visit with your doctor 1-2 weeks after surgery, you will learn when you are allowed to drive again.

Factors that affect driving after foot and ankle surgery:

- Use of pain medications
- Which foot is operated on
- How driving motions of the foot may impact the surgical site

Bedroom

- Where will you sleep at home after surgery?
- Do you have to climb stairs to get to the bedroom?
- Can you get a walker, crutches, or a wheelchair through the bedroom door and to the bed?
- Can you sleep on the first floor to avoid climbing steps?

Bathroom

- Is your bathroom accessible?
- Can you get a walker, crutches, or a wheelchair through the door?
- Do you have to climb stairs to get to the bathroom?
- How will you bathe? Do you have a tub or a walk-in shower?

Bathing

- Keep dressing in place and dry unless instructed otherwise by your doctor.
- You will not be able to get your foot wet while you have a cast or splint.
- Once the doctor says it is okay for you to shower, you will need to cover the cast with a plastic bag to keep it dry in the shower.

Tip: A shower chair or a tub bench allows you to sit down and shower safely after surgery.

Kitchen

- Keep a supply of easy to cook meals on hand.
- Frozen dinners are quick and require minimal preparation.
- Keep frequently used items within easy reach on countertops and in the refrigerator.
- If possible, plan to have someone assist you with grocery shopping.

Laundry

- Is your laundry room accessible?
- Are the washer and dryer difficult to reach?
- Consider asking a family member or friend to assist you with your laundry.

Rugs

- Throw rugs or scatter rugs are very dangerous because they have potential to trip you.

Tip: Remove all throw rugs or scatter rugs before you come in for surgery

Pets

- It can be dangerous for people who use equipment (walker, crutches, or wheelchair) to walk and move around with pets under foot
- Taking care of a pet (walking a dog, cleaning a kitty litter box, etc) can be very difficult when you are not able to stand on your operated leg after surgery

Tip: You might consider having pets stay with a family member or friend while you are recovering.

If you are planning on using a wheelchair at home, please consider:

- Doorways must be at least 28" wide across for a standard wheelchair to fit
- Wheelchairs may be lifted up one step or curb with the patient in them. Your therapist can show you how this is done safely.

Tip: More than one step is very difficult to climb safely in a wheelchair and is not recommended.

- Bathrooms must be at least 28" wide for a wheelchair to fit.

Tip: If the bathroom door is not wide enough, you will need a bedside commode for toileting

- Carpet makes it harder to push a wheelchair

Tip: Remove all throw rugs to decrease obstacles for the wheelchair

- In the kitchen, make sure you can reach commonly used items from a wheelchair height

Tip: You might consider having pets stay with a family member or friend while you are recovering.

General Home Safety Tips

1. Wear footwear that gives you good support and traction. Tennis shoes/sneakers with good tread on the bottom are great options.

2. Install non-skid mats on the shower or tub floor.

3. A hand-held shower can make showering much easier after surgery.

4. Make sure feet are dry before getting out of the tub so you don't slip.

5. Sit on a sturdy chair while brushing your teeth, shaving, applying makeup, cooking, etc.

6. Do **not** sit on chairs that have wheels.

7. Sit in firm chairs with armrests. They are much easier to get up from.

8. If you are using a walker, do **not** hold things in your hand as you use your walker. Walker bags are available for purchase online or at local pharmacies.

Durable Medical Equipment

You may require assistance with special equipment at home for some time after surgery. Your therapy team will recommend specific items, and your case manager will assist you with getting the equipment you need. This equipment is not paid for by insurance, so you are encouraged to explore other options when buying equipment.

Knee Scooter	$70-$200
Raised Toilet Seat	$20-$40
Raised Toilet Seat With Arms	$50-$80
Shower Bench	$40-$100
Extended Tub Bench	$80-$180
Bedside Commode	$60+
Safety/Grab Bars	$15+

Where to purchase equipment:

Amazon.com • CVS • ebay • Homehealthsuperstore.com • Home Depot • Lowe's • Towncrest Pharmacy • Target • Walgreens • Walmart • CarePro Home Medical • NuCara Home Medical

STEINDLER ORTHOPEDICS

Foot and Ankle Surgery

Frequently Asked Questions (FAQs) and answers.

PRIOR TO SURGERY
Questions 1–8

DAY OF SURGERY
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GOING HOME
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6 WEEKS FOLLOWING SURGERY
Questions 34–41

12 WEEKS FOLLOWING SURGERY
Questions 42–47

WHAT ABOUT THE FUTURE?
Questions 48–50

PRIOR TO SURGERY

1. Q: Do I need to stop taking certain medications prior to surgery?
   A: Possibly. It depends on your circumstances. These questions are answered during your pre-admission screening call, which is why you should provide a complete and detailed medical history during your pre-admission screening.

2. Q: Can I have a steroid injection in my foot/ankle prior to surgery?
   A: Only if it is given at least 6 weeks prior to your surgery.

3. Q: What if I get an infection prior to surgery?
   A: You must call Steindler Orthopedic Clinic (319-338-3606) if you develop any infection, such as a cold, sinus infection or urinary tract infection prior to surgery. We handle this on a case-by-case basis.

4. Q: How long will I be in the surgery center or hospital?
   A: You are likely receiving an outpatient procedure and will go home the same day. You will need to have a responsible adult stay with you for 24 hours from the end of your surgery. If your surgery is being performed at a partnered hospital, you may be staying there overnight. The hospital physical therapy staff will inform you and your surgeon when you are safe and prepared to return home. In either case, expect that you will still have pain when you are discharged; however, you will be reasonably mobile.

5. Q: Will I need to have someone at home with me when I am discharged?
   A: As stated in question 4, if you go home the day of your surgery, **you will need to have a responsible adult stay with you for 24 hours**. When you leave the surgery center, you will be able to get in and out of bed, get in and out of a chair / scooter / crutches / wheelchair, walk to and from the bathroom, and be able to go up and down stairs. You may need to use a knee scooter for mobility. It is best to have someone stay with you the first few nights at home, though it is unlikely that you will need someone with you continuously. Physical or occupational therapy may be ordered for you to work on self-care.

6. Q: I live alone, will I need to rely on others?

   A: Because we live in rural Iowa, this is an understandable concern. We suggest you utilize friends and family through this process. Foot/ankle surgery is best accomplished when you have a coach and others help you. Success is best achieved by going to your home after surgery, working on your exercises several times a day, occasional walking, and frequent icing/elevation of your surgical foot. Home physical therapy and skilled care units are used as a last resort. You are free to contact a nursing home to pay privately when you are discharged. You must contact the nursing home prior to your operation.

7. Q: Can I do physical therapy in my hometown or close to my home?

   A: Yes. Your surgeon will provide you with an order for physical therapy (if appropriate) that you can take to your local physical therapy office.

8. Q: I get very nauseous and vomit after surgery, what can I do?

   A: Let your surgeon know beforehand, and medicine can be prescribed to take the morning of surgery.

DAY OF SURGERY:

9. Q: What will happen the day of surgery?

   A: You will be informed of what time to arrive the day of surgery. Nurses will record basic information, you will get into a surgical gown and an IV will be started. Your foot/ankle be cleaned and shaved. The anesthesiologist will meet with you to discuss your anesthesia and answer any questions. Your surgeon will speak with you to answer questions and identify/mark your surgical leg.

10. Q: Will I be asleep for surgery?

    A: You will receive general anesthesia (completely asleep) or anesthesia targeting a specific area of your body, such as spinal or regional anesthesia. You do not have to be awake for the surgery. We may also use local anesthesia to decrease pain for the first 24 hours. All of this is done to keep you comfortable and have the least amount of pain.

11. Q: How long is the surgery?
    A: It depends on the procedure, but may take from 30 minutes - 3 hours.

12. Q: Will I have stitches?
    A: Your surgical incisions will be closed with sutures or staples. These will be removed 2-4 weeks after surgery at one of your post-op appointments.

13. Q: Will I have a bandage/dressing over my incision?
    A: There will be a dressing that will cover the incision. You will be provided with instructions on when to remove this dressing after surgery.

14. Q: Will I have a catheter in my bladder?
    A: Not usually.

15. Q: What will I use for pain control?
    A: Oral pain pills, similar to the ones you will take at home. Nursing and physical therapy will routinely assess your pain, and there is a range of medical options to be sure your pain is controlled. You will also be instructed on alternative, non-medicinal ways to control your pain. Ice packs will also be routinely offered while in the surgery center.

16. Q: I have sleep apnea, should I bring my CPAP?
    A: If you are having an outpatient procedure at Steindler Surgery Center, you will not need it. If you know you are staying overnight at a hospital after your surgery, please bring it and inform nursing when you reach your room after surgery.

GOING HOME:

17. Q: How will I get home?
    A: On the day of discharge, Steindler Surgery Center staff will teach you and your family/coach how to get in and out of a vehicle while maintaining your weight-bearing precautions.

18. Q: What will I use for pain control when I get home?

A: Your prescription will either be sent electronically to your pharmacy. **You will need to have your insurance card and credit card for the copay**. Any refills can only be done during Steindler Orthopedic Clinic business hours. Your prescription may be Tylenol with Hydrocodone or Tylenol with Oxycodone. Each tablet contains 325mg of Tylenol (Acetaminophen). At home, you can take 1 or 2 tablets, separated by the **time instructions on the prescription**. Narcotics can affect your alertness, can be constipating and can be addictive. **You should try to get off of them as soon as you can** by cutting back from taking 2 tablets at a time to only 1 tablet at a time and increasing the time between doses. You can substitute plain Tylenol (Acetaminophen). You can safely take up to 4000mg of Tylenol (Acetaminophen) a day. Plain Tylenol contains 325mg of acetaminophen and the narcotics also contain Tylenol (325mg of acetaminophen), so be sure to count both medicines in your daily limit. If you do need a refill on your pain medicine, that can only be done during Steindler Orthopedic Clinic business hours. Please try to plan ahead so that you do not run out on the weekend. You should allow 2-3 business days to complete a refill so your surgeon has time to receive your request. Ice packs are also very helpful and several should be purchased and frozen pre-operatively.

19. Q: How long will it take to recover?

A: When you get home you will be able to navigate around by yourself. You will be able to do stairs. You may be instructed to not put weight on your foot for several weeks or even months. Driving and return to work will be discussed with your surgeon at your 2 week appointment. The bottom line is you CANNOT drive until you can do so safely. You need to have good muscle and reflex control and not have taken narcotic pain medicine for 4 hours. (Understandably, patients with left foot surgery may be capable of driving sooner than patients with right foot surgery.) Returning to work is the most variable depending on your occupation. The earliest return to work would be a strict sitting job at 2 weeks or longer. Labor work and construction work may require 3-4 months of recovery before you can return to work. Your surgeon and outpatient Physical Therapists are your best resources for these questions.

20. Q: Can I take ibuprofen or Aleve (naproxen) with my pain medications?

A: You may be on a blood thinner for up to 6 weeks after surgery, depending on your physician. Some NSAIDs (like ibuprofen or naproxen) may be prescribed on a case-by-case basis. Again, discuss this with your surgeon and you will be provided with specific written instructions at discharge.

21. Q: Will I need to elevate my leg at home?

A: Yes. Elevation of the foot is the key to reducing swelling and controlling pain. During the day, try to keep your leg horizontal on the bed or in a recliner any time you are sitting. Try to avoid prolonged sitting with your legs down. Several times a day you should lay flat on your back with your leg elevated on several pillows to help control swelling in your lower leg. Try to have your "toes higher than your nose" for 30 minutes, 2-3 times a day.

22. Q: Should I be using ice on my foot/ankle?

A: Yes. This is done frequently throughout the day to alleviate pain and swelling. This should be done for 20-30 minutes as often as needed. You can start timing once you feel the coolness on your skin. You will need several ice packs and you should purchase these prior to your surgery. The ice pack should not make direct contact with your skin.

23. Q: What is the most important thing for me to do once I am home?

A: The most important thing to do in the first 2-4 weeks is to follow your weight bearing restrictions, if you have them. You may be up walking around every 1-2 hours while awake. When sitting, have your leg elevated. Home exercises may be assigned to do 3-4 times/day.

24. Q: Narcotic pain medicine can cause constipation, what should I do?

A: Fruit and fiber intake should be increased. Frequent walking and drinking a lot of water will also help manage constipation. Your physician may also recommend a laxative, such as Miralax® or Colace®.

25. Q: What are the signs of infection?

A: Although a low-grade temperature (100 degrees) is common for a few days after surgery, an increasing temperature, chills, shakes, increasing pain, and worsening redness are signs of possible infection. If you are concerned about infection, please call **Steindler Orthopedic Clinic** weekdays 8:00-4:30 at (319) 338-3606 or (800) 373-6417.After hours or on weekends, please call UIHC Downtown at (319) 339-0300.

26. Q: How can I prevent blood clots?

A: Foot pumpers and support stockings (TED's) or ACE wraps may be used after surgery. Instruction for using TED's at home will be given at discharge. Early and frequent mobilization like walking and changing positions is recommended Frequently move your ankles and toes. Aspirin or other blood thinners will also be ordered.

27. Q: What are the signs of a blood clot?

    A: A blood clot or deep vein thrombosis (DVT) begins in a vein in your calf muscle. Symptoms include an increase in swelling below the knee, worsening pain, and tenderness in the calf. Other signs can be shortness of breath and an irregular or fast pulse. These can be signs that a clot has gone to the lungs. If you experience changes in your leg, you should immediately call **Steindler Orthopedic Clinic** weekdays 8:00-4:30 at (319) 338-3606 or (800) 373-6417. After hours or on weekends, please call UIHC Downtown at (319) 339-0300. **Shortness of breath or changes in your pulse or heartbeat are cause for calling 911 immediately.**

28. Q: Can I shower over the incision and let it get wet?

    A: If sealed with sutures or steri-strips, you will be instructed to cover the incision for 2 weeks. Typically, if you are not in a cast, you can get the surgical site wet **without soaking**.

1–2 WEEKS FOLLOWING SURGERY:

29. Q: When can I stop the blood thinner?

    A: Not until 6 weeks after surgery. This will be discussed at follow-up appointments.

30. Q: Is it normal that I am not hungry?

    A: Yes. Many people get post-surgical anorexia (lack of appetite). This will pass on its own. It is suggested that you supplement your diet with protein shakes (like Ensure) or Carnation instant breakfast drinks.

31. Q: Why can't I sleep?

    A: Surgery definitely interrupts your sleep-wake cycle. Also, the pain from the recovery is often more noticeable at night. It is recommended that you take your pain medicine before bed and ice at bedtime. Limiting daytime naps to 20 minutes is also helpful. Call **Steindler Orthopedic Clinic** weekdays 8:00-4:30 at (319) 338-3606 or (800) 373-6417 if you are having trouble sleeping. Sometimes a sleeping medication can be prescribed for a short period.

32. Q: Is it normal that my foot/ankle is red/swollen/hot?

    A: A light pink is very common after surgery. Redness that extends up the leg or is accompanied by increasing pain and fever is a sign of infection. Warmth and swelling may continue for up to a year. It will get better, but it may take months.

33. Q: Is it normal that I am so bruised?
    A: Often there are areas of bruising. One area is on the thigh from the tourniquet used during surgery. There may also be bruising into your foot/toes. This is why elevation above your heart is so important.

6 WEEKS AFTER SURGERY:

34. Q: Is it still supposed to be swollen?
    A: Yes, this is still normal.

35. Q: Is it still supposed to be stiff?
    A: Yes, stiffness is still common (especially after sitting).

36. Q: Is it still supposed to ache and hurt and feel restless at night?
    A: Yes, this is common.

37. Q: Shouldn't it be completely healed by now?
    A: No, complete healing takes several months.

38. Q: Should I still be taking a blood thinner?
    A: Not because of your surgery. You may be taking one for an unrelated medical condition.

39. Q: Can I take Ibuprofen or Aleve (Naproxen) now?
    A: Yes.

40. Q: What is my goal in therapy?
    A: Once you start outpatient therapy, it is important to regain normal range of motion of your foot and ankle. Then you will start to work on exercises to strengthen your foot and ankle. Eventually, you will do exercises to improve your balance and ability to walk with an assistive device.

41. Q: What can I put on my incision?
    A: You may shower and use soap right away on the incision. Vitamin E oil can be used once the mesh is removed and the incision is healed. You should also use sunscreen on your incision the first year.

12 WEEKS AFTER SURGERY:

42. Q: Shouldn't it be healed by now?
    A: No, you are 75% healed. Your foot/ankle may continue to have some warmth and swelling until about 1 year.

43. Q: Is it normal for my ankle to still be stiff?
    A: Yes. This is most noticeable first thing in the morning and when you have been sitting for a length of time.

44. Q: Is it normal for my foot/ankle to be sore and ache later in the day?
    A: Yes, this is normal.

45. Q: What about going through the airport after my surgery?
    A: If you have hardware in your foot/ankle, the TSA staff may ask you about it and you will need to tell them you had surgery. However, this is not usually necessary for foot/ankle surgery.

46. Q: What can't I do?
    A: Discuss with your surgeon any other questions you might have about your activity levels.

47. Q: Can I go to the dentist now?
    A: **(This only applies to total ankle replacements)** Yes, now that is has been 3 months since your surgery. Remember, you must take your antibiotics at least 1 hour BEFORE your dental appointment. Typically, you should take antibiotics for one year after surgery. Contact the office for your initial prescription for antibiotics.

WHAT ABOUT THE FUTURE?

48. Q: What do I do if I think I am getting an infection such as a skin, sinus, dental, or urinary tract infection?
    A: You should call your primary physician as you normally would.

49. Q: What are the symptoms of infection?
    A: These may include drainage, increased swelling, redness, and pain not associated with increased activity. You should call Steindler Orthopedic Clinic 8:00-4:30 at (319) 338-3606 or (800) 373-6417 at the earliest signs of infection. After hours or on weekends, please call UIHC Downtown at (319) 339-0300.

50. Q: Do I need antibiotics for dental work?
    A: **(This only applies to total ankle replacements)** Please wait for 3 months after surgery to do any routine dental work. Remember, you must take your antibiotic 1 hour BEFORE your dental appointment. It is recommended that you take these for at least the first year from surgery if you are healthy. If you have any of the following medical conditions, it is recommended that you continue these for a lifetime:

    History of organ transplant (liver, kidney, lung, etc), previous joint infection, immunocompromised patients with:

    - Rheumatoid arthritis
    - Cancer and being treated with chemotherapy
    - Psoriatic arthritis

Contact Steindler Orthopedic Clinic at any time if you are unsure if you should continue with pre-dental antibiotics or have any other questions/concerns at (319) 338-3606 or (800) 373-6417.

Your surgeon will ask you to schedule x-rays every 1–5 years.

What Are the Risks of Foot/Ankle Surgery?

- **Infection**. We prevent infection by giving you antibiotics on the day of surgery. Sometimes patients will also take antibiotics for a few days after surgery to reduce their risk of infection. Infections can occur at the site of your incision and in the deeper tissue near your foot/ankle. Most infections are treated with antibiotics, but a major infection might require surgery to remove and replace the hardware.
- **Blood clots**. Clots can form in the deep veins of your leg after surgery. This can be dangerous because a piece of a clot can break off and travel to your lung. We may prescribe blood thinner to take after your surgery to help prevent any clots. Aspirin is all that is recommended in many foot/ankle surgeries.
- **Stiffness**. All surgeries heal with scar. This is a normal process, but can lead to a stiff joint unless you move frequently. A consistent effort at your home exercises (on a daily basis) and physical therapy can prevent foot and ankle stiffness.
- **Medical complications**. All surgeries carry the risk of medical complications. These are rare, but include stroke, heart attack, lung problems, or other issues. In order to prevent these issues, we evaluate you medically before the surgery is performed. A physical, labs, and x-rays may all be performed prior to surgery.

More rare complications:

- **Loosening**. Although this complication is rare, your new hardware might not become solidly fixed to your bone or might loosen over time, causing pain. That hardware may need to be replaced or removed through further surgery.
- **Fracture**. During surgery, healthy portions of your joint might fracture. Sometimes the fractures are small enough to heal on their own, but larger fractures might need to be stabilized with wires, screws, and possibly a metal plate or bone grafts.
- **Nerve damage**. Rarely, nerves in the area where the implant is placed can be injured. Nerve damage can cause numbness, weakness and pain.

Foot/Ankle Surgery Protocol

- Limit activities as recommended by your surgeon.
- Keep weight off the surgical area (example: if you have toe or bunion surgery, keep weight on your heel).
- Use recommended assisted devices such as knee scooter, walker, crutches, wheelchair, etc.
- Use boot or post-op shoe as recommended.

Car Ride Home

Depending on how far you have to drive to get home after leaving surgery, you may want to think about several things so that you can be more comfortable on the ride home:

- The staff will help you into your car. Depending on the shape of your car seats and the length of your leg, you may want to bring several pillows to help support your leg.
- To get into the front seat, slide the seat back as far as possible so your foot doesn't get stuck between the door and the car frame.
- You may want to put a plastic bag/grocery sack on the seat to help you swivel as you bring your legs into the car.
- Depending on your car, you may be more comfortable in the back seat with your leg on the seat. Make sure you have several pillows along to help support your foot/ankle and low back.
- You may also want to have a blanket along if you get cold. You can also use the blanket to support your knee, back, or head/neck depending on how you position yourself in the car.
- We recommend bringing a water bottle during your stay, and ensure you have water to drink for the ride home.
- You may want to bring 1 or 2 ice packs along to help with pain/swelling.
- Pain medication can make you nauseous, as can riding in a car. You may want to bring a bag along in case you have an upset stomach and get sick.

Car Transfer

Walk to the passenger side of the vehicle.

The window should be rolled down and the seat pushed back.

Turn so that the back of your legs touch the car. Transfer your hand to the vehicle and then sit down.

Next, move the walker out of the way and then turn your trunk as you bring in your legs to a forward seated position.



Sleeping on your Side

Lying on the **non-operated side** use a medium pillow to support the neck musculature, place a pillow or two between the knees to keep your thigh and leg in line with your body.



Elevating Your Leg After Surgery

During the day, try to keep your leg horizontal on the bed or in a recliner any time you are sitting. Try to avoid prolonged sitting with your legs down.

Several times a day you should lay flat on your back with your leg elevated on several pillows to help control swelling in your lower leg. Try to have your "toes higher than your nose" for 30 minutes, 2-3 times a day.

A good time to do this is after you have been on your feet for a longer period of time. You may also want to ice your foot/ankle while you have your leg elevated.



Safe Mobility After Surgery

Please do not try this at home until you have been properly trained by a therapy staff member.



Chair Transfers Using a Walker

To stand up:

1. Scoot forward in the chair until you are sitting on the edge.
2. Lean forward and push down through the armrests, using your non-operative leg to stand up.
3. Keep your operated foot off the floor.
4. Once standing, reach for the walker first with one hand, then the other.
5. Get your balance.

Remember: It is easiest to get up from a firm, sturdy chair with armrests.

To sit down:

1. Back up until you feel the back of your leg touching the chair.
2. Move your operated foot out in front of you, keeping the foot off the ground.
3. Reach back for the arm of the chair first with one hand, then the other.
4. Lower yourself slowly into the chair, keeping your operated foot off the ground.

Walking With a Walker

1. Advance walker forward so back legs of the walker are even with the toes of the non-operative leg.
2. Slightly lean forward and push down through hands on walker handles so most of your body weight is through your arms. Your elbows should be slightly bent.
3. Move your good foot forward until your foot is in the middle of the walker, while supporting your body weight on the walker.

Remember: Your operated foot should never touch the floor. Do not use for balance.

Stepping Down Off of a Curb With a Walker

1. Bring non-operative foot to the edge of the curb.
2. Place walker down on the ground below the curb.
3. Hold onto the walker and push your weight down through your hands.
4. Keeping your operated leg out in front of you, lower your non-operative leg down onto the ground.



Climbing Up a Curb Using a Walker

1. Back up to the curb until the walker legs hit the curb wall.
2. Push your weight down through your hands.
3. Keeping your operated leg out in front of you, lift your good leg on the curb. You will need to get your non-operative foot back as far as possible to allow room for the walker on the curb.
4. Bring walker up onto the curb.

Chair Transfer With Crutches

To stand up:

1. Place both crutches in one hand and hold hand grips. Place the other hand on the arm of the chair.
2. Scoot forward to the edge of the chair.
3. Lean forward and push up with both hands and your good leg, keeping your operated foot off the floor.
4. Get your balance.
5. Place crutches under arms, one at a time.



To sit down:

1. Approach the chair.
2. Turn around using small steps and back up to the chair, until you feel the chair against the back of your good leg.
3. Place both crutches in one hand.
4. Reach the over hand back for the arm of the chair.
5. Bend forward at the waist and sit down slowly, keeping the operated leg up off the floor.

Walking With Crutches

1. While balancing on your good leg, move both crutches at the same time.
2. Crutches should be about shoulder width apart and even on the floor.
3. Push down through hands.
4. Step forward with the strong leg, keeping the operated leg off the floor.

Climbing Up Stairs With Crutches

1. Bring good foot close to the bottom step.
2. Bend knee to bring operated foot behind you.
3. Push your weight down through your hands onto the crutches.
4. Step up onto the stair with your good foot.
5. Bring crutches up onto the step.
6. Keep operated foot up off the floor.



Stepping Down Stairs With Crutches

1. Bring good foot to the edge of the steps.
2. Straighten your knee to bring your operated leg forward, but do not put it down on the step.
3. Balancing on your good leg, slowly bring the crutches down onto the next step by bending your good knee.
4. Push down through your hands onto the crutches.
5. Lower your good leg down to the next step.
6. Continue down the steps.



Chair Transfers With a Knee Walker

To stand up:

1. Scoot forward in the chair until you are sitting on the edge.
2. Lean forward and push down through the armrests and use your non-operative leg to stand up.
3. Keep your operated foot off the floor.
4. Once standing, reach for the knee walker with one hand. Continue holding into the chair.
5. Pivot your body around and place the knee of your operated leg on the pads.
6. Get your balance and adjust your positioning of your operated leg until you are comfortable.



To sit down:

1. Approach the chair until you are right in front of it.
2. Reach out with one hand and take hold of one arm of the chair.
3. Keeping your operated foot off the floor, pivot your body around so your bottom faces the chair.
4. Bring other hand back to the other arm of the chair.
5. Gently lower yourself down into the chair, keeping your operated foot off the floor.



How to Measure for a Front-Wheeled Walker

When preparing to use a walker, you need to make sure it can accommodate your height, especially if you are very tall or short. Walkers can come in different sizes of frames, and you may need a special petite walker, or walker leg extensions. Get a friend or family member to help you measure yourself.



1. Start by standing up straight with your shoes on, inside the walker.
2. Allow your hands to hang naturally over the sides of the walker handles.
3. Locate the crease in your wrist; this should be your handle height.
4. If possible, choose a walker that adjusts at least one inch higher and lower than your actual measurement so you can adjust it as necessary.

We recommend that you use a walker with wheels on the front only. 4-wheel walkers can be unstable and are not recommended due to safety concerns.

It is not recommended to use your walker on a flight of stairs. You may use a railing and a crutch or cane in the other hand. Have a family member bring your walker up/down the stairs, or have a walker for each level of your home.

STEINDLER ORTHOPEDICS

STD/FMLA Policy

If you are having surgery and will be unable to work, your employer may require you to have paperwork completed and the company that processes this paperwork may have a deadline for submission. **Please remember our processing time may take up to 10 business days, which begins on the 1st day when all required information is received by our office.** The required pieces of information are listed below.

Steindler Orthopedic requires three pieces of information to process your STD/FMLA forms. There is a 10-day processing time and will not begin until ALL required pieces have been received.

1. **A signed Release of Information:** This tells us who you are giving us legal permission to release your medical information to. This is required regardless of who will be receiving the information ie: insurance company, employer, yourself. If you have more than one form to complete, please provide both companies as they must be listed on the release with the fax/address provided. This form can be found on our website steindler.com under Patient Resources.

2. **Documents/Forms needing to be completed by the physician:** Your employer should provide these to you.

3. **Payment in full:** A $20 service charge applies to only Disability & Loan forms to assist with covering the cost of processing the form. These costs also include but are not limited to the time required to complete the form as well as the transmission of forms and medical records.

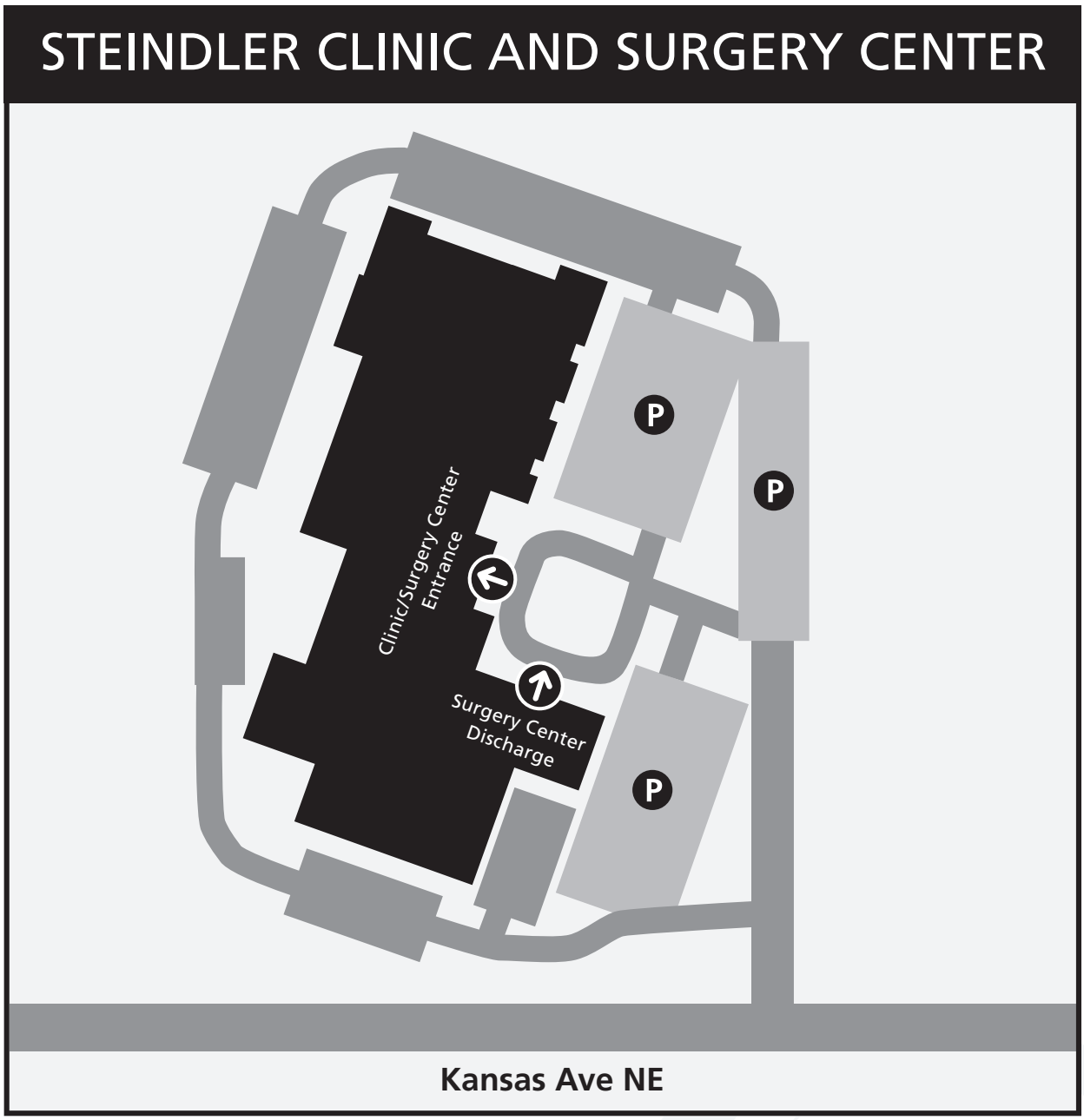
   Once you have submitted the three required pieces of information, your paperwork will be completed and sent to the employer or insurance company you have provided on the signed release of information form.

Please send the completed and signed STD/FMLA Form request, along with the forms from your employer to Diana Parisi. Any questions, please contact Diana via phone or email.

Direct Line: (319) 248-4504

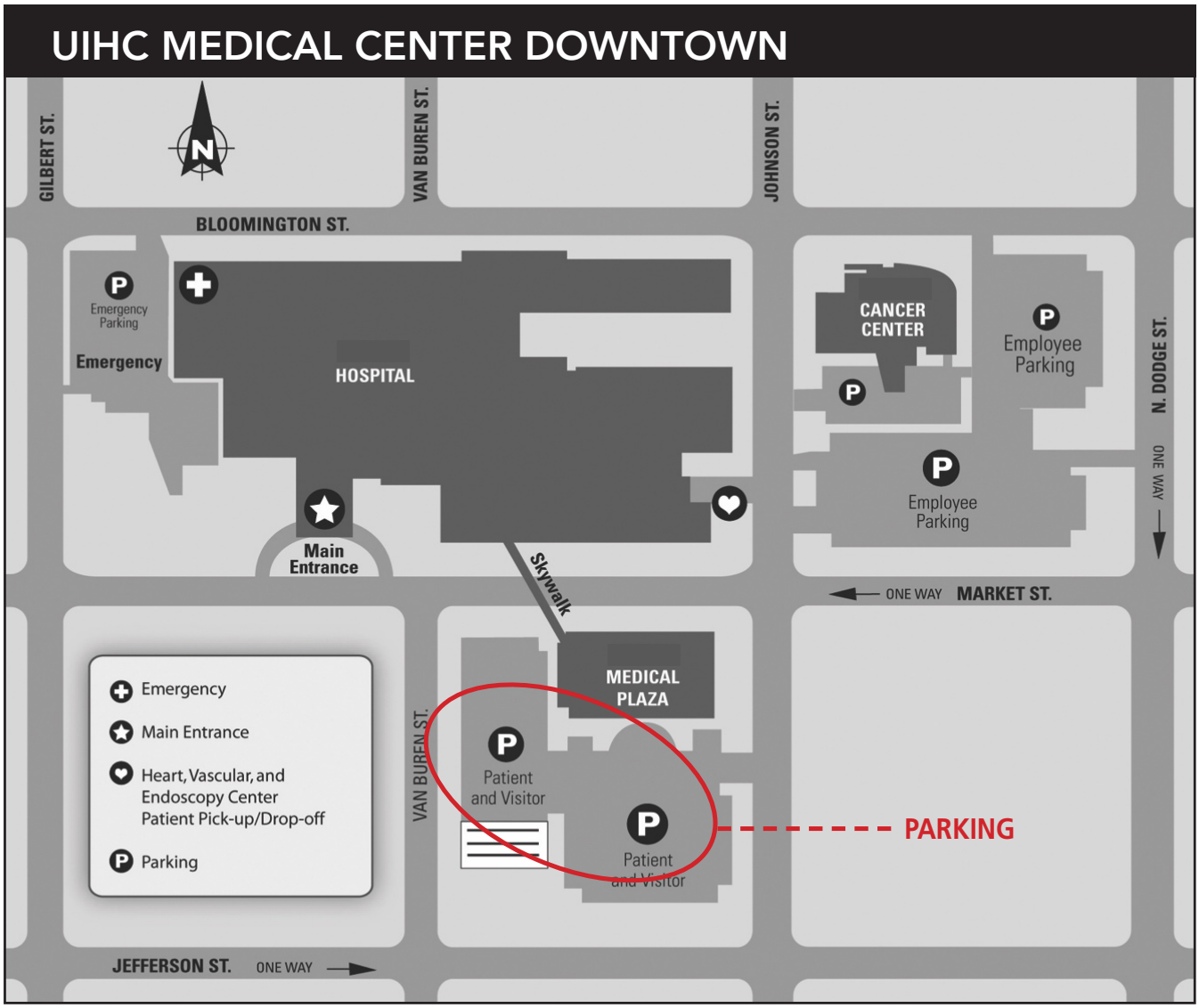
Email address: dcparisi@steindler.com

Fax: (319) 338-0522



2301 Steindler Way, North Liberty, IA 52317

- You will use the same entrance to get to Steindler Orthopedic Clinic and Steindler Surgery Center.
- Go to the left door to reach the surgery center.
- After surgery, patients will be discharged from the surgery center exit.



500 East Market Street • Iowa City, IA 52245

Your Questions and Notes

While you are reading through this guide, write any questions below and bring them to your appointments:

Surgery Scheduling Department

Phone: (319) 600-8089

Office Hours: Mon - Fri, 8:00 am - 4:30 pm

STEINDLER ORTHOPEDIC CLINIC

2301 Steindler Way, Suite B, North Liberty, IA 52317
(319) 338-3606 • Steindler.com

STEINDLER SURGERY CENTER

2301 Steindler Way, Suite A, North Liberty, IA 52317
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