



**STEINDLER**  
ORTHOPEDIC CLINIC



# Your Foot & Ankle Surgery Planning Guide

Please be sure to attend  
all appointments!

IOWA CITY  
**ASC**  
AMBULATORY  
SURGICAL CENTER

# Steindler Orthopedic Surgeons and the Iowa City Ambulatory Surgical Center Work Together to Keep You Moving!



**Dr. Bradly Bussewitz**



**Dr. Peter Maurus**

Since 1950, Steindler Orthopedic Clinic has remained the region's most preferred orthopedic practice. Our experienced team of foot and ankle specialists will get you back to doing the things you love.

**To schedule a visit,  
call Steindler Orthopedic Clinic at (319) 338-3606.**



**Please review the following information prior to your surgery.**

- Read all the instructions in your packet carefully
- If your surgery is scheduled at the ASC, visit [iowacityasc.com](http://iowacityasc.com) to fill out health information for anesthesia. It is located on the "Preadmission" tab and will take you to "One Medical Passport" where you will register.

In addition to the above instructions, the following instructions will apply.

- Be sure you **DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT THE DATE OF SURGERY UNLESS INSTRUCTED OTHERWISE.**
- We are in the process of confirming arrival times 1-2 days prior to surgery. If you have not gotten a confirmation call by the day before surgery, please call to confirm your arrival time. Please keep in mind that your surgery time **MAY** change due to cancellations or urgent added cases.

**IMPORTANT NOTICE REGARDING THE PAYMENT FOR YOUR SURGERY:**

Not all insurance companies will cover all areas of your care. You may be responsible for non-covered charges if your insurance company does not cover these costs.

Please feel free to call Steindler Orthopedic Clinic if you have any questions regarding the above information.

## Important Phone Numbers

|   |                |
|---|----------------|
| Hospital Pre-Admission Services .....     | (319) 358-2688 |
| (Hours: M-F 8:00AM - 4:00PM)              | Nurses Line    |
| Hospital Home Care .....                  | (319) 358-2740 |
| Steindler Orthopedic Clinic.....          | (319) 338-3606 |
| Steindler Therapy .....                   | (319) 354-5114 |
| Hospital On Call (After Hours).....       | (319) 358-2767 |
| Iowa City Ambulatory Surgical Center..... | (319) 248-1500 |

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# Foot & Ankle Surgery Planning Guide

## Your Pre-Surgical Schedule

We're pleased that you have chosen Steindler Orthopedic Clinic for your surgery. If you are having your surgery at the Iowa City ASC, they also would like to extend their gratitude for your choice. To prepare you for a successful surgery and outcome. It is HIGHLY RECOMMENDED that you read through the information in this booklet to prepare.

### **This guide is to help you:**

1. Understand what to expect during your surgery and recovery
2. Prepare your house for a safe return home after your surgery
3. Know what to bring to the hospital/ASC on the day of surgery
4. Understand what to expect on the day of surgery and if you stay in the hospital overnight
5. Understand the role of your rehabilitation team
6. Review ways to move around safely after your surgery to protect yourself

## **Medical Clearance Clinic**

### **Location: Primary Care Physician**

Your surgeon may request a pre-op medical clearance appointment with a medical specialist. This is a time to make sure all of your medical conditions are reviewed so that you are ready for elective surgery. Additional tests may be scheduled, based on your medical conditions, prior to your surgery.

If you do not have a primary care provider, you will instead be referred to Dr. Larew at Larew Internal Medicine.

## **Getting Ready For Your Surgery**

### **Your COACH**

Your coach is a person to support you in your recovery in the hospital and at home. A coach can be a spouse, a family member, a friend, a neighbor or a companion. Ideally, this person should stay with you for the first few days after you return home. After the first few days, your coach should be available to check on you and help with transportation to physician appointments.

We all need encouragement at times to help us along the way. Your coach can provide this by being present and helping you with daily tasks. Because more than 90 percent of our patients go directly home after surgery, it is important to plan ahead to have a helping hand(s).

### Checklist for your COACH:

- \_\_\_\_\_ Ensure proper durable medical equipment is obtained prior to surgery
- \_\_\_\_\_ Be present at discharge to learn home instructions
- \_\_\_\_\_ Check in on you during your recovery process
- \_\_\_\_\_ Run errands, prepare meals, and help with household chores
- \_\_\_\_\_ Make arrangements for transportation to therapy, if needed

### Watch Out! (Things to think about)

#### **Be cautious with your legs prior to surgery.**

- Do not shave your legs for one week prior to surgery
- Cuts, scrapes, and scratches on your leg can cause your surgery to be postponed
- Notify your surgeon should anything happen to your leg prior to surgery

#### **If you use tobacco (or nicotine of any kind), stop prior to surgery.**

- Smoking reduces your lung function
- Nicotine reduces circulation and healing, increasing risk of poor healing and infection

#### **If you drink alcohol, be honest with your doctors about how much you drink.**

- Alcohol impairs liver function
- Going through withdrawal during your stay can be serious

## What to Bring the Day of Surgery

- \_\_\_\_\_ This Planning Guide
- \_\_\_\_\_ Your COACH
- \_\_\_\_\_ Loose-fitting clothes
- \_\_\_\_\_ Appropriate assistive device (walker, crutches, knee scooter)
- \_\_\_\_\_ Toiletries (deodorant, toothbrush, comb, etc.) and personal items
- \_\_\_\_\_ Slip on shoes
- \_\_\_\_\_ Glasses/glasses case
- \_\_\_\_\_ Hearing aid, extra batteries, case
- \_\_\_\_\_ CPAP or BiPAP from home
- \_\_\_\_\_ Copy of Living Will, Durable Power of Attorney, etc.

### For your Family

Please designate one family member (perhaps your COACH) to coordinate information about your hospital stay for other family members.

It is most convenient for you to receive personal phone calls in the late afternoon or early evening to avoid disruption of your care. The best visiting hours are noon to 8:00 pm.

Consult with hospital staff for wireless internet access.

### Guest Lodging

Staying at University of Iowa Health Center guest lodging the night before surgery is an option. Family members may also stay in your room. For a reservation call Volunteer Services at (319) 339-3659.



## Prepare Your Home

To plan ahead for you returning home after surgery, check your house to see how you can make it safe and comfortable while you are recuperating. Here is a list of things to look for and consider **before** your surgery:

### Entrance

- How will you get into/out of your house after surgery.
- Do you have to climb steps? How many?
- Do your steps have railings?
- Is there an easier way in **without steps** that you can use?

*Tip:* Have a plan to get into your house and practice that entry method before your surgery.

### Driving

- You will NOT be able to drive immediately after your surgery.
- At your follow-up visit with your doctor 1-2 weeks after surgery, you will learn when you are allowed to drive again.

#### **Factors that affect driving after foot and ankle surgery:**

- Use of pain medications
- Which foot is operated on
- How driving motions of the foot may impact the surgical site

### Bedroom

- Where will you sleep at home after surgery?
- Do you have to climb stairs to get to the bedroom?
- Can you get a walker, crutches, or a wheelchair through the bedroom door and to the bed?
- Can you sleep on the first floor to avoid climbing steps?

### Bathroom

- Is your bathroom accessible?
- Can you get a walker, crutches, or a wheelchair through the door?
- Do you have to climb stairs to get to the bathroom?
- How will you bathe? Do you have a tub or a walk-in shower?

### **Bathing**

- Keep dressing in place and dry unless instructed otherwise by your doctor.
- You will not be able to get your foot wet while you have a cast or splint.
- Once the doctor says it is okay for you to shower, you will need to cover the cast with a plastic bag to keep it dry in the shower.

*Tip:* A shower chair or a tub bench allows you to sit down and shower safely after surgery.

### **Kitchen**

- Keep a supply of easy to cook meals on hand.
- Frozen dinners are quick and require minimal preparation.
- Keep frequently used items within easy reach on countertops and in the refrigerator.
- If possible, plan to have someone assist you with grocery shopping.

### **Laundry**

- Is your laundry room accessible?
- Are the washer and dryer difficult to reach?
- Consider asking a family member or friend to assist you with your laundry.

### **Rugs**

- Throw rugs or scatter rugs are very dangerous because they have potential to trip you.

*Tip:* Remove all throw rugs or scatter rugs before you come in for surgery

### **Pets**

- It can be dangerous for people who use equipment (walker, crutches, or wheelchair) to walk and move around with pets under foot
- Taking care of a pet (walking a dog, cleaning a kitty litter box, etc) can be very difficult when you are not able to stand on your operated leg after surgery

*Tip:* You might consider having pets stay with a family member or friend while you are recovering.

**If you are planning on using a wheelchair at home, please consider:**

- Doorways must be at least 28" wide across for a standard wheelchair to fit
- Wheelchairs may be lifted up one step or curb with the patient in them. Your therapist can show you how this is done safely.

*Tip:* More than one step is very difficult to climb safely in a wheelchair and is not recommended.

- Bathrooms must be at least 28" wide for a wheelchair to fit.

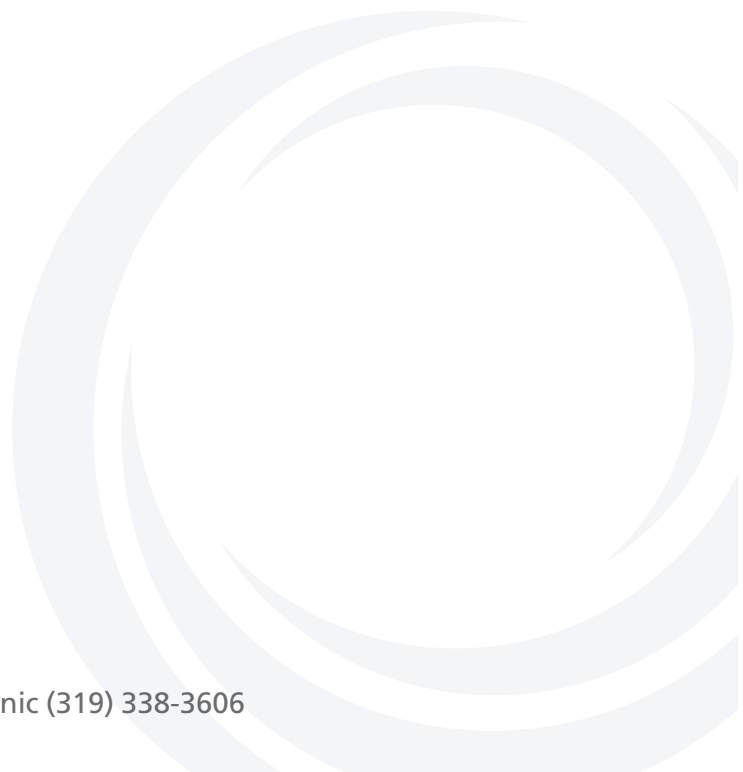
*Tip:* If the bathroom door is not wide enough, you will need a bedside commode for toileting

- Carpet makes it harder to push a wheelchair

*Tip:* Remove all throw rugs to decrease obstacles for the wheelchair

- In the kitchen, make sure you can reach commonly used items from a wheelchair height

*Tip:* You might consider having pets stay with a family member or friend while you are recovering.



## General Home Safety Tips

1. Wear footwear that gives you good support and traction. Tennis shoes/sneakers with good tread on the bottom are great options.
2. Install non-skid mats on the shower or tub floor.
3. A hand-held shower can make showering much easier after surgery.
4. Make sure feet are dry before getting out of the tub so you don't slip.
5. Sit on a sturdy chair while brushing your teeth, shaving, applying makeup, cooking, etc.
6. Do **not** sit on chairs that have wheels.
7. Sit in firm chairs with armrests. They are much easier to get up from.
8. If you are using a walker, do **not** hold things in your hand as you use your walker. Walker bags are available for purchase online or at local pharmacies.

## Durable Medical Equipment

You may require assistance with special equipment at home for some time after surgery. Your therapy team will recommend specific items, and your case manager will assist you with getting the equipment you need. This equipment is not paid for by insurance, so you are encouraged to explore other options when buying equipment.

|                              |            |
|------------------------------|------------|
| Knee Scooter                 | \$70-\$200 |
| Raised Toilet Seat           | \$20-\$40  |
| Raised Toilet Seat With Arms | \$50-\$80  |
| Shower Bench                 | \$40-\$100 |
| Extended Tub Bench           | \$80-\$180 |
| Bedside Commode              | \$60+      |
| Safety/Grab Bars             | \$15+      |

## Where to purchase equipment:

Amazon.com • CVS • Drugstore.com • ebay • Homehealthsuperstore.com  
 • Home Depot • Lowe's • Towncrest Pharmacy • Target • Walgreens •  
 Walmart • CarePro Home Medical • NuCara Home Medical

## **Foot and Ankle Surgery**

### **Frequently Asked Questions (FAQs) and answers.**

#### **PRIOR TO SURGERY**

Questions 1–8

#### **DAY OF SURGERY**

Questions 9–16

#### **GOING HOME**

Questions 17–28

#### **1–2 WEEKS FOLLOWING SURGERY**

Questions 29–33

#### **6 WEEKS FOLLOWING SURGERY**

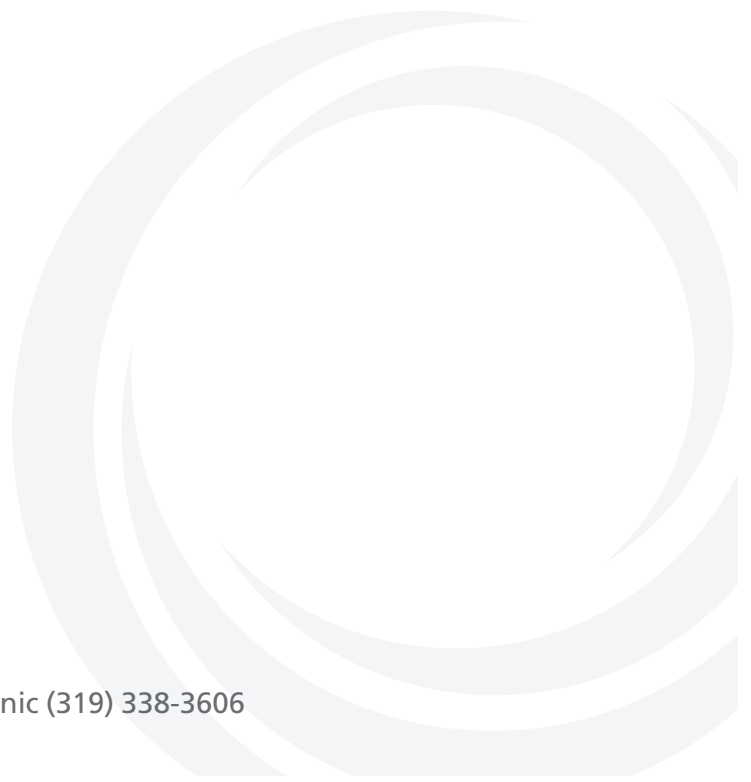
Questions 34–41

#### **12 WEEKS FOLLOWING SURGERY**

Questions 42–47

#### **WHAT ABOUT THE FUTURE?**

Questions 48–50



## PRIOR TO SURGERY

1. **Q: Do I need to stop taking certain medications prior to surgery?**

A: Possibly. It depends on your circumstances. These questions are answered at your pre-admission screening appointment which is why you should provide a complete and detailed medical history during your pre-admission screening appointment. If you have any questions, please consult with your surgeon.

2. **Q: Can I have a steroid injection in my foot/ankle prior to surgery?**

A: Only if it is given at least 6 weeks prior to your surgery.

3. **Q: What if I get an infection prior to surgery?**

A: You must call the office if you develop any infection, such as a cold, sinus infection or urinary infection prior to surgery. We handle this on a case-by-case basis.

4. **Q: How long will I be in the hospital?**

A: You may be home the day of surgery or the day after. If you do go home the day of surgery, **you will need to have a responsible adult stay with you for 24 hours from the end of anesthesia.** The hospital physical therapy staff will inform you and your surgeon when you are safe and prepared for returning home. Expect that you will still have pain when you are discharged; however, you will be reasonably mobile.

5. **Q: Will I need to have someone at home with me when I am discharged?**

A: As stated in question 4, if you go home the day of your surgery, **you will need to have a responsible adult stay with you for 24 hours from the end of your anesthesia.** When you leave the hospital, you will be able to get in and out of bed, get in and out of a chair/scooter/crutches/wheelchair, walk to and from the bathroom, and be able to go up and down stairs. You may need to use a knee scooter for mobility. It is best to have someone stay with you the first few nights at home, though it is unlikely that you will need someone with you continuously. In rare circumstances, occupational therapy may be ordered for you while in the hospital to work on self-care. If this applies to you, physical therapy and occupational therapy will address this with the discharge planner.

**6. Q: I live alone, will I need to rely on others?**

A: Because we live in rural Iowa, this is an understandable concern. We suggest you utilize friends and family through this process. Surgery is best accomplished when you have a COACH and others help you. Success is best achieved by going to your home after surgery, following your weight bearing restrictions, and working on your exercises if appropriate. Home Physical Therapy and skilled care units are used as a last resort. You are free to contact a nursing home to pay privately when you are discharged from the hospital. You must contact the nursing home pre-op to initiate intake and provide insurance information. YOU MUST then contact the hospital discharge planner on the surgical floor at (319) 887-2933 prior to surgery for recent updates on insurance coverage.

**7. Q: Can I do Physical Therapy in my hometown or close to my home?**

A: Yes. Your surgeon will provide you with an order for physical therapy (if appropriate) that you can take to your local physical therapy office.

**8. Q: I get very nauseous and vomit after surgery, what can I do?**

A: Let your surgeon know beforehand, and medicine can be prescribed to take the morning of surgery.

## **DAY OF SURGERY:**

**9. Q: What will happen the day of surgery?**

A: You will be informed of what time to arrive the day of surgery (about 2 hours before the scheduled surgery time) and will be admitted to the Surgical Care Unit/Pre-Surgery Unit. Nurses will record basic information, you will get into a surgical gown and an IV will be started. Your foot/ankle may be cleaned and shaved. The anesthesiologist will meet with you to discuss your anesthesia and answer any questions. Your surgeon will speak with you to answer questions and identify/mark your surgical leg.

**10. Q: Will I be asleep for surgery?**

A: Your anesthesia will consist of a general (completely asleep) sedation, local anesthesia to decrease pain the first 4-6 hours, or a block that can last up to 24 hours. All of this is done to keep you the most comfortable and have the least amount of pain.

**11. Q: How long is the surgery?**

A: It depends on the procedure, but may take from 30 minutes - 3 hours.

**12. Q: Will I have stitches?**

A: Your surgical incisions will be closed with sutures or staples. These will be removed 2-4 weeks after surgery at one of your post-op appointments.

**13. Q: Will I have a bandage/dressing over my incision?**

A: There will be a dressing that will cover the incision. You will be provided with instructions on when to remove this dressing after surgery.

**14. Q: Will I have a catheter in my bladder?**

A: Not usually.

**15. Q: What will I use for pain control?**

A: Oral pain pills, similar to the ones you will take at home. Nursing and Physical Therapy will routinely assess your pain, and there is a range of medical options to be sure your pain is controlled. You will also be instructed on alternative, non-medicinal ways to control your pain. Ice packs will also be routinely offered while in the hospital.

**16. Q: I have sleep apnea, should I bring my CPAP?**

A: Yes. Please inform nursing when you reach your room post-op so that engineering can complete an electrical safety check, if your surgery requires hospital overnight stay.

## **GOING HOME:**

**17. Q: How will I get home?**

A: On the day of discharge, hospital staff will go with you to the car and teach you and your family and/or coach how to get you in and out of a vehicle while maintaining your weight-bearing precautions.



**18. Q: What will I use for pain control when I get home?**

A: Your prescription will either be sent electronically to your pharmacy, or the ASC can fill the prescription at the time of surgery. **You will need to have your insurance card and credit card for the copay.** Any refills can only be done during Steindler business hours. Your prescription may be Tylenol with hydrocodone or Tylenol with oxycodone. Each tablet contains 325mg of Tylenol (acetaminophen). At home, you can take 1 or 2 tablets, separated by the **time instructions on the prescription.** Narcotics can affect your alertness, can be constipating and can be addictive. **You should try to get off of them as soon as you can** by cutting back from taking 2 tablets at a time to only 1 tablet at a time and increasing the time between doses. You can substitute plain Tylenol (acetaminophen). You can safely take up to 4000mg of Tylenol (acetaminophen) a day. Plain Tylenol contains 325mg of acetaminophen and the narcotics also contain Tylenol (325mg of acetaminophen), so be sure to count both medicines in your daily limit. If you do need a refill on your pain medicine, that can only be done during Steindler business hours. Please try to plan ahead so that you do not run out on the weekend. You should allow 2-3 business days to complete a refill so your surgeon has time to receive your request. Ice packs are also VERY helpful and several should be purchased and frozen pre-operatively.

**19. Q: How long will it take to recover?**

A: When you get home you will be able to navigate around by yourself. You will be able to do stairs. You may be instructed to not put weight on your foot for several weeks or even months. Driving and return to work will be discussed with your surgeon at your 2 week appointment. The bottom line is you CANNOT drive until you can do so safely. You need to have good muscle and reflex control and not have taken narcotic pain medicine for 4 hours. (Understandably, patients with left foot surgery may be capable of driving sooner than patients with right foot surgery.) Returning to work is the most variable depending on your occupation. The earliest return to work would be a strict sitting job at 2 weeks or longer. Labor work and construction work may require 3-4 months of recovery before you can return to work. Your surgeon and outpatient Physical Therapists are your best resources for these questions.

**20. Q: Can I take ibuprofen or Aleve (naproxen) with my pain medications?**

A: You may be on a blood thinner for up to 6 weeks after surgery, depending on your physician. Some NSAIDs (like ibuprofen or naproxen) may be prescribed on a case-by-case basis. Again, discuss this with your surgeon and you will be provided with specific written instructions at discharge.

**21. Q: Will I need to elevate my leg at home?**

A: YES. Elevation of the foot is the key to reducing swelling and controlling pain. During the day, try to keep your leg horizontal on the bed or in a recliner any time you are sitting. Try to avoid prolonged sitting with your legs down. Several times a day you should lay flat on your back with your leg elevated on several pillows to help control swelling in your lower leg. Try to have your “toes higher than your nose” for 30 minutes, 2-3 times a day.

**22. Q: Should I be using ice on my foot/ankle?**

A: YES. This is done frequently throughout the day to alleviate pain and swelling. This should be done for 20-30 minutes as often as needed. You can start timing once you feel the coolness on your skin. You will need several ice packs and you should purchase these prior to your surgery.

**23. Q: What is the most important thing for me to do once I am home?**

A: The most important thing to do the first 2-4 weeks is to follow your weight bearing restrictions, if you have them. You may be up walking around every 1-2 hours while awake. When sitting, have your leg elevated. Exercises may be assigned for home 3-4 times/day.

**24. Q: Narcotic pain meds can cause constipation, what should I do?**

A: Fruit and fiber intake should be increased. Frequent walking and drinking a lot of water will also help manage constipation. Your physician may also recommend a laxative, such as Miralax® or Colace®.

**25. Q: What are the signs of infection?**

A: Although a low-grade temperature (100 degrees) is common for a few days after surgery, an increasing temperature, chills, shakes, increasing pain and worsening redness are signs of possible infection. If you are concerned about infection, please call **Steindler** weekdays 8:00-4:30 at (319) 338-3606 or (800) 373-6417 and the hospital **On Call** after hours at (800) 358-2767.

**26. Q: How can I prevent blood clots?**

A: Foot pumpers and support stockings (TED's) or ACE wraps may be used after surgery. Instruction for using TED's at home will be given at discharge. Early and frequent mobilization like walking and changing positions is recommended. Frequently move your ankles and toes. Aspirin or other blood thinners will also be ordered.

27. Q: What are the signs of a blood clot?

A: A blood clot or deep vein thrombosis (DVT) begins in a vein in your calf muscle. It usually starts with a sharp pain in the calf that is different than the usual swelling. Sometimes swelling below the calf will increase. Other signs can be shortness of breath and an irregular or fast pulse. These can be signs that a clot has gone to the lungs. If you experience changes in your leg, you should immediately call **Steindler** at (319) 338-3606 or (800) 373-6417. **Shortness of breath, changes in your pulse or heartbeat are cause for calling 911 immediately.**

28. Q: Can I shower over the incision and let it get wet?

A: If sealed with sutures or steri-strips, you will be instructed to cover the incision for 2 weeks. Typically, if you are not in a cast, you can get the surgical site wet **without soaking.**

## 1–2 WEEKS FOLLOWING SURGERY:

29. Q: When can I stop the blood thinner?

A: Not until 6 weeks after surgery. This will be discussed at follow-up appointments.

30. Q: Is it normal that I am not hungry?

A: Yes. Many people get post-surgical anorexia (lack of appetite). This will pass on its own. It is suggested that you supplement your diet with protein shakes (like Ensure) or Carnation instant breakfast drinks.

31. Q: Why can't I sleep?

A: Surgery definitely interrupts your sleep-wake cycle. Also, the pain from the recovery is often more noticeable at night. It is recommended that you take your pain medicine before bed and ice at bedtime. Limiting daytime naps to 20 minutes is also helpful. Call **Steindler** weekdays 8:00-4:30 at (319) 338-3606 or (800) 373-6417 if you are having trouble sleeping. Sometimes a sleeping medication can be prescribed for a short period.

32. Q: Is it normal that my foot/ankle is red/swollen/hot?

A: A light pink is very common after surgery. Redness that extends up the leg or is accompanied by increasing pain and fever is a sign of infection. Warmth and swelling may continue for up to a year. It will get better, but it may take months.

**33. Q: Is it normal that I am so bruised?**

A: Often there are areas of bruising. One area is on the thigh from the tourniquet used during surgery. There may also be bruising into your foot/toes. This is why elevation above your heart is so important.

## **6 WEEKS AFTER SURGERY:**

**34. Q: Is it still supposed to be swollen?**

A: Yes, this is still normal.

**35. Q: Is it still supposed to be stiff?**

A: Yes, stiffness is still common (especially after sitting).

**36. Q: Is it still supposed to ache and hurt and feel restless at night?**

A: Yes, this is common.

**37. Q: Shouldn't it be completely healed by now?**

A: No, complete healing takes several months.

**38. Q: Should I still be taking a blood thinner?**

A: Not because of your surgery. You may be taking one for an unrelated medical condition.

**39. Q: Can I take Ibuprofen or Aleve (Naproxen) now?**

A: Yes.

**40. Q: What is my goal in therapy?**

A: Once you start outpatient therapy, it is important to regain normal range of motion of your foot and ankle. Then you will start to work on exercises to strengthen your foot and ankle. Eventually, you will do exercises to improve your balance and ability to walk with an assistive device.

**41. Q: What can I put on my incision?**

A: You may shower and use soap right away on the incision. Vitamin E oil can be used once the mesh is removed and the incision is healed. You should also use sunscreen on your incision the first year.

## 12 WEEKS AFTER SURGERY:

**42. Q: Shouldn't it be healed by now?**

A: No, you are 75% healed. Your foot/ankle may continue to have some warmth and swelling until about 1 year.

**43. Q: Is it normal for my ankle to still be stiff?**

A: Yes. This is most noticeable first thing in the morning and when you have been sitting for a length of time.

**44. Q: Is it normal for my foot/ankle to be sore and ache later in the day?**

A: Yes, this is normal.

**45. Q: What about going through the airport after my surgery?**

A: If you have hardware in your foot/ankle, the TSA staff may ask you about it and you will need to tell them you had surgery. However, this is not usually necessary for foot/ankle surgery.

**46. Q: What can't I do?**

A: Discuss with your surgeon any other questions you might have about your activity levels.

**47. Q: Can I go to the dentist now?**

A: **(This only applies to total ankle replacements)** Yes, now that it has been 3 months since your surgery. Remember, you must take your antibiotics at least 1 hour BEFORE your dental appointment. Typically, you should take antibiotics for one year after surgery. Contact the office for your initial prescription for antibiotics.

## WHAT ABOUT THE FUTURE?

48. Q: What do I do if I think I am getting an infection such as a skin, sinus, dental, or urinary tract infection?

A: You should call your primary physician as you normally would.

49. Q: What are the symptoms of infection?

A: These may include drainage, increased swelling, redness, and pain not associated with increased activity. You should call Steindler 8:00-4:30 at (319) 338-3606 or (800) 373-6417 at the earliest signs of infection.

50. Q: Do I need antibiotics for dental work?

A: **(This only applies to total ankle replacements)** Please wait for 3 months after surgery to do any routine dental work. Remember, you must take your antibiotic 1 hour BEFORE your dental appointment. It is recommended that you take these for at least the first year from surgery if you are healthy. If you have any of the following medical conditions, it is recommended that you continue these for a lifetime:

History of organ transplant (liver, kidney, lung, etc), previous joint infection, immunocompromised patients with:

- Rheumatoid arthritis
- Cancer and being treated with chemotherapy
- Psoriatic arthritis

Contact Steindler at any time if you are unsure if you should continue with pre-dental antibiotics or have any other questions/concerns at (319) 338-3606 or (800) 373-6417.

Your surgeon will ask you to schedule x-rays every 1–5 years.

## What Are the Risks of Foot/Ankle Surgery?

- **Infection.** We prevent infection by giving you antibiotics on the day of surgery. Sometimes patients will also take antibiotics for a few days after surgery to reduce their risk of infection. Infections can occur at the site of your incision and in the deeper tissue near your foot/ankle. Most infections are treated with antibiotics, but a major infection might require surgery to remove and replace the hardware.
- **Blood clots.** Clots can form in the deep veins of your leg after surgery. This can be dangerous because a piece of a clot can break off and travel to your lung. We may prescribe blood thinner to take after your surgery to help prevent any clots. Aspirin is all that is recommended in many foot/ankle surgeries.
- **Stiffness.** All surgeries heal with scar. This is a normal process, but can lead to a stiff joint unless you move frequently. A consistent effort at your home exercises (on a daily basis) and physical therapy can prevent foot and ankle stiffness.
- **Medical complications.** All surgeries carry the risk of medical complications. These are rare, but include stroke, heart attack, lung problems, or other issues. In order to prevent these issues, we evaluate you medically before the surgery is performed. A physical, labs, and x-rays may all be performed prior to surgery.

### More rare complications:

- **Loosening.** Although this complication is rare, your new hardware might not become solidly fixed to your bone or might loosen over time, causing pain. That hardware may need to be replaced or removed through further surgery.
- **Fracture.** During surgery, healthy portions of your joint might fracture. Sometimes the fractures are small enough to heal on their own, but larger fractures might need to be stabilized with wires, screws, and possibly a metal plate or bone grafts.
- **Nerve damage.** Rarely, nerves in the area where the implant is placed can be injured. Nerve damage can cause numbness, weakness and pain.

## **Infection Control and Showering Before Surgery**

Our goal is to keep you safe and free from infection. You can help with this goal by following these special showering instructions. Doing so will help reduce the number of germs on your skin, which lowers the risk of you getting an infection after surgery. It is also important for your skin to be as clean as possible so that the antiseptic cleaning we do before surgery on your skin will work to its full potential.

### **Showering Before Surgery Instructions:**

- Shower the night before or day of your surgery using antibacterial soap such as Dial, and shampoo your hair with regular shampoo.
- Do not shave. Men may shave facial hair if surgery is not in the head/neck area. Any cut, abrasion, or rash near your surgical site will be evaluated and may cause a delay in your procedure.

### **After Showering:**

- Dry yourself off with a freshly cleaned, dry towel.
- Do not apply lotions, ointments, perfumes, deodorants, hair products, or powders.
- Put on clean clothes or pajamas.
- Put clean sheets on your bed to sleep on the night before surgery.
- Do not allow pets to sleep in your bed.

If you have any questions, please contact Steindler Orthopedic Clinic at (319) 338-3606.

## **FOOT/ANKLE SURGERY PROTOCOL**

- Limit activities as recommended by your surgeon.
- Keep weight off the surgical area (example: if you have toe or bunion surgery, keep weight on your heel).
- Use recommended assisted devices such as knee scooter, walker, crutches, wheelchair, etc.
- Use boot or post-op shoe as recommended.



## Car Ride Home

Depending on how far you have to drive to get home after leaving the hospital, you may want to think about several things so that you can be more comfortable on the ride home:

- The hospital/ASC staff will help you into your car. Depending on the shape of your car seats and the length of your leg, you may want to bring several pillows to help support your leg.
- To get into the front seat, slide the seat back as far as possible so your foot doesn't get stuck between the door and the car frame.
- You may want to put a plastic bag/grocery sack on the seat to help you swivel as you bring your legs into the car.
- Depending on your car, you may be more comfortable in the back seat with your leg on the seat. Make sure you have several pillows along to help support your foot/ankle and low back.
- You may also want to have a blanket along if you get cold. You can also use the blanket to support your knee, back, or head/neck depending on how you position yourself in the car.
- You may want to bring water along for the ride home.
- You may want to bring 1 or 2 ice packs along to help with pain/swelling.
- Pain medication can make you nauseous, as can riding in a car. You may want to bring a bag along in case you have an upset stomach and get sick.

## Car Transfer

Walk to the passenger side of the vehicle.

The window should be rolled down and the seat pushed back.

Turn so that the back of your legs touch the car. Transfer your hand to the vehicle and then sit down.

Next, move the walker out of the way and then turn your trunk as you bring in your legs to a forward seated position.



## Sleeping on your Side

Lying on the **non-operated side** use a medium pillow to support the neck musculature, place a pillow or two between the knees to keep your thigh and leg in line with your body.



## Elevating Your Leg After Surgery

During the day, try to keep your leg horizontal on the bed or in a recliner any time you are sitting. Try to avoid prolonged sitting with your legs down.

Several times a day you should lay flat on your back with your leg elevated on several pillows to help control swelling in your knee and lower leg. Try to have your “toes higher than your nose” for 30 minutes, 2-3 times a day.

A good time to do this is after you have been on your feet for a longer period of time. You may also want to ice your foot/ankle while you have your leg elevated.



## Safe Mobility After Surgery

\*Please do not try this at home until you have been properly trained by a therapy staff member.\*



### Chair Transfers Using a Walker

To stand up:

1. Scoot forward in the chair until you are sitting on the edge.
2. Lean forward and push down through the armrests, using your non-operative leg to stand up.
3. Keep your operated foot off the floor.
4. Once standing, reach for the walker first with one hand, then the other.
5. Get your balance.

Remember: It is easiest to get up from a firm, sturdy chair with armrests.

To sit down:

1. Back up until you feel the back of your leg touching the chair.
2. Move your operated foot out in front of you, keeping the foot off the ground.
3. Reach back for the arm of the chair first with one hand, then the other.
4. Lower yourself slowly into the chair, keeping your operated foot off the ground.

### Walking With a Walker

1. Advance walker forward so back legs of the walker are even with the toes of the non-operative leg.
2. Slightly lean forward and push down through hands on walker handles so most of your body weight is through your arms. Your elbows should be slightly bent.
3. Move your good foot forward until your foot is in the middle of the walker, while supporting your body weight on the walker.

Remember: Your operated foot should never touch the floor. Do not use for balance.

### Stepping Down Off of a Curb With a Walker

1. Bring non-operative foot to the edge of the curb.
2. Place walker down on the ground below the curb.
3. Hold onto the walker and push your weight down through your hands.
4. Keeping your operated leg out in front of you, lower your non-operative leg down onto the ground.



### Climbing Up a Curb Using a Walker

1. Back up to the curb until the walker legs hit the curb wall.
2. Push your weight down through your hands.
3. Keeping your operated leg out in front of you, lift your good leg on the curb.  
You will need to get your non-operative foot back as far as possible to allow room for the walker on the curb.
4. Bring walker up onto the curb.

## Chair Transfer With Crutches

To stand up:

1. Place both crutches in one hand and hold hand grips. Place the other hand on the arm of the chair.
2. Scoot forward to the edge of the chair.
3. Lean forward and push up with both hands and your good leg, keeping your operated foot off the floor.
4. Get your balance.
5. Place crutches under arms, one at a time.



To sit down:

1. Approach the chair.
2. Turn around using small steps and back up to the chair, until you feel the chair against the back of your good leg.
3. Place both crutches in one hand.
4. Reach the over hand back for the arm of the chair.
5. Bend forward at the waist and sit down slowly, keeping the operated leg up off the floor.

## Walking With Crutches

1. While balancing on your good leg, move both crutches at the same time.
2. Crutches should be about shoulder width apart and even on the floor.
3. Push down through hands.
4. Step forward with the strong leg, keeping the operated leg off the floor.

## Climbing Up Stairs With Crutches

1. Bring good foot close to the bottom step.
2. Bend knee to bring operated foot behind you.
3. Push your weight down through your hands onto the crutches.
4. Step up onto the stair with your good foot.
5. Bring crutches up onto the step.
6. Keep operated foot up off the floor.



## Stepping Down Stairs With Crutches

1. Bring good foot to the edge of the steps.
2. Straighten your knee to bring your operated leg forward, but do not put it down on the step.
3. Balancing on your good leg, slowly bring the crutches down onto the next step by bending your good knee.
4. Push down through your hands onto the crutches.
5. Lower your good leg down to the next step.
6. Continue down the steps.



## Chair Transfers With a Knee Walker

To stand up:

1. Scoot forward in the chair until you are sitting on the edge.
2. Lean forward and push down through the armrests and use your non-operative leg to stand up.
3. Keep your operated foot off the floor.
4. Once standing, reach for the knee walker with one hand. Continue holding into the chair.
5. Pivot your body around and place the knee of your operated leg on the pads.
6. Get your balance and adjust your positioning of your operated leg until you are comfortable.



To sit down:

1. Approach the chair until you are right in front of it.
2. Reach out with one hand and take hold of one arm of the chair.
3. Keeping your operated foot off the floor, pivot your body around so your bottom faces the chair.
4. Bring other hand back to the other arm of the chair.
5. Gently lower yourself down into the chair, keeping your operated foot off the floor.





## How to Measure for a Front-Wheeled Walker

When preparing to use a walker, you need to make sure it can accommodate your height, especially if you are very tall or short. Walkers can come in different sizes of frames, and you may need a special petite walker, or walker leg extensions. Get a friend or family member to help you measure yourself.

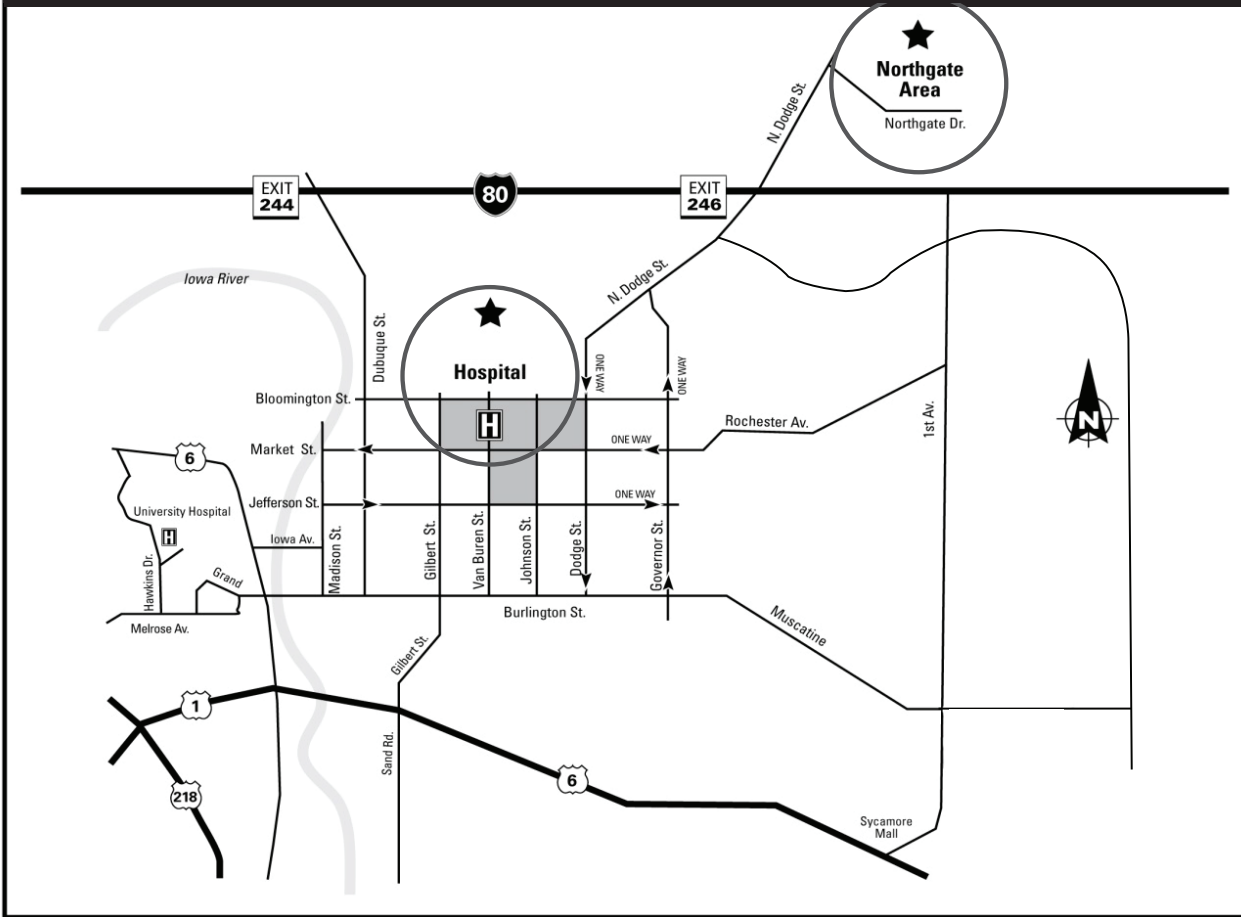


1. Start by standing up straight with your shoes on.
2. Allow your hands to hang naturally at your sides.
3. Locate the crease in your wrist, this should be your handle height.
4. If possible, choose a walker that adjusts at least one inch higher and lower than your actual measurement so you can adjust it as necessary.

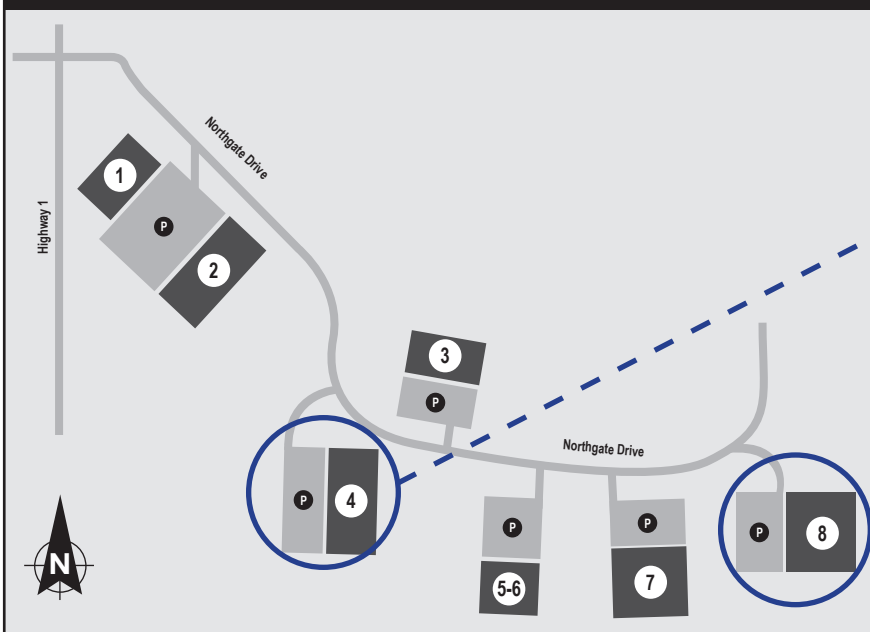
**We recommend that you use a walker with wheels on the front only. 4-wheel walkers can be unstable and are not recommended due to safety concerns.**

It is not recommended to use your walker on a flight of stairs. You may use a railing and a crutch or cane in the other hand. Have a family member bring your walker up/down the stairs, or have a walker for each level of your home.

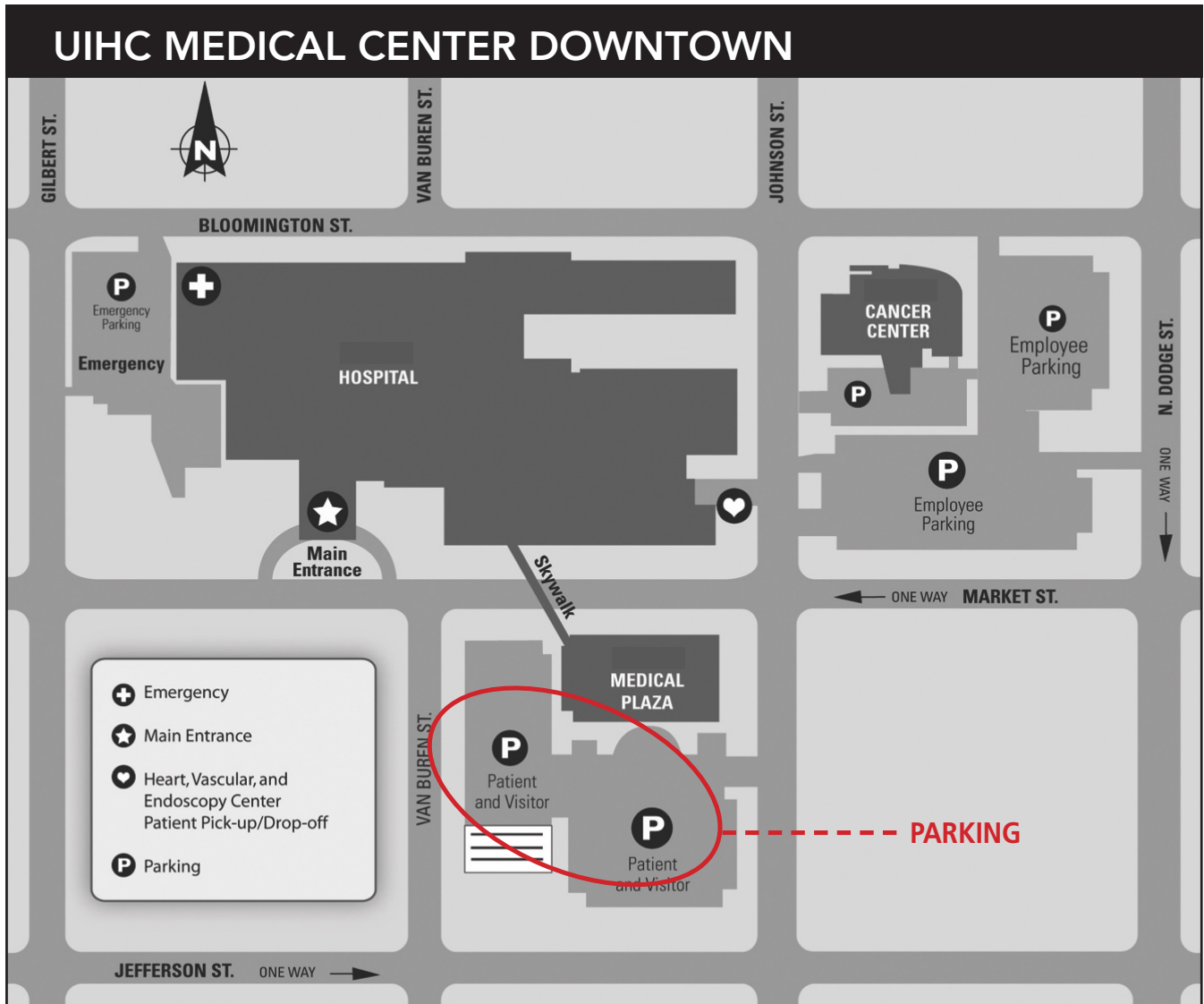
## UIHC MEDICAL CENTER DOWNTOWN TO NORTHGATE AREA



### NORTHGATE DRIVE

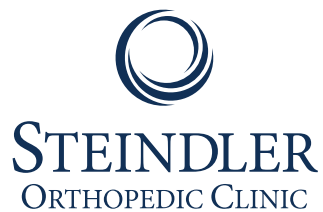


1. ENT Medical Services, PC  
2615 Northgate Drive
2. Eye Physicians & Surgeons  
2629 Northgate Drive
3. Oral Surgery Associates  
2814 Northgate Drive
4. **Steindler Orthopedic Clinic**  
**2751 Northgate Drive**
- 5-6. ENT Sleep Center  
Facial Rejuvenation Center  
2901/2903 Northgate Drive
7. Mercy Speciality Clinics,  
Urology  
2943 Northgate Drive
8. **Iowa City Ambulatory  
Surgery Center**  
**2963 Northgate Drive**



## Your Questions and Notes

While you are reading through this guide, write any questions below and bring them to your appointments:



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Iowa City, IA 52245-9509

(319) 338-3606 • [www.steindler.com](http://www.steindler.com)



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Iowa City, IA 52245

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