



## Dr. Miller's Post-Surgical Instructions and Information

**Read carefully before surgery!** There are instructions below that will help you plan for surgery as well as cope afterwards. Most questions can be answered with this information. The post-operative course varies from patient to patient and these are general guidelines. If you have questions not answered below, please call us. Dr. Miller can be reached through his assistants at (513)-354-3700.

1. *Dressings:* You will be in a padded splint or post-operative sandal with dressings after surgery.
  - a. You are to maintain dressings completely dry until the first post-operative visit. At that time, dressings will be removed. This ensures the surgery is protected until return to the office. Failure to maintain dressings may compromise surgical outcome.
  - b. Do not attempt to move your toes, foot or ankle in the dressings until discussed with Dr. Miller at the next appointment. The dressings are meant to maintain the leg in an appropriate position. Failure to maintain immobilization may compromise the dressings and therefore alignment and surgery outcome.
  - c. You may require a boot after surgery and we will assist you with this in the office. If you plan on not obtaining a boot at your first post-operative visit or already have one, **YOU MUST BRING YOUR BOOT TO YOUR FIRST APPOINTMENT.** Failure to do so may require another boot purchase at this first appointment and compromise outcomes. You will not be allowed to return home unprotected and put your boot on later.
2. *Weightbearing:* After surgery you may not put any weight on your lower extremity unless instructed by Dr. Miller. Progression to weightbearing will be discussed in future appointments and will follow the general guidelines discussed in clinic. Please make arrangements at home for assistance with these instructions. Falling after surgery can be common in any age group, and may compromise your surgical outcome. Maneuvering around home, stairs, etc. need to be planned for PRIOR to surgery. Assistance with this can be referenced through our physical therapy department or the "Therapy Guide to Foot and Ankle Surgery and Recovery" found at Dr. Miller's website\* under resources.
3. While recovering from surgery, you will need to use one of the following assist devices in order to get around: crutches, knee roller\*\*, walker. When using crutches, use both in order to walk. If you are given a post-operative shoe after surgery you need to leave this on at all times until returning to the office.
4. *Elevation:* After surgery you must rest. Elevate your operative foot/ankle to the level of your heart at all times until your return to the office unless going to the bathroom. Thereafter, maintain elevation as much as possible. Avoid any unnecessary activities until your first post-

operative visit. This limits swelling in the extremity, helps wound healing, and limits pain. Failure to follow these instructions may compromise the surgical outcome, including infection.

5. *Medications:*

- a. Blood clots occur at a low rate, but are a concern. Most commonly, aspirin is prescribed to protect after surgery from blood clots. If you have an allergy, please notify the office before surgery. If you have a previous history of clots or other hypercoagulable medical history, you may be prescribed stronger medical therapy called Lovenox (enoxaparin). This consists of a subcutaneous injection administered by oneself. If you are recommended to take this medication and are concerned with the injection, your medical doctor may prescribe you an oral form of medication. Treatment is made based on the discussion prior to surgery.
  - b. You will be prescribed Vitamin C (ascorbic acid) 500mg to take once a day for 7 weeks for long term pain relief and nerve health. Follow the prescription sent to your pharmacy. After finishing, no refills are needed.
  - c. You will be prescribed Vitamin D (Cholecalciferol) 5,000 IU to take once a day after surgery. Follow the prescription sent to your pharmacy. After finishing, no refills are needed unless continued as a normal medication.
  - d. You will be prescribed Vistaril (Hydroxyzine) 25mg to take every 6 hours as needed for itching and anxiety due to the pain medication. This medication is similar to Benadryl and will likely make you sleepy. This medication also may help with nausea and patients in extreme pain. Refills are at the discretion of Dr. Miller.
  - e. You will be prescribed Zofran ( Ondansetron) 4mg to take every 6 hours as needed for nausea due to the pain medication. Take and fill this prescription as needed. Refills are at the discretion of Dr. Miller.
  - f. See below for pain medication instructions.
6. *Pain Control:* Pain responses to foot and ankle surgery vary and can be significant. Generally, the first 4 days after surgery may be the most uncomfortable. Thereafter, pain will slowly decrease. To improve pain control, follow these instructions:

- a. You may be prescribed a nerve block to help with postoperative pain control. Anesthesiology will discuss this with you prior to your surgery. If you have a nerve block you may notice “rebound” pain after this has worn off. A nerve block will make your leg feel numb. The time the nerve block works is variable and can last days. There are inherent risks to nerve blocks including prolonged numbness. If concerned, this should be discussed with your anesthesiologist before or after surgery. If a catheter is placed at the time of the nerve block, it is not uncommon for the catheter to leak after surgery. This is normal. Further concern with the nerve block catheter should be directed to the anesthesiology team who performed your nerve block and contact information is provided in your discharge information.
- b. Elevation of the foot/ankle to heart level or slightly above is the most important part of pain control. (see #4 for more information)
- c. You will likely be prescribed a narcotic called oxycodone. Alert us prior to the day of surgery if you cannot take this due to allergy or other reasons. You may take your first

dose of pain medication at home after surgery as prescribed by Dr. Miller. Take the medication as soon as pain increases in order to avoid falling behind and experiencing too much pain. Often times, pain medication relieves pain but will not remove it completely. Pain medication is taken as needed and does not need to be finished. This medication is highly addictive and therefore is closely monitored. Refills are at the discretion of Dr. Miller as discussed in our pain agreement signed prior to surgery.

- d. Some patients may receive another narcotic prescription call Oxycontin or Oxycodone ER (extended release). This is only given to larger surgeries as required. A limited supply is provided to help the patient through the most severe pain only. No refills are provided. This medication is highly addictive and therefore is closely monitored. New laws in Ohio and Kentucky prohibit dispensing this at times with normal oxycodone.
  - e. If you have been prescribed Oxycodone, you may add Tylenol (Acetaminophen) as needed for pain control in addition. Follow bottle instructions for Tylenol doses. Some narcotics are combined with Tylenol (Vicodin, Percocet), and you cannot add Tylenol with these medications. Oxycodone does not contain Tylenol.
  - f. You may not add over-the-counter anti-inflammatory medications (Ibuprofen, Motrin, Alleve, Advil, Celebrex) until advised. These medications may prevent bone healing and usually you are not allowed to use until 3 months after surgery for bone related procedures.
  - g. Ice is a mild pain reliever. Ice may be applied over dressings if it does not leak. When using ice, apply in 20 minute intervals on and off. You will not feel the ice while your nerve block is working, and care should be taken to not leave ice on for long periods. Commercially available ice packs are unnecessary and costly. Simple fill a non-leak bag with ice and apply to the foot or ankle. Be careful not to get the dressings wet.
7. *Side Effects: Nausea, itching, sleepiness, constipation*
- a. These are all common side effects of the narcotic medications prescribed to you. These are normal and should be taken into account when using the medication. If the side effect cannot be tolerated, the narcotic usage should be stopped or decreased.
  - b. Eat prior to taking any medication to decrease nausea.
  - c. Use Zofran as prescribed for nausea
  - d. Use Vistaril as prescribed for itching and nausea. (Vistaril may make you sleepy as well.)
  - e. You may try stool softeners and/or laxatives which are available over the counter at your local pharmacy and are not prescribed. These include: Sennakot, Miralax, Colace. Adding extra fluids and juices such as prune juice is advised.
  - f. Some people feel they have difficulty sleeping when taking narcotics. This is also normal.
8. *Diet:* You may return to your regular diet as tolerated. If you have any problems with nausea from the anesthesia, you should begin with a liquid diet and then advance it to regular as tolerated. Please make an effort to eat a healthy diet throughout your recovery, as proper nutrition is particularly important in getting your wound and surgery to heal properly.
9. *Swelling:* This is to be expected and is a healthy response to healing. Elevation is the most important treatment for excess swelling and you will need to elevate the foot at all times above your heart initially. As time goes on, increased swelling will cause pain and this should prompt

you to elevate the leg more. Swelling slowly decreases after surgery and lingers after pain subsides. Some level of swelling may exist for 6-12 months after surgery and this is normal. If swelling becomes too much after surgery due to lack of elevation, this can cause wound healing issues, infection, and surgical outcome compromise.

10. *Bleeding*: This always occurs, and often you will notice slight oozing occasionally through the bandages. This is normal. If bleeding continues after 24 hours and completely soaks through the dressings, please call the office.
11. *Bathing, skin care*:
  - a. Do not take a bath, swim, sit in hot tub, or otherwise submerge your operative leg for 6 weeks after surgery unless otherwise directed. If scabs still exist on your wound do not submerge until cleared with Dr. Miller.
  - b. Generally, after 2 weeks you may begin to get the foot/ankle wet by letting water flow over the leg. Dr. Miller will confirm this in the office and the leg should not be placed in shower until this discussion. If you have pins outside the skin, keep the foot dry at all times until the pins are removed in the office.
  - c. Do not place any lotions, ointments, cleaning solutions, Vitamin E, or any other topical items on the leg unless instructed. These may compromise the surgical outcome.
12. *Physical therapy*: If your procedure requires therapy, a prescription will be given to you at one of the office visits after surgery. Some surgeries do not require physical therapy and some require immobilization for weeks before starting therapy. This is normal and failure to maintain immobilization before discussed may compromise the outcome of surgery.
13. *Travel*: You will be restricted from traveling by air after surgery until you begin the weight bearing process. Failure to comply with this may result in blood clots causing medical and surgical complications. No prolonged car rides over 1 hour without stopping to stretch for at least 5 minutes. Please discuss any potential future travel plans with Dr. Miller as changes to your treatment may be required.
14. *Driving*:
  - a. You are not to drive until seen in the office for your first post-operative visit.
  - b. By law, you may not drive while you are still taking narcotic pain medication.
  - c. If you have surgery on your right foot, you will have a post-operative shoe or boot as part of post-operative instructions. You may not drive until these are able to be removed as directed by Dr. Miller.
  - d. If your left lower extremity has been operated on, you are welcome to drive a vehicle that has an automatic transmission (not a manual/stick shift) if elevation requirements are met, you are no longer taking narcotic pain medication, and feel comfortable driving in all situations.
  - e. Make plans for alternatives to driving during these weeks in a post-operative shoe/orthotic/brace.
  - f. When returning to driving, we recommend practicing in a deserted parking lot or safe area. You should not resume street driving until you feel able to make a concerted emergency stop and feel comfortable with vehicle control.

15. A postoperative appointment is made for you and can be referenced on separate discharge information. If you cannot find/recall the appointment, please call the office. Generally, return appointments are within 8 – 14 days after surgery.
16. Please call Dr. Miller’s office immediately if you experience any of the following:
  - a. Temperature greater than 101.5 degrees (Temperatures less than 101.5 are common after surgery for the first few days and should be treated with Tylenol as needed.)
  - b. Excessive and increased redness around wound
  - c. Discharge or drainage from wound
  - d. Swelling and pain focused in the calf or behind the knee
  - e. Difficulty breathing or chest pain
  - f. Dressings have become wet. (You may need to have them changed.)
  - g. *If you have a medical emergency, you need to proceed directly to an Emergency Department immediately. Do not wait for a return call from Beacon Orthopaedics if this is a life threatening issue. This includes trouble breathing.*

\* Dr. Miller’s website: <https://www.beaconortho.com/adam-miller-m-d/>

\*\*Knee rollers allow one to weight bear on the knee and may be easier to use than crutches. There are many options on how to secure a knee roller such as [kneewalkercentral.com](http://kneewalkercentral.com) or simply searching for “knee walker”. Prices will vary and only a few insurances cover knee walkers.

In addition to the information provided, further information about foot and ankle treatments can be found at the American Orthopaedic Foot and Ankle Society’s website or at Beacon’s website under guide your health. This includes:

1. Surgery
2. FAQ’s
3. Common complications

<http://www.aofas.org/footcaremd/treatments/Pages/default.aspx>

<https://www.beaconortho.com/guiding-health/>

Besides our website resources at <https://www.beaconortho.com/adam-miller-m-d/> , you may also be interested in following Dr. Miller on Facebook or Twitter. This includes updates and comments on cutting edge treatments, discussion of various injuries, and sport/athlete issues.



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