

Dr. Buchanan's Surgery Instructions

Q: What type of dressing will I have after surgery?

A: Your dressing type will depend on your surgical procedure and may only be a soft dressing. If you have a soft dressing, you may be placed in a CAM Boot (Bootwalker) or Post-op Shoe (Surgical Shoe) after surgery.

Alternatively, the most protective dressing for your foot/ankle is a soft cast also called a **splint**. A splint is a large, bulky, heavy dressing that has layers of padding and plaster or fiberglass. This is a very protective dressing that also allows for swelling after surgery. You are **NOT** allowed to walk on a splint.

Q: Will I need to change this dressing?

A: No. Your first dressing change will occur during your first post-operative visit with Dr. Buchanan. Keep your dressing clean and dry.

Q: How much weight can I put on my foot/ankle after surgery?

A: Your weight-bearing status will depend on the type of surgery you are having and the findings during surgery.

- If you are placed in a splint, you will be **non-weight bearing**. This means you cannot put **any** weight on your operated foot. This is the best way to protect the foot/ankle after surgery.
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- If you are placed in a CAM Boot (Bootwalker), Dr. Buchanan may allow you to be **partial-weight bearing**. This means you may put up to 50% of your weight on your foot. You can practice this by using a bathroom scale. Divide your body weight in half and practice pushing on the scale while wearing the boot to see what 50% feels like.
- If you are placed in a Post-op Shoe (Surgical Shoe), Dr. Buchanan may allow you to be **full-weight bearing**. This means you may put all your weight on your foot.

Even if Dr. Buchanan will allow you to put weight on your foot after surgery, you should be prepared to keep the weight **OFF** your foot. Less weight on your foot means less pain after surgery!

Q: How do I get off the ground if I'm non-weight bearing?

A: Set a step-stool next to a chair and while using the good foot, lift yourself first up on the step stool then up onto the chair. Once on the chair, stand up with the use of crutches or a walker.

Q: How can I get up stairs or steps while being non-weight bearing?

A: It is best to scoot up the stairs on your bottom. Place a step-stool at the top of the stairs and a chair next to the step-stool. Using the good foot, scoot up the stairs and onto the step stool, then scoot up onto the chair. Once you are on the chair, use your assistive device to stand up.

Q: Would a visit to Physical Therapy BEFORE my surgery be helpful?

A: Yes! Dr. Buchanan recommends and will order a **Pre-Operative Visit to Physical Therapy**. At this visit, they can show you tips on using the medical equipment necessary to protect your foot/ankle. They can also assist with your use of stairs and steps. They can show you a gentle home exercise program you can start as soon as you are back home after surgery.

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Q: What equipment will I need after my surgery?

A: Please **label** and bring the following equipment with you to surgery:

- Cold Machine
 - Use of a Cold Machine has been proven by medical research to reduce pain and decrease swelling.
 - Patients who use Cold Machines require less narcotic pain medicines.
 - These are easy to use and have a pump to circulate cold water to your foot/ankle.
 - Dr. Buchanan will incorporate the Cold Machine into your surgical dressings and the cooling will begin after surgery.
 - You can **NOT** use a cold machine from another body part (shoulder, knee, etc) for your foot/ankle as they have a different flow rate and can cause cold injury/frostbite.
 - Use of the Cold Machine will extend throughout your entire recovery.
 - Cold Machines are not covered by Insurance and need to be purchased prior to surgery.
- Crutches (available at our office and typically only used by the more athletic patients)
- Walker (available at our office and **very helpful** during recovery)
- Knee Scooter (available for rent or purchase at a medical supply company). **Very Helpful!**
- Wheelchair (available for rent or purchase at a medical supply company)
- CAM Boot (If used, Dr. Buchanan will provide you with a CAM Boot prior to surgery)
- Post-Op Shoe (If used, Dr. Buchanan will provide you with a Post-Op prior to surgery)
- iWalk Free (only for the highly motivated and athletic patient...check online)
- Shower Chair (allows you to sit down while showering)
- Bedside Commode (useful if a wheelchair or knee scooter doesn't fit in your bathroom)
- Cast Cover or Shower Bag (available online or at most local pharmacies). **Very Helpful!**

Q: Where can I get a Knee Scooter or a Wheelchair?

A: Check with your insurance company to find out which medical supply company is in network. There are many types of knee scooters on the market (*aka Knee Walker, Turning Leg Caddy, Roll-a-Bout*).

Q: When should I pick up this equipment?

A: Dr. Buchanan prefers if you receive your DME equipment (crutches, walker, wheelchair, knee scooter, boots, surgical shoe or Cold Machines) **before surgery** so you have some time to practice using these items. Sometimes, this will require a pre-operative visit to our office to pick up your equipment before your surgery.

Q: What home exercises can I perform during my recovery?

A: Maintaining your physical conditioning during your recovery is very important! A daily home exercise program will boost your immune system, help you maintain a positive mental outlook and decrease your overall healing time.

The following exercises are safe to perform during your recovery. Perform 10 reps each twice daily:

- Ankle pumps (up and down) and ankle circles on your non-operative leg.
- Toe scrunches (fully flex and extend toes), even if you have been placed in a splint.
- Gluteal squeezes (tighten your buttock muscles for 5 seconds) while laying down
- Quad Sets (push the back of your extended knee into the bed or carpet)
- Straight Leg Raises (lock your leg straight and raise to a 45-degree angle)
- Heel slides (lay on your back with legs straight and pull your heel towards your buttock)
- Sit-ups or crunches
- Upper body exercises with light dumbbells

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Q: When will I start Physical Therapy AFTER my surgery?

A: This depends on the type of surgery you are having and will be determined by Dr. Buchanan. Keep in mind that therapy appointments can take weeks to schedule so it's best to discuss with Dr. Buchanan and schedule your physical therapy appointments in advance.

Q: How can I organize my house to prepare for my upcoming surgery?

A: How will you get into your house? Do you have outside steps or inside flights of stairs? One-level living is ideal but not always possible. Clear your home of throw rugs and any other tripping hazards.

Where will you sleep? Are you able to maneuver a knee scooter or wheelchair throughout your house? How will you get to the bathroom? Kitchen? Doorways must be 28" wide to fit a standard wheelchair. Practice getting into your house and moving around your house while using the recommended medical equipment.

Stock your freezer with easy-to-eat meals and frozen dinners. Grocery shop online to avoid trips to the store. Ask your friends, family or church to help with meal preparation.

Q: Can I shower or bathe?

A: Depending on your surgery and upper body strength, it may be easiest to sponge bathe until your first post-operative appointment. If Dr. Buchanan clears you to bathe, consider the following options:

- To take a bath, place your foot/ankle up on the side of the bathtub to avoid getting it wet. Cover the dressing with a waterproof bag or **cast cover**.
- To take a shower, sit on a shower chair or shower bench. You must keep your dressing dry so use a waterproof bag or cast cover with a tight seal.
- Consider installing a safety grab bar to assist with bathing.

Q: When should I visit the pharmacy to get my medicines for after surgery?

A: We will typically electronically prescribe medicines to your pharmacy **the day before surgery**. Pick up your prescribed medications from the **pharmacy**. At the pharmacy, you may also want to pick up:

- Ibuprofen and Tylenol
- Stool softeners such as Colace
- Enteric-Coated Aspirin (if not already prescribed)
- Benadryl to prevent itching or help with sleep
- Cast cover (if not already purchased).

Q: What's the best way to limit pain and avoid a wound-healing problem?

A: **Elevation!** Elevation for **50 minutes out of every hour** the **first 2 weeks** after foot/ankle surgery is the best way to limit pain and prevent a wound-healing problem. For the first week, elevate your foot/ankle until your toes are level with your nose. **"Toes to your nose"**. After the first week, elevate your foot/ankle until your foot is level with your hip on the same side. **"Toes to your hip"**. This prevents the build-up of fluid which can lead to a draining wound or a surgical wound which pops open.

Q: What else can I do to limit pain after surgery?

A: Try to "stay ahead" of the pain. Take your first pain medicine as soon as you feel your nerve block beginning to wear off. It takes 4 doses of the medicine to allow it to slowly build up. This means you need to be on the medicine for 24 hours before it is working optimally. Therefore, if you "get behind" on pain medicine, it takes time to "catch up" safely.

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Q: Do I use heat or ice?

A: **Ice!** If you have a Cold Machine, begin to cool the surgical site as soon as possible after surgery. If you do not have a Cold Machine, ice should be applied for twenty minutes to the affected body part frequently throughout the day. Do not put ice directly on your skin; it needs to have a barrier such as a washcloth or towel between the skin and ice. If you have a large splint or dressing, icing behind your knee may alleviate your pain and swelling by “cooling” the blood as it travels to your foot.

If you have a Cold Machine and have had a nerve block, avoid over-cooling your foot until the sensation in your foot has fully returned. See Cold Therapy Instructions below.

Q: Any other tips on pain control?

A: Yes. You can alternate Ibuprofen and Tylenol. You can take 600-800mg Ibuprofen every 8 hours with food. You can take 1000mg Tylenol every 8 hours. Do not exceed 3000mg Tylenol daily from all sources (many narcotic pain medicines contain Tylenol). The Ibuprofen and Tylenol doses can be alternated every 4 hours. Reduce these doses as your pain decreases.

Q: How long should I take the narcotic pain medicine?

A: Pain after surgery is a normal part of the recovery process and typically decreases after the first 2-3 days. Most patients don't require narcotic pain pills 2-3 days after surgery. Only use the **minimum number** of narcotic pills necessary to control your pain. Narcotics make people nauseated, constipated and alter judgement so it's best to stop taking them as soon as possible.

Q: What precautions should I follow while taking narcotic pain medications?

A: Narcotic pain medications seriously and adversely affect your judgement and response times. Do not drive, operate machinery or make important decisions while taking narcotic pain medications. Use the least amount of medication possible and don't drink alcohol while using narcotics. Do not take any other “relaxing” medicines while taking narcotics.

Q: What if I need a refill?

A: If you need a refill, please allow 3 business days for refills to be processed. Refills will **not be processed over the weekend!**

Q: How do I dispose of unused narcotics?

A: Unused narcotics should be placed in Drop Boxes located at your local police station. Contact your nearest police station for drop-off hours and locations.

Q: My foot is still numb. I can't wiggle my toes. Is this normal?

A: Yes. Your foot is numb, and you can't move your toes because you received a nerve block with a numbing medicine during surgery. Sometimes these nerve blocks don't work at all and sometimes they work for up to 72 hours. Typically, they wear off in 12-24 hours and you will experience an increase in pain after the nerve blocks wear off.

Q: Do I need to change my dressing?

A: No. The post-operative dressing is sterile and was put on in the operating room. It will be changed at your first post-operative appointment. Keep your dressing clean and dry. If you feel it needs to be changed, please call the office.

Q: I see bleeding through my dressings. Is this normal?

A: Yes. It is very common to see bleeding after foot and ankle surgery. Elevate the extremity to the level of your heart and apply gentle pressure for 5 minutes. Applying an ice pack will help as well. If the bleeding

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continues, you can reinforce the post-operative dressing with extra dressings from a drug store (4x4 gauze pads and an ace wrap).

Q: What's the best way to maximize my healing potential?

A: Make sure you get a protein source every meal (breakfast, lunch and dinner). Don't skip meals. Protein heals our bodies. Have a well-balanced diet including fruits and vegetables. Avoid simple sugar. 15-20 minutes of sunshine daily is a natural source of Vitamin D (essential for bone healing). Consider "over-the-counter" Vitamin D3 5000 units daily for 1 month to boost your Vitamin D levels.

If you are a diabetic, keep your blood sugars under tight control (less than 150).

If you smoke, vape, chew or use other nicotine products, **QUIT NOW!** Smoking/vaping/dipping/chewing is horrible for healing and will dramatically increase your risk of a complication.

Q: What's the best way to avoid a blood clot? How do I know if I have a blood clot?

A: Please read the section of this handout on blood clots. Let Dr. Buchanan know if you have a **history of blood clots**. If you are not already on a blood thinner, Dr. Buchanan recommends the use of daily **aspirin** to prevent a blood clot after surgery. Your dose may depend on the type of surgery and your risk factors.

Q: How can I prevent constipation?

A: Taking narcotics, anesthesia, and being sedentary are all contributing factors to constipation. Take an over-the-counter stool softener such as Colace while you are taking narcotic pain medicine. Other over-the-counter medications include Milk of Magnesia or Dulcolax. Try to move around as much as possible and stay hydrated. Some patients have GI tracts which are very sensitive to pain medicine and you may need to stop the pain medicine to relieve the constipation.

Q: Why am I having trouble urinating?

A: Taking pain medicine can cause difficulty with urinating. Stop the narcotic immediately if this occurs.

Q: My pain medication is making me itchy and nauseated, what can I do?

A: Itching, nausea, vomiting, as well as many other side effects are very common reactions to pain medications. They do not represent a true allergy. Take your pain medicine with food and water to prevent these symptoms. Phenergan is an anti-nausea medication that should be taken at least thirty minutes to an hour prior to taking pain medication to help with nausea. Over-the-counter Benadryl can be taken thirty minutes to an hour prior to taking pain meds to help with itching.

Q: I am running a low-grade fever after surgery, is this normal?

A: Yes. An increase in body temperature after surgery is common up to **101.5 degrees**. This is usually due to the lungs re-inflating after surgery, and typically resolves in two to three days. The treatment is taking deep breaths, coughing, and mobilization (getting up and moving around). Antibiotics are not necessary for a fever <101.5. If you have persistent fevers, you should call the office.

Q: Can you call me in something to help me sleep?

A: Sleep medication is unpredictable when mixed with pain medications. It is also addictive. Phenergan tends to make people drowsy as does over-the-counter Benadryl. Dr. Buchanan's policy is that no sleep medication will be prescribed in the post-operative period.

Q: When is my first post-operative appointment?

A: Dr. Buchanan would like to see you in the office approximately 1-2 weeks from your operative procedure.

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Q: How long before I can drive?

A: This depends on your operation and which foot was operated on. Do not drive while taking narcotic pain medicine. If you take pain medicine and drive it is considered DUI. Do not drive until your first post-operative appointment. Dr. Buchanan will discuss driving with you at this visit.

Q: When can I return to work?

A: Many people wish to return to work early only to find they have a large increase in pain or a complication because the body has not adequately healed. With certain procedures, even sitting at a desk can cause increased pain and swelling which hinders your recovery in the long run.

Swelling is the enemy of wound healing and elevation for the first 2 weeks after foot/ankle surgery is the best way to prevent a wound-healing problem. **“Toes to your nose”** is very difficult to do in a work environment.

The amount of time you will need off work can vary from a couple of days to 3 months depending on your surgery and the type of job you perform. Can you work from home? Can you return to work in a part-time capacity or with limited duties? We are always more than happy to provide documentation explaining the medical necessity of your absence. Please contact Dr. Buchanan’s secretary if a letter is needed and help us create a plan that works best for you.

Q: Can I shower or bathe?

A: Yes. If you take a bath, place your foot/ankle up on the side of the bathtub to avoid getting it wet. Cover the dressing with a waterproof bag or **cast cover**. If you take a shower, completely cover your dressing with a waterproof bag or **cast cover** (available on Amazon) to keep the dressing dry.

Q: My dressing got wet...what should I do?

A: If the dressing (or splint/cast) is only a bit wet, you may be able to dry it with a hair-dryer on a low-to-medium setting (avoid high heat if your foot is numb or you are a diabetic). If the dressing is completely saturated, call the office to schedule a dressing change.

Blood Clot Information

Q: Why did Dr. Buchanan give me information on blood clots?

A: Dr. Buchanan gave you this handout likely because you are being protected in a **splint, boot or shoe** necessary for proper healing after a surgery or injury to your lower extremity.

Q: What is a blood clot?

A: A blood clot is when the blood in your veins thicken up and **form a blockage**. These can be life threatening as portions of the clot can break off and travel to your lungs.

Q: What are risk factors for a blood clot?

A: You may be at increased risk of developing a blood clot if you have a personal or family history of blood clots, take birth control pills, are pregnant, smoke cigarettes, have a history of cancer or are obese or overweight. Additional risk factors include use of splints/casts/boots and crutches/walkers/wheelchairs.

Q: How do I know if I have a blood clot?

A: Blood clots typically present as **pain or cramping** in your calf muscle or back of your knee or thigh.

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Q: Are there any other signs of a blood clot?

A: The blockage in the leg veins can cause **swelling of the foot and leg**. Other signs of a blood clot include difficulty breathing, shortness of breath or chest pain.

Q: What's the best way to avoid a blood clot?

A: Dr. Buchanan recommends getting up and **moving around every hour while awake**. Follow the exercises listed in **Dr. Buchanan's BEFORE Surgery Instructions**.

Q: Is there a medication that I should take to reduce my chances of developing a blood clot?

A: If you are not already on a blood thinner, Dr. Buchanan recommends that all his patients requiring the use of a boot, cast or splint take **aspirin daily** to prevent a blood clot. Please let Dr. Buchanan know if you have an allergy to or are unable to take aspirin.

Q: What should I do if I think I may have a blood clot?

A: If you feel you are experiencing a life-threatening emergency, please **call 911**. If you experience any of these symptoms after-hours or if you are unable to reach Dr. Buchanan, please **call 911** or visit your local Emergency Room. If you have a question for Dr. Buchanan or his medical staff during business hours, please call the office.

Cold Therapy Instructions

Q: Why Cold Therapy?

A: Decreased pain and swelling! Less use of narcotic pain pills! Much easier and more effective than an ice bag!

Q: Can I run the machine continuously?

A: No. Please read and follow the included instructions. Use the cold therapy machine for **30 minutes every hour**. Do not exceed 30 minutes every hour. **"30 minutes on/30 minutes off"**. Once your nerve block wears off and you have normal sensation in your toes, you can increase the amount of time you cool the surgical area each hour.

Q: How can I drain the water from the pad?

A: Draining water from the pad makes it lighter when you are trying to move around. To **drain the water from the pad**, create a siphon by dropping the cooler **BELOW** the level of your foot/ankle. For example, if you are in bed, set the cooler on the ground. This allows water to drain into the cooler. After 30 seconds, you can disconnect the tubing from your cooling pad.

Q: What are the risks?

The main risk is over-cooling your foot and causing frostbite. This risk increases in patients who do not have normal sensation (diabetes, prior nerve injury, peripheral neuropathy, etc). This risk is also increased immediately after surgery when your nerve block causes diminished sensation.

Q: Any warning signs?

A: Yes. Check you skin every time before using the cold therapy machine. Stop using the cold therapy if you experience Increased pain, Burning, Increased swelling, Blisters or welts, Redness or discoloration, Wet or macerated (too much moisture) skin. Do not allow the cold therapy pad to directly contact your skin. If it appears it is directly touching your skin, use a washcloth to create a barrier between your skin and the pad.

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Q: Where do I send my FMLA forms and STD (short term disability) forms? Where can I get a handicapped parking pass? Where can I get a work or school note? Where do I send my Worker's Compensation forms?

A: Please send these forms to DrBuchanan@Nirschlorthopaedic.com or fax to (703) 522-2603. Dr. Buchanan's secretary will have him complete the forms. Please check with the secretary as there may be an \$25 administrative fee for completing these forms.

Q: I have a question not covered by any of this paperwork.

A: For additional questions regarding surgery, you may reach the surgical coordinator at (703) 525-2200 x116 or email Surgery@Nirschlorthopaedic.com. The direct fax for the surgical coordinator is (703) 243-2069.

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