



**UT Southwestern**  
Medical Center

# Journey Guide

for foot and ankle surgery

## **Table of Contents**

---

<b>2</b>	Get Started
<b>4</b>	Your Team
<b>6</b>	Getting Healthy for Surgery
<b>10</b>	Home & Equipment Needs
	11- Home Readiness Checklist
	12- Medical Equipment
<b>14</b>	Presurgery Countdown
	15- 4-6 Weeks
	18- Week Before
	20- 2-3 Days Before
	22- Night Before
	23- What to Bring
	24- Day of Surgery
<b>26</b>	What to Expect in the Hospital
<b>30</b>	Discharge
<b>32</b>	Care-at-Home Checklist
<b>34</b>	Staying Healthy
<b>35</b>	Important Phone Numbers

At UT Southwestern Medical Center, we want your foot or ankle surgery and recovery to go as smoothly as possible. Our orthopaedics team will be by your side throughout your surgical journey. We are offering you this guide to help you prepare for surgery and better understand what to expect during and after surgery. Working together, we can get you back to normal activities in a safe and timely manner. Thank you for choosing us to be your surgical team.

## Your Guide to a Successful Surgery

You're in great hands at UT Southwestern. We rank among the best hospitals in the nation for orthopaedics, according to *U.S. News & World Report*. This is based on a number of categories, including patient outcomes, volume of high-risk patients, key programs, services and staff, and professional recognition of the hospital.

UT Southwestern has one of the most comprehensive orthopaedic practices in North Texas. Our board-certified orthopaedic specialists are leaders in the newest surgical procedures available. We offer comprehensive surgical treatment plans that incorporate physical therapy before and after surgery for optimum results. Our foot and ankle surgeons are uniquely skilled, and they strive for the best outcomes.



## Get Started

Use this booklet to help guide you through your foot or ankle surgery journey.

- Bring it with you to appointments, therapy sessions, and your surgery.
- Review important dates, complete the checklists, and learn more about what you should and shouldn't do before and after surgery.
- Find key phone numbers inside, and use this guide to write down questions and take notes.

## MyChart Electronic Medical Record

UT Southwestern offers patients an online health resource that allows you to communicate with your health care providers, request appointments and prescription renewals, and access portions of your UT Southwestern electronic medical record using an encrypted, secure internet connection.

If you are not already using MyChart and would like to, please call the MyChart help line at 214-648-8888 or ask for a link at your next appointment.



Patient	Surgeon	Procedure
---------	---------	-----------

## Important Dates and Activities

Event	Date (if applicable)	Time and Location	Notes	Completed
Imaging: Complete diagnostic testing (X-rays, MRI, CT)				
Get healthy for surgery: Take important steps to prepare for surgery			Learn more on page 6	
Get ready for surgery: Surgery evaluation			Learn more on page 14	
Confirmation of surgery: The hospital will call to tell you what time to arrive			Learn more on page 19	
Preventing infections: Follow instructions to cleanse your skin			Learn more on page 21	
Discharge planning: Meet with your care team				
Home journey: Visit with your home care team				
Follow-up appointment: Talk about progress and next steps				
Recovery and rehabilitation: Visit an outpatient therapy center				

If you have any questions, please contact:

Name	Phone Number
------	--------------



## Your Orthopaedic Surgery Team

A team of orthopaedic professionals will care for you during your surgical journey. This team is committed to keeping you safe and providing compassionate, world-class treatment services.

### **Foot and Ankle Surgeon**

---

Your surgeon and surgical care team will guide your care and perform your foot or ankle surgery.

### **Physician Assistant (PA)**

---

The physician assistant will work with your surgeon and other members of the team to manage your care.



### **Anesthesia Team**

---

An anesthesia physician or advanced practice nurse will evaluate your anesthesia needs. This team is specially trained to keep you safe during surgery and in recovery.

### **Registered Nurse (RN)**

---

Your nurse is trained in orthopaedics and will follow your surgeon's plan

for your recovery. The nursing team will teach you how to stay safe and healthy during the various stages of your journey.

### **Physical Therapist (PT)**

---

Your physical therapy team will plan the best way for you to be your strongest after surgery.

### **Occupational Therapist (OT)**

---

Your occupational therapist will help you with progressive motion and strengthening exercises after surgery.

### **Case Manager**

---

Your case manager is trained as a registered nurse or social worker. The case manager will work with your care team to prepare you for discharge and can also answer discharge-related insurance questions.





## Getting Healthy for Surgery

It's important to be and feel as healthy as possible in the weeks leading up to your surgery. Review this section to take an active role in your health as you prepare for surgery.



## Get Surgical Clearances

You must see your primary care physician for surgical clearance. You may also need clearance from your cardiologist, rheumatologist, neurologist, or other specialist. Your care team will let you know if additional clearances are required.

## Choose a Personal Champion

- The person you pick will motivate you to be your very best during your journey. Select a family member or friend who can be by your side to help you stay on track to complete your checklists and be successful.
- Your personal champion will help you meet your surgery planning and recovery goals.

- Your personal champion will help you become independent faster. He or she will learn the appropriate exercises and encourage these daily activities when you go home.
- When you first arrive home, your personal champion can stay with you for a few days or visit daily. This home support will encourage you during your recovery journey.

## Stop Smoking – It Will Help You Heal Faster

When you stop smoking, your body recovers faster and infection can be prevented. We want to provide you with the best outcome; therefore, ***smoking cessation is strongly encouraged for all patients prior to foot or ankle surgery.*** Smoking cessation is strictly enforced for patients scheduled for fusions and

other bone-healing procedures to minimize the risk of nonunion (failure to heal).

This includes:

- Smoking
- Dipping/smokeless tobacco
- Vaping
- Hookah
- Nicotine patches and gum

Please consider UT Southwestern's free tobacco cessation program to help you quit smoking or using tobacco products. It is led by facilitators certified in nicotine cessation. The program can help you change habits and reduce stress, as well as teach you how to prevent relapses. Call 888-980-6050 or email [canceranswerline@utsouthwestern.edu](mailto:canceranswerline@utsouthwestern.edu) for more information or to register.

## Pay Attention to Nutrition

### *Start taking a multivitamin and increase your protein intake.*

Eat well-balanced meals to be healthy for surgery. In addition, one month prior to surgery:

- Begin taking a multivitamin with iron, calcium, vitamin D, and zinc once a day.
- Begin drinking a nutritional protein shake or eating a protein bar once or twice a day.

## Stop Certain Medications and Supplements Prior to Surgery

Make a list of your medications to go over with your care team. Pay attention to which medications you must stop prior to surgery. For specific medications to stop taking 30 days prior to surgery, see page 15. For specific medications to stop taking seven days prior to surgery, see page 18.

You may continue taking any acetaminophen product (such as Tylenol) as needed for pain, as directed on the bottle or by your care team.

### *You must tell your foot and ankle surgeon*

if you are on any anticoagulants (blood thinners), prednisone, or other medications for rheumatoid arthritis, psoriatic arthritis, or inflammatory arthritis.

- Blood thinners (Coumadin, Plavix, Eliquis, and others) will commonly need to be stopped for 5-7 days prior to surgery and may require the permission of your prescribing physician to do so.
- Immunosuppressant and rheumatoid/inflammatory medications also commonly need to be stopped prior to and following surgery to reduce infection risk. These medications must be discussed with your surgeon, rheumatologist, and/or another prescribing provider.

If you have any questions, do not hesitate to ask your surgeon or any orthopaedics team member.

## Take Control of Diabetes

It is very important to control your blood glucose levels during your journey. When you control your blood glucose, you will heal faster, prevent wound complications, and assist in preventing infection.



The orthopaedics team can assist you in finding help with your glucose control.

### **Find Out If You Need to Lose Weight**

If you have an elevated body mass index (BMI), your care team will talk to you

about losing weight before surgery and can make a referral to a dietitian to assist you at the UT Southwestern Center for Human Nutrition (214-648-2890). Losing weight prior to surgery

can help prevent an infection and further enhance the results of your surgery.

### **Prepare to Return to Work**

If you work, start planning for when you can go back after surgery. Ask your surgeon's office for an estimated back-to-work date and, if needed, secure a temporary handicap parking permit. Understand that the type of work you do will determine how soon you can safely return to work. Contact your employer for the appropriate paperwork, and fill out your portion before bringing it to the clinic. FMLA paperwork can be dropped off in the clinic or faxed to 214- 645-3301. Please allow 7-10 days for completion and physician signature. Please inform the staff where to fax the documents and whether you need a copy.







## Home & Equipment Needs

To help ensure a successful recovery, you will need to prepare your home and secure some needed equipment beforehand. This section will guide you on what to do.



## Home Readiness Checklist

### Set up your home for the easiest transition when you return after surgery.

- ☐ Make/purchase healthy, easy-to-prepare meals.
- ☐ For your safety, put your favorite things in places you can easily reach.
- ☐ Delay your mail or arrange for someone to pick it up for you.
- ☐ Secure help for taking care of any children and/or pets.
- ☐ Secure someone to do your yardwork.
- ☐ Do laundry prior to surgery.
- ☐ Clean your home prior to surgery.
- ☐ Make sure all stairs inside and outside have a sturdy railing.
- ☐ Pathways must be clear where you walk. Pick up, remove, or be aware of anything that could be in your way or could cause you to slip or trip. This includes loose rugs, uneven surfaces, wires, and cords.
- ☐ Make sure areas where you will be walking are well lighted. Replace burned-out light bulbs, and consider adding extra lighting to dimly lit areas.
- ☐ Have a steady chair with armrests to facilitate easily getting up from a sitting position. Make sure the chair is not too low.
- ☐ If your bedroom is upstairs, consider other sleeping options for when you first get home, such as sleeping on the first floor.
- ☐ Place a shower chair/bench in your bathing area.

Borrow or purchase any other items that will help you become independent after surgery. On the following pages, review the list of equipment you might need.

## Medical Equipment Needs

The following is a list of safety items and equipment you might need to be independent and safe at home after surgery.

### **Assistive Devices (such as a walker or crutches)**

- If you do not already have a walker or crutches, you can purchase these from a medical supply company on your own or from our office on the day of surgery.
- If you own this equipment already, pack it in your car before your surgery so you can use it when you go home after surgery.
- A knee scooter is another great option after surgery; it allows you to be mobile without putting weight on your foot/ankle. Our office can provide information on how to rent or purchase one.



- This device is handy and might enable you to move around more efficiently than with crutches or a walker, with less stress through your arms. However, the device does come with risks and requires some degree of balance and skill. If it is not used properly, you can fall and injure yourself.

***Please be careful! We typically do not recommend using this device if you also have a knee or hip injury/condition. Please consult us first.***

- At times, a knee scooter can be obtained via insurance. To check:
  - 1.** Call your insurance provider and ask what DME (durable medical equipment) companies it covers.
  - 2.** Once you have a DME company approved by your insurance, **email** us the DME company's **fax** number so we can send the prescription, insurance information, and contact information.

*Please be advised: It might take 7-10 days for insurance to approve the DME.*

- **ALTERNATIVELY,** if your insurance does not cover it or if you want the device sooner, here are some online possibilities:

Amazon.com or Walmart.com (the KneeRover is the most robust/durable model)

Craigslist or eBay

Kneewalkercentral.com

#### **Raised Toilet Seat or Bedside Commode**

- You will need a raised toilet seat with handrails and a locking clip. Make sure it fits your toilet.
- You can also use a 3-in-1 commode/bedside commode chair.
- These can be ordered online or purchased at a medical equipment store, pharmacy, or local retailer.

#### **Shower Chair**

- You may need to sit on this while taking a shower. Make sure it fits your shower.

- If you have a built-in shower bench, be sure to place a towel on the bench to avoid slips and falls.
- It can be ordered online or purchased at a medical equipment store or pharmacy.
- *Do not get your incision wet until cleared by your surgeon.*

#### **Waterproof Leg Cast Cover/Protector**

- You may wear this to keep your cast or splint dry while bathing. This can be purchased online or at stores such as Walmart, Walgreens, or CVS.
- *Do not get your incision wet until cleared by your surgeon.*

#### **Handicapped Parking Placard**

- If this is needed, please ask your surgical team to complete the handicapped parking placard form PRIOR to surgery (you may call the office and ask to speak to a nurse who can assist with this or send a message via MyChart).



A close-up photograph of a human knee joint, showing the femur (thigh bone) and tibia (shin bone) with a pink overlay. The image is used as a background for the text.

## **Presurgery Countdown**

It will take some time and effort to get ready for your surgery. Read the information in this section carefully, and ask questions if you need any clarifications.



## 4-6 Weeks Before Surgery

### Appointments overview

In the weeks prior to your surgery, your care team will work with you to schedule the following appointments, which often occur all on the same day:

- Presurgery physical therapy visit ***if you and your surgeon feel that this will help prepare you for surgery*** (this is usually a one-time consultation before your surgery)
  - Will include an evaluation, review of precautions, and what to expect after surgery
- If needed, a final presurgery office visit with your foot and ankle surgeon, where:
  - Your surgeon will address any questions you may have and review any new imaging.

- You may be asked to sign consent forms for surgery.
- You may have new X-rays taken.
- You may discuss the needs for further medical clearances.
- You might visit the on-site lab for any outstanding lab work—no fasting required.

### Pre-Op Anesthesia Testing

You will receive a phone call from a member of your presurgery testing team to determine if you are ready for surgical anesthesia. In some cases, the team member may determine that an in-person visit is needed, and it will be scheduled at that time. If you have had a recent stress test, echocardiogram, EKG, or pulmonary function test, please have your doctor's office fax these reports to the clinic at 214-645-3301 prior to your appointment.

### Medications to STOP TAKING 30 Days Prior to Surgery:

- Hormone replacement medications (estrogen, testosterone, progesterone, growth hormone, etc.)
- Birth control pills – stop at end of menstrual cycle four weeks prior to surgery and stay off for one month after surgery

Reminder: It is strongly encouraged that you stop smoking and/or using any tobacco- or nicotine-containing products.

### Secure After-Surgery Equipment

Review the “Medical Equipment Needs” list on pages 12-13.

**Practice the weight-bearing restrictions while using crutches or a knee scooter around your house BEFORE surgery.**

If you are having trouble, we can arrange a physical therapy visit for training prior to surgery so your transition after surgery will be smoother.

Orthopaedic injuries and surgeries can significantly impact your psychological well-being, and depression can occur even if you've had no previous history of it. If you have any concern about your mental well-being, please let us know. *You must call your primary care provider immediately as well.*

## POSH Program Available to Help Seniors Prepare for Surgery

### Presurgery Service

---

The UT Southwestern Perioperative Optimization of Senior Health (POSH) program provides comprehensive evaluation of older adults who are planning to undergo surgery. It is designed to ensure that surgery for our older patients is safe and their recovery is smooth.

### Postsurgery Service

---

After the procedure, UTSW POSH care team members continue to provide consultative management of medical comorbidities, make recommendations for delirium prevention, and assist with a safe transition out of the hospital. Please let us know if you would like more information about this program, or call 214-645-8600 to contact the POSH program directly.



## The Week Before Surgery

Follow these instructions for safety and infection prevention.

### Medications to STOP 7 Days Prior to Surgery:

- Fish oil/omega-3 fatty acids
- Herbal supplements (ginkgo biloba, ginseng, echinacea, ephedra, St. John's wort, ginger, garlic, dong quai, hoodia); herbal products need to

be treated as medicine; natural substances can be harmful

- Anti-inflammatory medications
- Narcotic pain medications (discuss this with your orthopaedics team)

You may continue taking any acetaminophen product (such as Tylenol) as needed for pain, as directed on the bottle or by your care team.





### **Expect a Phone Call Confirming Your Time of Surgery**

---

You will receive a phone call to confirm your time of surgery, review your medications and other instructions, and discuss any questions you may have.

### **Choose a Location for Therapy**

---

Identify a preferred location (either at UT Southwestern or at a regional facility close to your home) for postoperative occupational foot/ankle therapy.

### **Secure After-Surgery Equipment**

---

Review the “Medical Equipment Needs” list on pages 12-13.

### **Prepare for At-Home Infection Prevention Therapy**

---

Make sure you have picked up the Mupirocin nasal ointment from your pharmacy. You will begin to use it two days before surgery. See instructions on page 21.

Locate the Hibiclens wash given to you by your orthopaedics team. You

will use it the night before and the morning of surgery from the waist down. See instructions on page 22.

### **Do You Think You May Have an Infection?**

---

Call your surgeon’s office if you feel sick, have a fever, or think you might have an infection of any kind, such as a respiratory, bladder, skin, or tooth infection.

### **Do You Have Any Open Wounds?**

---

Check your skin for open sores, wounds, and rashes. If you have any questions, call your orthopaedic surgeon’s office. Open wounds can increase your risk of an infection.

### **Are You Diabetic?**

---

Check with your primary care physician for special instructions concerning your insulin dosage prior to surgery.

***Complete the “Home Readiness Checklist” on page 11.***



## 2-3 Days Before Surgery

Please review the following information to help you prepare in the two to three days leading up to your surgery.

### Could You Have an Infection?

---

If you think you have an infection, please call your foot and ankle surgeon's office.

### Procure and/or Secure Assistive Devices

---

If you have a walker, crutches, and/or a knee scooter, pack them in your car. If you don't have a walker or crutches, you will receive them the day of surgery. A knee scooter must be ordered ahead of time.



A woman with long brown hair is smiling and looking down at a dark grey suitcase. She is wearing a white long-sleeved shirt. The suitcase has a black handle and a silver latch. The background is blurred, showing green foliage.

### **Have You Secured the Additional After-Surgery Equipment You Will Need?**

---

Hopefully, you have already secured the equipment you will need at home after your surgery, such as a knee scooter. Review the “Medical Equipment Needs” list on pages 12-13 to ensure you have everything you need.

### **Start Your Infection Prevention Therapy**

---

Make sure you have picked up the Mupirocin nasal ointment from your pharmacy. Two days before surgery, begin application of the Mupirocin ointment. Apply it with a Q-tip to both nostrils, twice a day, starting two days before surgery and continuing the day of surgery and two days after surgery.

### **Recheck Your Home Setup**

---

If you have not already, please complete the “Home Readiness Checklist” on page 11.

For a successful and quick recovery, your home will need to be in order and ready for you to return.

### **Pack Your Bags**

---

Review the “What to Bring” checklist on page 23.

If you live far away from the hospital, make sure to plan the drive through the DFW Metroplex before surgery to avoid unexpected delays.



## Night Before Surgery

Please review each item and follow the instructions. Completing this checklist to the best of your ability will help ensure a safe and successful surgery.

- ☐ ***Eat a light dinner.***  
Remember that you can't eat, chew gum, or use lozenges after 11 p.m. the night before your surgery.
- ☐ ***Keep drinking water.***  
You may have up to 20 ounces of water or Gatorade between midnight and up to two hours prior to your surgery.
- ☐ ***Remove all nail polish from your fingernails and toenails.***

- ☐ ***Do not shave or tamper with your surgical site before or after surgery.*** It is especially important to avoid shaving near the area where you will be having surgery.
- ☐ ***Do not drink alcohol or use illegal drugs the night before your surgery.***
- ☐ ***Continue the infection prevention nasal ointment.*** Apply twice a day to both nostrils, starting two days prior to surgery and continuing the day of your surgery and two days after.
- ☐ ***Use the special soap.***  
Wash with Hibiclens from the waist down the night before and morning of your surgery. Dry with a clean towel.
- ☐ ***Do not use any lotion, powder, makeup, deodorant, or perfume.***
- ☐ ***Wear freshly washed clothes and sleep in clean sheets.*** This will help prevent infection.
- ☐ ***Pack your bags if you have not already.***  
Please complete the "What to Bring" checklist on the next page.





## What to Bring to the Hospital

- ☐ A great attitude. You are on your way back to an active lifestyle!
  - ☐ This journey guide
  - ☐ Walker, crutches, or knee scooter (walker or crutches will be provided if needed)
  - ☐ Phone numbers of anyone you may want to contact
  - ☐ Completed research questionnaire, if you have not already turned it in (if requested by surgeon)
  - ☐ An accurate medication list
  - ☐ Your insurance card
  - ☐ A photo ID
  - ☐ A prescription card, if you have one through your insurance company
  - ☐ Loose-fitting clothing such as T-shirts and shorts/pants with a drawstring or elastic band
  - ☐ Clothing to layer in case you get cold
  - ☐ CPAP machine for sleep apnea, if you use one at home
- Please do NOT bring:**
- 
- Jewelry
  - Valuables such as credit cards, checks, or large amounts of money
  - Medications—your UT Southwestern care team will give you all necessary medications while you are in the hospital; If there is a special medication that you are concerned will not be available to you, please discuss this with your care team member

## Day of Surgery

Please review the following information to help ensure a safe and successful surgery.

### UT Southwestern Surgical Locations

- William P. Clements Jr. University Hospital (CUH)  
6201 Harry Hines Blvd.  
Dallas, TX 75390
- Zale Lipshy Pavilion (Zale)  
5151 Harry Hines Blvd.  
Dallas, TX 75390
- Outpatient Surgery Center (OSC)  
1801 Inwood Road  
Dallas, TX 75390
- UT Southwestern Frisco – Texas Health Hospital Frisco  
12400 Dallas Parkway  
Frisco, TX 75033

- Arrive two hours before your scheduled surgery (or when advised by the surgical team). Valet parking is available for patients and visitors for a small fee each day.
- Check in on the first floor, and you will be escorted to the presurgery area.
- Bring an accurate, current list of medications you are taking.
- In the presurgery area, we will review your medical history and medications and start an IV in your arm. The anesthesiologist will discuss an anesthesia plan with you.
- Usually, we prefer general anesthesia (with which you go to sleep fully) and a nerve block (see below), but at times we will consider light sedation, depending on the procedure and patient. These options are discussed on a case-by-case basis.
- You may be offered a nerve block, which can provide significant advantages:
  - This is administered in the preoperative area when you're under mild sedation.



- 
- This will help numb the nerves supplying your surgical site and paralyze your muscles in the leg, which will prevent feeling in/moving of your leg/ankle/toes after surgery until the nerve block wears off.
  - Overall, this helps decrease the amount of anesthetic medication required during the procedure. The block also aids in decreasing your postoperative pain for approximately 12-24 hours after surgery.
  - Rarely, the nerve block does not work, but we will ensure that we provide you with other sources of medication to help alleviate that unlikely development.
  - Around 12-24 hours postoperatively, when the nerve block begins wearing off, you will experience strange sensations of numbness, tingling, pain, and/or various other feelings in the leg. This can last for many days and is normal.
  - When you start to feel the block wearing off, it is a good idea to start taking the pain medication as prescribed to prevent a pain crisis. If you wait until the pain is severe, it can be difficult to maintain pain control.
  - Members of the orthopaedic surgery team will review the surgical plan with you and mark your surgical site. You will be given medication for comfort and antibiotics prior to surgery.
  - Family/friends/your personal champion may stay in the presurgery room until surgery. After surgery is complete, a member of the surgery team will communicate with your support person.
  - You will be in the Post-Anesthesia Care Unit (PACU) for about an hour after surgery. After this, we will transfer you to a postoperative hospital room for a few hours, where you will be prepared for discharge. If you are being admitted to the hospital, you will be transferred from the PACU to your assigned room.
  - If you already have your DME – crutches/walker/knee scooter – please bring these with you on the day of surgery so our therapists can help you train prior to discharge. Otherwise, our therapists will issue you either crutches or a walker after surgery.
  - Your support person must be with you upon discharge because you are not allowed to leave the hospital, drive, or even use public transportation alone.
  - You must have someone with you at home for the first 24 hours after surgery.

***Reminder: Stop drinking all liquids two hours before your scheduled surgery time.***





## What to Expect in the Hospital

At UT Southwestern, we want to make your stay with us as comfortable and safe as possible. Here's what to expect.



## A Word About Medications

We will use a combination of narcotic and non-narcotic medications to safely minimize your discomfort after surgery. Be open to trying this regimen; you will be pleasantly surprised how well it works. Narcotic medications may have side effects, which can include nausea, vomiting, itching, drowsiness, constipation, and hallucinations, any of which can impede your recovery.

We will work with you to decrease your risk of addiction and abuse, which can be managed if the medications are used properly, for a short period of time, and for the right reasons. Non-narcotic medications can decrease the number of stronger medications used, which will reduce the risk of side effects. Our goal is to create a smooth, safe, comfortable recovery while reducing complications.

### Pain Management

Your orthopaedics team will work with you to manage your pain after surgery. You will need to notify us with your call system when your pain starts to feel unmanageable. Please note that no pain medication will be scheduled. You will use a pain scale as a guide to ask for medication based on how you feel. We will strive to give you enough pain medication to keep you moving without leaving you feeling nauseous or sleepy.

### Postsurgical Movement and Activity

Moving as soon as possible after surgery has been proven to enhance outcomes and minimize complications. With the aid of a physical therapist or nurse, you will get out of bed the same day as your surgery. Movement helps your circulation, breathing, and digestion. Movement will also reduce the risk of a blood clot (or deep vein thrombosis) and will open up your lungs to prevent pneumonia and

postoperative fevers. A physical therapist will teach you how to properly use your walker, crutches, or knee scooter. While sitting or in bed, keep your surgical foot/ankle elevated on pillows as much as possible. This decreases swelling.

Your safety and fall prevention are our priorities, so please do not get out of bed without assistance from our team. Do not hesitate to use your call system any time you need help moving.

### Blood Clot Prevention

Your surgeon and his or her care team will determine the medical treatment you need to prevent a blood clot.

After surgery, you will be given a blood-thinning agent based on your medical history. This could include aspirin or other medications used to help prevent blood clots.

***If you feel your needs are not being met while you are in the hospital, please do not hesitate to alert your nurse.***

Additional blood clot/deep vein thrombosis prevention measures:

- Make sure to get up often at home.
- Take your deep vein thrombosis prophylaxis as prescribed after surgery.

You are encouraged to move your feet, ankles, and knees while in bed (non-surgical side) and also to walk every one-and-a-half to two hours each day with your walker, crutches, or knee scooter to increase blood flow, reduce swelling, and decrease joint stiffness (remember not to put weight on your surgery foot).

### **Pneumonia Prevention**

---

If you stay in the hospital, a member of the nursing team will bring a breathing device called an incentive spirometer to your room and teach you how to use it. This is to improve the movement of air and the

airflow in your lungs. Getting out of bed to walk and using a spirometer will help you take deeper breaths and increase airflow to the lungs. Spirometry also helps with postoperative fevers, so please use as directed by your spirometry team.

### **Nutritional Needs/ Gastrointestinal Issues**

---

Some people can experience an upset stomach after surgery due to anesthesia and pain medication. You will have anti-nausea medication available after surgery; please notify the nurse if you need this medication. Eating small meals and taking frequent sips of water will help with nausea and dehydration.

Protein is an integral part of healing, so you will receive a protein drink with each meal, along with water. Drink plenty of fluids, especially water.

Some people can experience constipation due to anesthesia, pain medication, and lack of activity. We recommend the following over-the-counter

medication combination to help with this:

- Colace – to be taken as a pill at breakfast and dinner
- Metamucil – midmorning in juice or water
- MiraLAX – midafternoon in juice or water once per day

Continue to follow this regimen until your bowels return to their normal sequence. It can take a few days after surgery for a bowel movement.

### **Postoperative Occupational and Physical Therapy**

---

Your therapists will visit you once you are settled in your hospital room after surgery if you do not go home the same day. They will review activities of daily living with you to help with your transition home.



after surgery. He or she will discuss your surgery and answer any questions.

### Length of Stay

---

Although it is common to go home the day of surgery, you will have to successfully reach a few parameters before you are released. You will need to have your pain controlled on oral medications, and you must be approved to go home by the physical therapy team. This means you must be able to get in/out of bed, visit the bathroom, and demonstrate proficiency with a walker or crutches. Please note that the length of stay in the hospital varies for different patients and their type of surgery. Every patient is unique.

The physical therapist is going to teach you goals for postoperative mobility, including how to:

- Get in and out of bed
- Walk with a walker or crutches or use a knee scooter
- Navigate stairs
- Perform exercises

Your goal in the first six weeks after surgery is healing. We want you to have balance and be mobile on your assistive device (walker, crutches,

etc.). The physical therapist will see you each day while you're in the hospital and help ensure you are safe ambulating (walking) before your discharge. Please alert the therapist of any obstacles you have at home that have not been mentioned previously.

### Postoperative Surgeon and Physician Assistant Visit

---

Your foot and ankle surgeon and/or a physician assistant will be by to see you





## **Discharge – Going Home**

Are you ready to leave the hospital?



Since the beginning of your journey, the team has been working with you through your preoperative care, surgery, and now your discharge home and rehabilitation. Our goal is to relieve your pain and get you back to the activities you enjoy. That requires active involvement on your part.

Throughout your stay we will be monitoring your progress, your strength and endurance abilities, and all the resources required for your safe recovery.

You will be able to discharge from the hospital once your pain is controlled with oral medications and you have met all the safety parameters.

### **Review Your Discharge Instructions**

---

A nurse will review your discharge information with you. Please ask questions so you understand what is expected of you. Be sure to find your physician “discharge instructions,” which will include dates for follow-up appointments, medications, and information on ice and elevation.

### **Let Us Know Where You Are Going**

---

The care coordinators and social workers at the hospital will help set up the care you need upon discharge and help facilitate all your discharge needs. If you have a home health or other facility that you prefer to use, please bring the name, address, and phone number with you and give these to the care coordinator involved in your care.

If you are going to a nursing or rehabilitation facility, the care coordinator or social worker will arrange for your transportation.

### **Leaving the Hospital**

---

Whatever your destination, at the hospital you will be transported by wheelchair to the patient pick-up area. Be sure to gather all your belongings, including any dressings or incision care items that have been given to you at the hospital.

## Care-at-Home Checklist

- ☐ Wear shoes that have enough support to prevent slips and falls. Do not wear backless or open-toe shoes.
- ☐ Stand up slowly to prevent feeling faint.
- ☐ Do not lift heavy objects.
- ☐ Do not sit in low places.
- ☐ Go to all of your health care wellness checks.
- ☐ Do not consume alcoholic drinks until after your follow-up appointment with your surgeon.
- ☐ Get up and walk every one-and-a-half to two hours.
- ☐ Keep your surgical foot elevated on pillows while sitting or while in bed.

### Driving Restrictions

***As your care team, we can provide guidance about driving safely. However, the decision to drive safely is your liability and your decision.***

There are no official “return to driving” recommendations. When you feel you are safe to drive and also think you can make a normal emergency stop, we have to trust that you, as an adult, are able to make the correct decision. You should not drive in a cast, boot, or similar immobilization device or when under the influence of pain killers.

***You should not and cannot drive with your driving foot/feet under the following circumstances:***

- Your foot is injured, or you recently had foot, ankle, or leg surgery.
- You are wearing an orthopaedic device (e.g., a cast, splint, boot, post-operative shoe).

- You are taking painkillers/sedatives/muscle relaxers/other medications (consult your PCP).
- You are not licensed/allowed to drive or do not feel safe to drive.
- You do not have the ability to move between pedals and make an emergency stop.

You cannot drive until the above bullets do not apply to you and you are 100% weight-bearing on the driving foot (or feet) without orthopaedic devices and crutches and until you feel you can make an emergency stop safely and operate pedals appropriately.

***Our recommended criteria to fulfill before you consider driving include:***

- You are fully weight-bearing without an immobilization device or walking aid.
- You are off all pain medications, muscle relaxers, sedatives, sleeping pills, etc.
- You think you can move your foot from accelerator to brake quickly with ease and, more importantly,

you think you can make a rapid and effective emergency brake stop.

- You think you can drive safely/normally and are not a risk to yourself and others.
- You are content that you are accepting liability for yourself and others.

Once the above criteria are met, we recommend practicing in an empty parking lot prior to driving on a major road.

***If you have any doubt about driving, please ask your surgeon.***

#### **Alternatives to Driving Yourself**

---

- Ride share apps: Uber, Lyft
- Taxi
- Public transportation – DART
- Friend/family member
- Other car services

There are devices that can be fitted into a car for hand control of the pedals.

You will need to contact your insurance carrier and a mechanic to have these installed.

#### **Is Some Blood on the Dressings Normal?**

---

You should not be alarmed if there is some dried blood along the top layer of the dressings – this is normal. With toe dressings, the amount of blood may be a bit more pronounced because it is difficult to apply compressive dressings while maintaining the exposure necessary for seeing the color of the toes regularly.

Do not remove the dressings. Keep them in place until your first postoperative appointment. ***However, if you begin to see active oozing or wet blood, this is more urgent, in which case please call us ASAP.***



## Staying Healthy

### Eat Healthily

---

Eat a balanced and healthy diet, and manage your weight to keep your hips and knees from being overtaxed.

### Stay Smoke-Free

---

Being smoke-free means you care about practicing preventive medicine. Also, try to avoid smoky environments. Secondhand smoke can increase your risk of poor healing and infection.

### Live a Healthy Lifestyle

---

You can maintain better health by being aware of certain aspects of your body. Proper blood

pressure, glucose levels, cholesterol, and weight are necessary to maintain a healthy body. This commitment to ensuring your body is healthy should be lifelong – not just during the period of your surgery. Improve your overall health by getting checkups regularly to live your best health at any age.

### Mention Dental Appointments or Upcoming Surgeries

---

If you have any other surgery or dental work approaching, remember to tell your doctor or dentist that you have had recent surgery or a joint replacement. You and your physician can discuss the need for antibiotic treatment before the procedure to prevent

a possible infection. This applies to routine dental cleanings. It's also important to maintain good dental hygiene.

### Exercise to Keep Your Body Strong

---

Once you are cleared by your surgeon, try to exercise regularly three to four times per week, 20 to 30 minutes at a time. This commitment will allow you to maintain your strength, balance, and, especially, good posture. Proper mechanics and posture will help your joint to function in a smooth and pain-free manner. Try to do a variety of exercises, including weightlifting, bodyweight exercises that use your own weight to provide resistance against gravity, and aerobics (walking, biking, swimming).



## Important Phone Numbers

- UT Southwestern Orthopaedic Surgery Clinic – Dallas: **214-645-3300**
- UT Southwestern Orthopaedic Surgery Clinic – Frisco: **469-604-9000**
- UT Southwestern Orthopaedic Surgery Clinic – Las Colinas: **469-647-4700**
- UT Southwestern Orthopaedic Surgery Clinic – Richardson/Plano: **972-669-7070**
- UT Southwestern Outpatient Surgery Center:
  - Guest and Patient Services **214-645-3395**
  - Admissions Department **214-645-6730**
- William P. Clements Jr. University Hospital:
  - Guest and Patient Services **214-633-4710**
  - Admissions Department **214-633-4140**
- Zale Lipshy Pavilion:
  - Guest and Patient Services **214-645-4101**
  - Admissions Department **214-645-4637**
- Financial Counseling (for all locations): **214-633-4036**
- POSH Program – Division of Geriatric Medicine: **214-645-8600**
- Tobacco Cessation Program: **214-761-3139**
- UT Southwestern Center for Human Nutrition: **214-648-2890**

Home Health Agency:

Outpatient Therapy Center:

Primary Care Physician:

Dentist:

Specialist(s):



Notes and Questions

Handwriting practice lines consisting of 20 horizontal dashed lines.





**UTSouthwestern**  
Medical Center

