

## Foot & Ankle Surgery | Frequently Asked Questions

*Many patients have similar questions and concerns after a surgical procedure. We hope to ease your mind by providing answers to the most asked questions.*

### What is deep vein thrombosis (DVT)?

Deep vein thrombosis, commonly referred to as “DVT”, occurs when a blood clot, or thrombus, develops in the large veins of the legs or pelvic area. Some DVT’s may cause no pain, whereas others can be quite painful. With prompt diagnosis and treatment, the majority of DVT’s are not life threatening. However, a blood clot that forms in the invisible “deep veins” can be an immediate threat to your life, as compared to a clot that forms in the invisible “superficial” veins, the ones beneath your skin. A clot that forms in the large, deep veins is more likely to break free and travel through the vein. It is then called an embolus. When an embolus travels from the legs or pelvic areas and lodges in a lung artery, the condition is known as a “pulmonary embolism”, or PE, a potentially fatal condition if not immediately diagnosed and treated.

### What are the signs & symptoms of a DVT?

Only about half the people who have DVT have signs or symptoms. These signs and symptoms occur in the leg affected by the DVT. They include:

- ✓ Swelling of the leg or along a vein in the leg
- ✓ Pain or tenderness in the leg, which you may feel only when standing or walking
- ✓ Increased warmth in the area of the leg that’s swollen or in pain
- ✓ Red or discolored skin on the leg

### What is a pulmonary embolism (PE)?

Pulmonary embolism (PE) is a blood clot that lodges in the lung arteries. The blood clot forms in the leg, pelvic, or arm veins, then breaks off from the vein wall and travels through the heart into the lung arteries. Most PE’s are due to pelvic and upper leg blood clots that first grow to a large size in the vein before detaching and traveling to the lungs. PE can cause death or chronic shortness of breath from high lung artery pressures (“pulmonary hypertension”). PE can impair heart muscle function, especially in the right ventricle, which pumps blood into the lung arteries.

### What are the signs & symptoms of a PE?

Some people do not know they have DVT until they have signs or symptoms of PE. They include:

- ✓ Unexplained shortness of breath
- ✓ Pain with deep breathing
- ✓ Coughing up blood
- ✓ Rapid breathing and a fast heart rate

### When can I shower or bathe?

You should never get your dressing, splint, or cast wet. Sponge baths are the safest way to keep your dressing, splint, or cast dry at all times. We **do not recommend** using garbage bags with tape or a rubber band while bathing, as they are often not completely waterproof. There are companies that make a special cast bag. These can be purchased at a local medical supply store, pharmacy, or online at sites such as [www.drycast.com](http://www.drycast.com) or [www.drycorp.com](http://www.drycorp.com). *You should conduct your own independent research to make sure these companies meet your needs and expectations.*

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### What if I have a fever?

Low-grade fever (**less than 101.5° F**) is common after surgery and may last several days. Mild chills or sweating may also occur after surgery for a few days. If a low-grade fever occurs, deep breaths and coughing up any congestion in the lungs is very important. **Please call our office if your fever exceeds 101.5° F**

### What should I do if the dressing falls off?

Place a sterile gauze wrap over your wound/incisions, followed by calling our office.

### What should I do if I see blood on my dressing or splint?

It is not uncommon to bleed through your dressing after a surgical procedure. Do not be alarmed. Do not remove your dressing as the initial dressing was placed in a sterile fashion in the operating room. You may, however, overwrap gently to cover any blood-stained areas if desired. If the amount appears excessive or does not stabilize, please call our office immediately.

### What should I do about the swelling around my toes at the end of the bandage?

It is normal, and expected, to have swelling in the foot and ankle after surgery. This usually will improve slowly over several months. Elevation of the extremity is very helpful, especially in the first several days after surgery.

### When will the numbness from my nerve block or local anesthetic wear off?

It may take up to 24-36 hours for the numbness to wear off after a nerve block or local anesthetic. If you were discharged with a pain catheter in place, this numbness can last up to 24-36 hours after the catheter is removed. Some numbness in the toes may be present if swelling is considerable.

### How can I tell if an infection is developing?

Many patients will have slight drainage of yellow – colored fluid from incisions for several weeks after surgery. This type of drainage **DOES NOT MEAN THERE IS INFECTION!** Signs of infection are increased pain, extreme redness and swelling, and possibly foul odor with thick white / yellow discharge. Please call our office if you notice any of these signs or symptoms. Often early antibiotics treatment is all that is needed to prevent further spread of the infection and further operations.

### What should I do if the prescribed pain medications lead to nausea or vomiting?

This is a common side effect of narcotic pain medication. This is **NOT** an allergic reaction. If nausea or vomiting are severe, call our office and an anti-nausea medicine can be prescribed.

### What do I do if I feel my dressing/splint/cast are too tight?

Your dressing and splint/cast are designed specifically to stabilize your foot and ankle, stabilize the incisions, and reduce swelling. It should feel snug as a result. However, if your **DRESSING** feels entirely too tight, you may **CAREFULLY** split the dressing along the side of your foot and loosely apply tape. **This rarely needs to be done.** If you feel your **SPLINT** or **CAST** is entirely too tight, you should call our office if during business hours or otherwise go to the emergency room as the splint or cast may need to be cut and modified or replaced.

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### **When will my stitches be removed?**

Stitches in foot and ankle surgery are usually removed 2-4 weeks after the procedure, most commonly at 3 weeks. This is a bit longer than stitches on other areas of the body due to swelling and slower healing times in the foot and ankle. Timing of stitch removal is based on how well healed your incisions are.

### **When will the pins be removed from my feet?**

Pins are often used after realignment of the toes to hold them in the desired position as the tissues heal. Sometimes small balls will cover the tip and other times they will be bent at a right angle at the tip. Having a loose sock or bed linens touch the pins will not harm them. Removal of pins is usually performed at 5-6 weeks and usually less painful than having a stitch removed!

### **When can I start driving after my surgery?**

The ability for someone to resume driving after surgery is rarely a medical question, but a legal question. It is always the responsibility of all licensed drivers to drive safely, no matter what their permanent or temporary impairment may be. Keep in mind, following surgery, one's reaction time may be severely compromised, due to medication and/or pain. Also, you cannot drive with a cast, splint, or boot on your driving leg. The ability to use all four extremities fully may also be impaired due to the surgery. Again, it is the responsibility of each individual to drive safely no matter what their impairment may be.