
DISCHARGE INSTRUCTIONS: TOTAL ANKLE ARTHROPLASTY

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We are proud to serve your orthopaedic needs and look forward to helping you return to your prior activities. The following is information for commonly asked questions, and we hope that this packet may help you in your recovery.

PMPAwareRX (INSPECT) No Concerns

NONWEIGHTBEARING: Given that you will be nonweightbearing to your operative extremity, you will need an accommodative device (for example, crutches, walker, knee scooter, and/or wheelchair). Please let the office know if you have any difficulty obtaining one or more of these assisted devices.***

MEDICATIONS

Tylenol 500mg every 6 hr SCHEDULED Norco 5/325 every 6 hr PRN pain Meloxicam 7.5mg once daily

Gabapentin 300mg up to 3 times days Zofran 4mg every 8 hr PRN nausea/vomiting

*** All patients should take 1000mg calcium citrate and 2,000 IU Vitamin D unless directed otherwise by your PCP***

BLOOD CLOT PREVENTION Aspirin 81mg twice daily Xarelto 10mg once daily

FOLLOW UP

- You should be seen in the office in 2-3 weeks following your surgery. Call the office when you are discharged from the hospital to schedule this appointment if it has not already been scheduled.
- At your follow up appointment, your staples/sutures will be removed from your incision. This may be an uncomfortable experience for you. We would advise that you take your pain medication prior to your appointment or that you bring pain medication with you to your follow up appointment, as we do not have pain medication in the office. If you have any questions regarding this, please feel free to call the office to speak further with the clinical assistant.
- You will see your doctor approximately 6-8 weeks after surgery.

ACTIVITY

- Be sure to cough and take a deep breath regularly to keep your lungs expanded after surgery. If you are watching television, do this during all commercial breaks (goal for 10 times per hour). Get out of bed or chair and move around at minimum 3 times per day.
- **NO WEIGHT BEARING** on your operated leg for 2 weeks after surgery, unless you have been instructed otherwise by your physician or the clinical assistant when your surgery was scheduled. This means that your foot **MAY NOT** touch the ground when standing or walking.
- Elevate your leg on pillows to keep it at the level of your heart or above the level of your heart as much as possible during the first 14 days following surgery. Do this until you are seen by your doctor for follow up. The more you elevate your foot/ankle the more it will help to decrease the swelling and pain.
- Limit the amount of time your foot is down to 10 minutes or less each time.
- You should “listen” to your foot/ankle as to when to elevate it again.
- Wiggle your toes at least every hour to maintain circulation.
- To keep your leg from becoming stiff, work at “setting.” That is, tightening, then relaxing the thigh muscles. Do this frequently, or every two hours while awake.
- At your follow up visit, your splint will be removed and you will get further instructions on how you will increase your activity.
- Remember: Do not do anything that hurts or makes your foot/ankle swell.

CRYOTHERAPY

- Cryotherapy in the forms of ice, gel pack, or Vasculotherm can be very helpful in decreasing the pain and swelling. **DO NOT** place frozen gel but ice chips in a plastic bag may be placed directly on your skin.
- Ice can be very helpful in decreasing the pain and swelling of the foot and ankle. Start by icing behind the knee for 30 minutes and then remove the ice for 30 minutes. Repeat this sequence. **DO NOT** place ice directly on your skin.
- Apply ice intermittently (~30 minutes x 3-4 times per day) for the first 7-10 days following surgery and then as necessary for pain and swelling. If you are issued a Cold Therapy Unity, use this as directed. Contact [] for any problems with your Cold Therapy Unit.

DRIVING

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- You are not permitted to drive within 24 hours of anesthesia. You are not permitted to drive while taking regular narcotics. You are not permitted to drive with a boot on the right lower extremity. Most patients are able to safely operate a car once ambulating on the right lower extremity without assistance for two weeks without crutches. We recommend a friend or family member take you to an empty parking lot to test drive before getting back on the road.

WHAT TO EAT AND DRINK

- Eat foods high in calcium, vitamin D, protein, iron, and fiber
- Drink at least 6 to 8 glasses of liquids every day.
- You may eat the foods you normally eat. Your appetite may be less than usual for the first 2 weeks. Eating healthy is important for optimal recovery.
- Do not smoke or use tobacco (slows down healing).
- In some circumstances, we recommend using nutritional supplementation to aid in your skin and bone healing.
- All patients should take 1,000mg of elemental calcium as well as 2,000 international units of Vitamin D following surgery for 1 month unless recommended against by your primary care physician.

PAIN MANAGEMENT AFTER SURGERY

- You WILL have pain after surgery. This is expected and helps protect you from hurting yourself and negatively impacting the outcome of your surgery. There will be some days that the pain is worse than others, but here are a few tools to help manage the pain.
- If you have received a pain block, the pain relief can last from 4-36 hours. This also means you may not have sensation or movement in your foot/toes for the same amount of time. You will have pain after the pain block wears off. Anticipate this and start your pain medication prior to the block wearing off.
- It is important to control your pain after surgery. Take your first dose of the prescribed pain medication as soon as you get home, even if you have no pain.
- Continue to take your pain medication as prescribed for the first 48 hours after surgery. Make sure that you (the patient) are alert and are not having any difficulty breathing before taking the medication.
- You can expect the first night will be the most painful and uncomfortable if you have not had a pain block. You will have been given a strong medication to take home with you to make you as comfortable as possible, but you may still have some break through pain.
- Be sure you are alternating pain medicines. If you were given more than one prescription, alternating medicine may be helpful to allow for less time between dosages.
- Be sure you raise your leg above the level of your heart for the first week after leaving the hospital. This will help with swelling and pain control.
- Be sure you use cold therapy/ice packs after leaving the hospital. This will also help with swelling and pain control.
- After the first 48 hours, you may take the pain medication as needed for pain.
- If significant pain continues after you have tried the above tools, call the doctor's office for further instructions.

MANAGING SWELLING

- Swelling is a normal part of the healing process. Expect mild to moderate swelling for 3 to 6 months after surgery. Elevating your leg and using ice packs/cold therapy are usually very effective methods to reduce swelling in your new joint and surrounding tissue. Try elevating your leg on pillows above the level of your heart while lying down for one to two hours. Do not overdo activity as this could increase your swelling. Notify your doctor if you experience new or severe swelling that is not decreasing after trying cold therapy and elevation.

ANTIBIOTICS

- IV antibiotics are given at the time of surgery and are chosen based upon any allergies you may have. Normally, you will not be sent home with any antibiotics.

WOUND CARE

- You will probably wake up from surgery with a splint. This needs to stay in place and be kept dry. You will follow up with the clinical assistant approximately two weeks after surgery and the splint will be removed at that time.
- Bleeding through the dressings is quite common following surgery. This normally occurs for the first 1-2 hours after surgery. The actual bleeding has stopped by the time you see the drainage through the dressing.
- Your dressings need to be kept DRY at all times – DO NOT shower, bathe, or wet your dressings in any way.

TIPS ON CARING FOR YOUR SPLINT/CAST

- Bleeding through the dressings is quite common following surgery. This normally occurs in the first 1-2 hours after surgery. The actual bleeding has stopped by the time you see the drainage through the dressing.
- Avoid getting water on or in your cast. Moisture softens the cast and damp padding can cause irritation. If the cast or padding becomes damp, use a hair dryer on a cool setting to dry the area.
- Plastic bags are good covering in wet weather, but will not protect your cast if it is submerged in water.

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- Do not swim with your cast.
- If the cast becomes rough on the edges, cover the rough area with smooth adhesive tape. Avoid wrinkles.
- Do not pull the cast padding out.

CARING FOR YOUR SKIN WHILE WEARING YOUR SPLINT/CAST

- Wash the skin area around the cast taking care not to saturate the cast in the process.
- Lotion has a tendency to build up on the inside of the cast and become sticky, so it should never be used under or around the cast.
- If the skin under the cast begins to itch, **DO NOT** try to stick anything inside the cast to scratch. Sometimes using a hair dryer on a cool setting and aiming it down the cast will relieve the itching sensation.
- If the edges of the cast are causing irritation to the skin, pad it with some soft material such as cotton or foam. Be sure the padding is well anchored to the cast and not bulky, as loose material slipping into the cast will cause even more irritation.
- If you notice any raw or open areas, call the office.

NORMAL SYMPTOMS

- Pain controlled with medication → Continue pain medication but decrease as able
- Increased swelling with activity → Elevate, rest and ice your surgical extremity
- Stiffness without activity → Perform your home exercises as directed

IMPORTANT THINGS TO WATCH FOR AND DO

- Twice a day, check your toes. Are they pink in color? Squeeze the nail until white. When released, it should have an immediate return to its pink color. If return is slow, elevate your leg above the level of your heart to help with swelling. If there is no improvement, call the office.
- Watch for swelling or feeling of tightness under the splint/cast. Compare your toes to your other foot. If any change in feeling develops (i.e.: numbness, tingling, or prickling pain), change the position of your leg. If there is no improvement, call the office.
- Watching for bleeding through the dressing. It is not uncommon for some bleeding to occur after surgery. However if the bleeding continues to soak through your dressing and increases in size on your dressing, call the office.
- If swelling is noted after activity, elevate your leg on one to two pillows or above the level of your heart while seated or lying down. The higher the better.
- Check around the cast for any odors other than those that may be from something spilled on or around the cast. Ordinarily, casts do not smell. If any smell is noticed, especially with localized pain or fever, call the office. Also watch for any staining or discharge on the cast.
- Inspect the cast for any soft or cracked areas. Contact the office if any problem areas are found.
- If fever greater than 101.5, call the office. Fevers less than this are very common the first few days after surgery and are unlikely to indicate infection.
- If you note any of the above problems or concerns, please contact our office, Monday through Friday from 8:00am to 5:00pm at [] and ask for the Foot and Ankle Department. If you need to leave a message, someone from this department will call you back.
- If you need to call after hours, a message will be given to the on-call physician to contact you regarding your problems/concerns. Please note that the on-call physician will not adjust or change your pain medications nor will they prescribe any new or different medications.
- If you are not able to reach anyone or you feel you have a medical emergency, please go to the nearest emergency room or call 911.

IF YOU NOTICE THE FOLLOWING SYMPTOMS, YOU SHOULD CONTACT YOUR PROVIDER

- Drainage from your incision including thick green or yellow pus
- Redness or deepening of the skin color around your incision
- Heat around the incision
- A temperature greater than 101.5 degrees or chills
- Uncontrolled swelling
- Profuse bleeding. If the bleeding continues to soak through your dressing and increases in size on your dressing
- Calf pain, swelling, or redness
- Increased pain/tenderness to the surgical extremity that is not controlled with pain medications
- A fall or injury to your surgical extremity
- New or unexplained bruising
- Itchy, swollen skin or a rash. You may be allergic to a medication

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- Blue or white toes not improved after elevating the surgical extremity. This indicates a lack of blood flow to the foot.
- Itchy, swollen skin or a rash. You may be allergic to a medication

IF YOU NOTICE THE FOLLOWING SYMPTOMS, YOU SHOULD REPORT TO THE EMERGENCY ROOM

- Chest pain
- Shortness of breath at rest
- Confusion

MEDICATIONS

- A prescription for pain medication will be given to you by your doctor prior to your discharge from the hospital. These medications are used to reduce your pain and must not be taken any more often than prescribed. In an effort to keep your pain under good control, you should take the pain medication routinely as prescribed during the first 24-48 hours following surgery. Then, as the pain lessens, begin taking it as needed (within the prescribed guidelines). As you become more comfortable, you may substitute Tylenol for pain control.
- Pain medication should be taken with food as this will help to prevent any stomach upset.
- Requests for pain medication should be made during normal office hours. Please Note: Pain medication will only be ordered during regular office hours.
- Do not drive while taking pain medications.
- Do not drink alcoholic beverages while taking pain medications.
- Unless otherwise indicated, take one Aspirin 81mg twice a day, every 12 hours, for two weeks following surgery. This thins your blood and helps to prevent blood clots from forming.
- **DO NOT TAKE ASPIRIN** if you have an allergy to aspirin, have a history of ulcer disease, or if another blood thinning medication (Coumadin, Lovenox, Enoxaparin) was ordered for you when you were discharged from the hospital.
- You may resume your routine medications unless otherwise instructed.
- Often pain medication and inactivity cause constipation. Eat high fiber foods (fresh fruits, vegetables, bran) and increase your fluid intake if possible. Also, you may purchase Pericolace or Colace, a stool softener, at any pharmacy to aid in alleviating your constipation. Take this two times per day to keep you regular while taking pain medications.
- If you are having trouble moving your bowels by day 2, take an oral laxative, suppository or enema in addition to the stool softener.

Medications used with general anesthesia may stay in your system 24 hours following the procedure. These may cause you to feel sleepy or drowsy. Therefore, for at least 24 hours after leaving the hospital:

- You Must be accompanied by a responsible adult upon discharge and we recommend they stay with you to help care for you.
- Do not make important decisions, or sign contracts.
- Do not operated potentially dangerous machinery, power tools, or appliances
- Do not drive a motor vehicle
- Do not drink alcoholic beverages, or take sleeping pills/tranquilizers
- Do not smoke.

RETURNING TO WORK

- If you have a sedentary office job that requires minimal to no use of your operative extremity, you may be able to return to work when your pain level dictates.
- However, plan to take at least two weeks off from work. More laborious jobs will require a job description from your Human Resources Department to give an accurate return to work schedule.
- If you plan on taking Short-Term Disability or use of the FMLA (Family Medical Leaves Act) please contact our forms/disability department at 574-247-9441 ext. 5177.

OTHER INSTRUCTIONS

- Avoid having any dental work for 6 weeks after surgery. Go to a dentist right away for concerns such as tooth or mouth abscess or lost fillings.
- You need to take an antibiotic before having any dental work or invasive procedure. Be sure to tell your dentist and other doctors that you have a joint replacement. Either they or your surgeon will order the antibiotic.

There is a physician available by phone 24 hours per day for emergency orthopaedic needs. Routine questions, including requests for pain medication, are best handled during weekday business hours

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