



HOW TO SCHEDULE SURGERY

Our Surgery Coordinator will work with you on scheduling your surgery should you decide to proceed. Before making this decision, please read the following information.

FINANCIAL ESTIMATE-If you would like to determine a financial estimate (what your financial responsibility would be) prior to scheduling, please contact the Surgery Coordinator and ask for this information. If you have insurance, your benefits will be verified and an estimate for the physician's portion of the surgery will be emailed to you (this may take several days), along with CPT codes and the length of the procedure which you will need in order to contact the other entities (Surgical facility, Anesthesia, and Surgical Assistant) and obtain estimates from them. You will receive your estimate by email 48-72 hours after scheduling your surgical procedure.

PRE-OPERATIVE CLEARANCE-If your surgeon has determined pre-operative clearance is required for your surgery, this will need to be scheduled before scheduling your surgery date. Contact the Surgery Coordinator, and determine what potential date you would like to schedule. You will then need to contact your Primary Care Physician to schedule your pre-op appointment within 1-3 weeks of that potential surgery date. If you do not have a Primary Care Physician, please contact the physician on the flyer for an appointment. Once you have that scheduled, call the Surgery Coordinator and you will be scheduled for surgery. If you do not need to obtain pre-operative clearance, when you contact the Surgery Coordinator she will schedule a surgery date with you.

SURGERY TIME-Surgery times cannot be determined until two business days prior to the surgery date. At this time, the Surgery Coordinator will contact you by phone and inform you when you must arrive at the surgical facility, and collect the surgery deposit if one is required.

MEDICAL QUESTIONS-If you have any questions about your anticipated recovery time after surgery, return to work, or medical questions related to the type of surgery being recommended, please call the nurse @ (214) 265-7175. The Surgery Coordinator, unfortunately, will not be able to assist with clinical questions. The receptionist will send a message to the Nurse or Medical Assistant and you will be given a return call to discuss your questions in detail.

TO SCHEDULE SURGERY, CALL OUT OFFICE AT (214) 265-7175 X3 AND SPEAK TO OUR SURGICAL COORDINATOR.

PLEASE NOTE, YOU ARE NOT SCHEDULED FOR SURGERY UNTIL YOU HAVE CONFIRMED A SURGERY DATE WITH OUR SURGICAL COORDINATOR.

Orthopedic Specialists
8440 Walnut Hill Ln., Ste 110
Dallas, TX 75231
(214) 265-7175



Patient Acknowledgement Form

Our office is dedicated to providing the best medical care we can. We will do everything possible to help you with your recovery process, but we need your participation to ensure this. In this packet, you will find instructions to follow before and after your surgery, as well as financial information regarding your surgery.

Please read this packet carefully and sign your acknowledgement that you have read and fully understand everything in your surgery packet. We must receive this signed form for surgery to be scheduled.

It is imperative that you follow our post-operative instructions or your surgical outcome will possibly be compromised. If you have any medical questions, please contact our office and let the Front Office know you would like to discuss your surgery with the nurse.

PLEASE EMAIL OR FAX A COPY OF THIS SIGNED FORM TO THE SURGERY COORDINATOR @

Fax: 214-691-5940

Email: surgsched@osdocs.com

*By signing below, I am acknowledging I have read and understand my surgical packet and instructions. I understand there is a \$100 fee for cancelling or rescheduling surgery. I agree that I will contact the office with any questions or problems before or after my surgery. I will follow my post-op instructions. I have read and understand what medications to continue/discontinue pre and post-operatively. I also understand the surgical procedure as well as the risks involved. I have read the financial information and understand my responsibilities, and that the other entities including the surgical facility, anesthesia, and surgical assistant may or may not be in my network and I agree to contact each of these entities prior to my surgery to discuss my financial responsibilities.

****Females only please initial-** I understand it is my responsibility to notify the Doctor of the possibility of my being pregnant due to the potential risks of the fetus. _____

Name: _____

Date: _____

Date of Birth: _____

Surgery Date: _____

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FINANCIAL INFORMATION

Below you will find important financial information regarding your upcoming surgery. Please read and review carefully.

Reschedule/Cancellation Policy:

We ask that you verify your surgery date with family, friends, and employers prior to scheduling. Once your surgery date has been scheduled, **any cancellation or rescheduling will result in a \$100 fee.**

Surgical Fees:

You may receive a total of 4 separate bills for your procedure as follows:

- Physician's fee
- Surgical Facility fee
- Anesthesiologist's fee
- Surgical Assistant fee

Please note it is your responsibility to contact the surgical facility, anesthesiologist, and the surgical assistant to discuss your financial responsibility for each portion.

Anesthesia Billing Contact Information:

Dr. Cook Texas Institute for Surgery Patients:	Arcadia Anesthesia	(888) 324-7432x2
ALL other patients	Us Anesthesia Partners	(972) 233-1999

Facility Billing Contact Information:

Texas Institute for Surgery	Main Line	(214) 647-5300
Texas Health Dallas	Financial Counseling	(214) 345-6023
Texas Health Plano	Patient Estimates	(877) 773-2368
Texas Health Frisco	Financial Counseling	(469) 495-2021
Baylor STAR Frisco	Financial Counseling	(214) 407-5359
Texas Health Allen	Main Line	(972) 747-4900

Surgical Assistant Billing Contact Information:

All Dr. Noack Patients	Patient Plus	(469) 697-6437 X105
Dr. Cook Patients at Texas Institute for Surgery	National Medical Billing Systems	(214) 227-2457
Dr. Cook Patient at Texas Health Dallas	Mederi Services LLC	(877) 563-3374
Dr. Grantham	National Medical Billing Systems	(214) 227-2457

You will be emailed a surgical deposit estimate prior to your surgery. This fee will be collected over the phone 2 days prior to your surgery by our surgery coordinator. If payment is not received by noon the day prior, your surgery will be cancelled.

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SURGERY INFORMATION

Our Surgery Coordinator can answer questions regarding scheduling, pre-certification, or surgical deposits and can be reached at 214-265-7175, #3. You can also reach out via email to surgery@osdocs.com

All medical questions can be answered by the nurse or medical assistant at 214-265-7175. We encourage you to ask questions if you do not understand something so that you can do your part to make this surgery a success.

Below are the facility addresses and contact information. If you have any questions, please contact the facilities for directions.

Texas Institute for Surgery

7115 Greenville Avenue
Dallas, TX 75231
Main Phone: (214) 647-5300
www.texasinstituteforsurgery.org

Surgery patients enter on the North side of the building. Patients will receive one parking validation per visit.

Texas Health Resources Dallas

8200 Walnut Hill Lane
Dallas, TX 75231
Main Phone: 214) 345-6789

Check in at the Main Building, 1st Floor admitting desk.

Texas Health Resources Plano

6200 West Parker Road
Plano, TX 75093
Main Phone: (972) 981-4070

Check in is immediately visible as you enter the building.

Texas Health Resources Frisco

12400 Dallas Parkway
Frisco, TX 75033
Main Phone: (469) 495-2000

Check in is immediately visible as you enter the building.

Baylor STAR Frisco

Baylor Scott White Sports Surgery Center
3800 Gaylord Parkway Suite 410
Frisco, TX 75034
Main Phone: (214) 407-5000

Park on the 4th floor of the parking garage and enter through the glass doors.



PRE-OPERATIVE CLEARANCE

Instructions to Patient: Bring this form with you to your pre-op appointment to give to your physician

LAB WORK MUST BE DONE WITHIN 1 TO 3 WEEKS OF SURGERY DATE

EKG MUST BE LESS THAN 6 MONTHS OLD

Patient Name: _____ DOB: _____

The above patient has been examined and cleared for surgery.

- General Anesthesia
- Other anesthesia _____

The following lab work is attached:

- CBC
- Chem 12- CMP
- EKG
- Other _____

Additional Information/comments:

Physician Signature: _____ Date: _____



PRE-OPERATIVE CLEARANCE

**Charles E. Cook, M.D.
M.D.**

**John M. Noack,
M.D.**

8440 Walnut Hill Ln. #110, Dallas TX 75231
Phone (214) 265-7175
Fax (214) 691-5940

Patient _____

Address: _____ DOB: _____

Pre-op clearance labs: CMP, CBC with Diff, HG A1C, EKG,

Please complete the attached form stating if the patient is cleared for surgery, or attach your own note.

Fax Results to:

Attn: Surgery Coordinator, (214) 691-5940

Charles E. Cook, M.D.

John M. Noack, M.D.



PRE-OPERATIVE INSTRUCTIONS

Please make sure you understand the potential benefits and risks of planned surgery. If you have any questions you may call the office and speak to the staff. Questions for your doctor may be answered at an in-office pre-op visit. It is very important that you feel comfortable with your decision for surgery and that you understand what will be done. The outcome of your surgery will be affected by your cooperation and participation.

Below is a list of general items to bring with you on the day of surgery:

- Personal items to make you feel comfortable (toiletry type items)
- List of medications with doses or medication bottles
- Loose fitting comfortable clothes to wear home; sweats work well as they usually fit over a cast or splints
- Crutches
- Walking boot, and/or post-op shoe

PRE-OP CLEARANCE: We will inform you if a pre-op clearance appointment is required. We ask that this clearance be done by your family Doctor. Your appointment should be no more than 2-3 weeks prior to your scheduled surgery date. Please take the enclosed prescription with the doctor's orders to your appointment. If for some reason you are not cleared, please let us know as soon as possible.

SURGERY ARRIVAL TIME: Two to three days prior to surgery, the surgery coordinator will call with your arrival time to the facility.

SMOKING: If you smoke, it is important that you stop at least 2 weeks before surgery. Smoking interferes with wound healing, and increases your risk of complications. We strongly encourage you to stop smoking all together because of the many well documented risks to your overall health as well. See your family physician to coordinate a plan of care.

DRUGS: Five days prior to surgery, discontinue all over the counter or prescription anti-inflammatory medications, and herbal supplements including medications for osteoporosis. See attached list of common medications. Blood thinners must also be stopped in consultation with the doctor who prescribed the medication. If you need to use a medication for pain, use Tylenol as this will not cause bleeding complications. Other morning, medications may be taken with a very small sip of water only. If you take any prescription medications, please either bring a list with the mg dose and directions or bring the bottles with you to the hospital. The anesthesiologist may need to know these in detail.

DIABETIC PATIENTS: The day of surgery, patients who are insulin dependent diabetics need to take half of (50%) your normal morning dose. If you have a problem with this or your family doctor suggests something else, it is vital you let us know. If you are taking oral diabetic medication, please contact your family doctor.

NPO: The night before surgery, do not eat or drink anything past midnight. This also includes water. If your surgery is scheduled for late in the afternoon, specific instructions will be given to you regarding when and what you may eat, but only if you are specifically instructed. Otherwise, NPO (nothing by mouth) applies. When in doubt, NPO or call our office. Failure to follow these instructions may result in the cancellation of your surgery.

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VITAMIN D: Vitamin D is produced in the skin after exposure to ultraviolet B light, as well as fortified dairy products and fatty fish. We recommend everyone take 1000 units of Vitamin D with or without a calcium source prior to surgery. Os-cal, Viactiv, or other Vitamin D containing mixtures are acceptable. These can be found at most pharmacies and/or grocery stores. Continue taking for the duration of your recovery.

ANESTHESIA: The Anesthesiologist will see you the day of surgery at the hospital or surgery center. Please have a list of questions prepared if you have any.

Dr. Cook and Dr. Noack:

MEDICAL EQUIPMENT: If you have a post-op shoe, boot, or crutches, bring them with you the day of surgery if instructed. If you do not already have them, crutches or a walker can be obtained at the facility. A rolling knee walker may be obtained by calling Brandon Duck with Express Home Medical at (817) 874-7165. It is recommended you obtain ambulatory aides such as the knee scooter prior to the procedure so you may begin practicing using these.

After your surgery is over you will either go back to your room or the PACU (Recovery Room). Please have your family and friends stay in the waiting area so that the doctor will be able to find them after surgery to tell them of your condition.

If you are a day surgery patient, you will be allowed to leave once you are fully awake and meet the post-op requirements of both the doctor and the anesthesiologist. The hospital nurses will assist you in meeting these goals. For those staying overnight, you will be transferred to your room where you will be staying for the duration.

If you are admitted to the hospital for your surgery, you will have an Internal Medicine doctor managing your routine medications. You can expect a bill for these services or any other physician who may be asked to see you.



Medications To Stop

*** Failure to stop will result in cancellation of your surgery.**

TWO (2) weeks prior to your scheduled surgery to avoid potential surgical complications.

- Phentermine diet pills (taper off this medication per your primary care physician's instructions.)
- St. John's Wart and Metabolife are OTC medications that must be stopped.

ONE (1) week prior to your scheduled surgery, you will need to stop taking the following medications:

- Methotrexate, Enbrel, Remicade, and Humira
- The following herbal pills: Omega 3 (Fish Oil), Vitamin E, Glucosamine, Garlic, Ginger, Hawthorn, Astragalus, Horse chestnut, Chinese black mushrooms, Arnica, Cayenne, Chamomile, Dong quai, Ginkgo Biloba, Pav'd Arco (taheebo or lapacho), Fever Few, Licorice, Red Clover, Juniper, and Tumeric

FIVE (5) days prior to your scheduled surgery, you need stop taking the following medications:

4 way cold tablets	Buffaprin	Doxaphene	Magan	Pamidronate	Supac
APC	Buffered Asparin	Dristan	Magnaprin	Percodan	Synalogs-DC
Actron	Bufferin	Easprin	Magnesium	Persantine	Talwin
Actonel	Buffinol	Ecotrin	Marnal	Pesistin	Ticagrelor
Advil	Calcitonin	Edoxaban	Martritic	Piroxioam	Ticlid
Aggrenox	Cama Arthritis	Emagrin Forte	Measurin	Plavix	Ticlopidine
Alendronate	Strength	Empirin	Meclofenamate Na	Pletal	Tolectin
Aleve	Cataflam	Equagesic	Meclofenamate	Ponstel	Tolmetin
Alka-Seltzer	Celebrex	Equazine	Mecofenamte	Pradaxa	Toradol
Amigiesic	Cheracol Capsules	Etidronate	Mefenamic	Presalin	Trental
Anacin	Clecoxib	Etodolac	Meloxicam	Prevacid	Tricosal
Anaflex 750	Clinoril	Evista	Midol	Profen	Trigesic
Anaprox	Clopidogrel	Excedrin	Mobic	Prolia	Trilisate
Andynos	CMT	Feldene	Mobidin	Reclast	Ultraprin
Anexsia w/code	Combunox	Fenoprofen	Mobogesic	Relafen	Uni-Pro
Ansaïd	Congespirin	Fiogesic	Momentum	Rivaroxaban	Valdecocib
Aredia	Coumadin	Fiorgen PF	Mono-Gesic	Robaxisal	Vanguish
Arthropan	Dabigatran	Fiorinal	Motrin	Rofecoxib	Vicoprofen
Arthritab	etexilate	Flurbiprofen	Nabumetone	Roxiprin	Vimovo
Artrotec	Damason-P	Forteo	Miacalcin	Rufen	Vioxx
ASA	Darvon	Fortical	Malfon	Salflex	Voltaren
Ascriptin	Dasin	Fosamax	Naprapac	Salicylate	Warfarin
Aspergum	Daypro	Fosamax Plus D	Naprelan	Salocol	Xarelto
Aspirin	DHC plus	Ganite	Naprosyn	Salsalate	Xgeva
Ateivia	Dia-Gesic	Gemnisyn	Naproxen	Salsitab	Zipsor
Axotol	Diclofenac	Ibandronate	Norgesic	Salto	Zometa
BAC	Didronel	Ibuprofen	Nuprin	Savaysa	Zorpi
Bayer	Didronel	Indocin	Orudis	Skelid	
Bexophene	Diflunisal	Indomethacin	Oruvail	Sodium Salicylate	
Bextra	Dipyridamole	Ketorolac	Oxaprozin	Soma Compound	
Binosto	Disalcid	Liquprin	Pabalate	Sprix nasal spray	
Boniva	Doan's Pill	Lortab	PAC	St. Joseph	
Brilinta	Dolabid			Sulindac	
	Dolprin #3				



Anesthesia Information

What should you expect if you have General anesthesia?

- General anesthesia medication will be given by a physician anesthesiologist that will put you in a sleep-like state before your surgery procedure.
- After surgery is complete the medication will be reversed so that you may slowly regain consciousness – but you won't be wide awake right away.
- You will be moved to a recovery room where your physician anesthesiologist and nurse will continue to monitor your breathing and heart function.
- Chills, nausea, and vomiting are all common side effects of anesthesia which may occur until the medication has completely worn off. If you experience any of these side effects your physician anesthesiologist will provide medications to make you feel better.
- Your throat may also be sore from a tube that helped you breathe during surgery – this is normal.
- Depending on the type of surgery you had you will be able to go home or to your room after a few hours – once the anesthesia has worn off you may have more pain. Your nurse or anesthesiologist will ensure to provide additional pain medication for your comfort.
- After general anesthesia you will need someone to drive you home if you are not spending the night. You may continue to be sleepy, and your judgment and reflexes will take some time to return to normal – if you are taking opioids for pain you will not be able to drive.

What about other types of anesthesia?

- Even if your surgery does not require general anesthesia, you might need sedation to be comfortable during the procedure.
- Sedation, or monitored anesthesia care, can include being sleepy but awake and able to talk, or being asleep and unaware of your surroundings.
- Recovery time from sedation is similar to that of general anesthesia but patients usually wake up quicker and the recovery time is usually shorter.
- As with general anesthesia, you won't be able to drive and should have someone stay with you for at least the first several hours after you return home.
- Regional anesthesia numbs a large part of the body such as from the waist down – people given this type of anesthesia sometimes experience headaches as they recover.

What if you only have local anesthetic?

- If your surgery requires only local anesthetic, you will be given an injection of a medication that numbs the small area where your procedure is being performed.
- You will be awake and alert and won't need time to recover from anesthesia.
- You can go home as soon as you feel well enough and there are no restrictions from driving or other activities unless you are taking opioids for pain or your surgery makes the activities difficult



Pain Pump Information

If you are one of our patients that has a pain pump and have any questions or concerns, contact the anesthesiologist that you spoke with the morning of your surgery. Our office and your surgeon will not be able to answer any questions regarding the pain pump. If you have a direct phone number, use this.

Dr. Cook 'Texas Institute for Surgery' patients: please call

Arcadia Anesthesia @ 469-863-9978.

All other patients: please call

US Anesthesia Partners @ 972-715-5080.

The pain pump should alleviate the need for narcotic pain medication the first 4-5 days after surgery. You may supplement the pain pump with narcotics for break through pain, if needed. When the pain pump starts to wear off you may experience tingling or a sensation of your foot. You can start your pain pills to get ahead of the pain that day and then take pain medication as needed. With a pain pump, your lower extremity sensation will be decreased 3-5 days after surgery. Therefore, it is necessary periodically examine your foot for changes in circulation: excessive swelling, cold skin, purple or blue coloring (not bruising) of the toes, and bandages cutting into the skin. You may open the flap of the black boot to see the leg/foot and check for pressure along the sides and if dressing is cutting into skin. If you notice any one of these things, call our office. Any other questions about the pain pump, call your anesthesiologist.

Frequently Asked Questions:

- **There is leaking from the insertion site. Is this normal?** Yes, leaking is common since the catheter that was inserted is not very deep. If you have an interscalene block (neck area) you will notice more leaking as this nerve block is only about 2-3 cm under the skin. If you have a femoral (groin area) or popliteal (back or lower thigh) block, that site will also experience some leaking. You can place a small towel at the site to absorb some of this. Call anesthesia if you experience continuous leaking in large quantities.
- **How do I know if the pain pump is on?** The pumps are set at a rate ranging from 4-8 ml/hr before leaving the surgical center. The pump must be set on 0 for it not to be working.
- **I am still experiencing pain. Can I adjust my pain pump?** If you are still experiencing pain while your pump rate is 4-8 ml/hr, you can increase to 2-4 ml/hr. (If pump is at 6, you can raise it to 8 or 10 even. Keep in mind that you will not feel an immediate relief. It can take up to 1 hour to notice any difference. If after 1 hour you still do not feel any pain relief, you can increase the pain again. The max is 14 ml/hr. You should be aware that the higher the number on the pump, the faster your pump will run out. If this happens you will not get the full effect of your pain pump which is meant to last 48-72 hours. It is highly recommended that you take an additional pain medication that your surgeon has prescribed to you.

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- **I feel numbness around the area of my procedure. Is this normal?** You may experience loss of feeling at or around the area of your procedure. If numbness occurs, take proper measures to avoid injury to yourself. Take extra precautions with hot or cold items on a numb limb. You will slowly begin to gain sensation/feeling in the area. The numbness is due to local anesthetic that is being infused.
- **My pain pump ran out of medication early. Why?** Your pain pump is generally supposed to last 48-72 hours depending on infusion rate. The higher the rate, the faster the medication is used.
- **I don't think my pain pump is working because I am still in pain.** Be sure that you are taking your pain medication as prescribed. You can carefully remove the tape and gently wiggle the catheter. There may be a slight blockage in the catheter that has hindered the full infusion of your pain medication. Be sure to replace the tape.
- **What medication is in the ball?** The ball is filled with local anesthetic called Ropivacaine. This medication is used for acute pain management.
- **How do I know when the ball is empty?** The ball will start to become loose, develop wrinkles, and become smaller in size. The appearance of the ball will be similar to that of an apple core.
- **I accidentally pulled out the catheter. How do I put it back in?** Unfortunately, you cannot insert the pain pump back in. The pump is designed for a single use only. Close the clamp on the tubing and immediately contact your surgeon for instructions.
- **How do I remove the pain pump?** Simply remove the tape, grab the catheter closest to the insert sight, gently pull it out completely and throw it away.



Post-op Instructions

Please **CALL 911 IMMEDIATELY** if you experience chest pain or difficulty breathing.

Please **CALL OUR OFFICE at (214) 265-7175** if you experience any of the following symptoms:

- Chest Pain or Difficulty Breathing, **CALL 911 IMMEDIATELY**
- Fever over 101 degrees, chills
- Drainage from the wounds that has increased or changed in color
- Severe ankle or foot pain
- Very dark blue, black, or white discoloration of the foot and/or toes
- Redness in the foot, leg, or calf

Otherwise, please feel free to call the office with any questions or concerns. It is important for you to understand that we are available. You cannot call too much; your safety and comfort is our highest priority!

MEDICATIONS: You will be sent home with a prescription for narcotic pain relievers. Take your pain reliever on schedule. It is easier to stay ahead of the pain than try to play catch-up. You may mix Ibuprofen (Advil, Medipren) with your prescription, you may use them in place of the narcotics or you may alternate between narcotics and ibuprofen type medications. That is, you may take ibuprofen, then 2 hours later you may take your pain medicine, then 2 hours later take ibuprofen again, etc. The maximum dose of ibuprofen per day is 2400 mg. Each tablet is usually 200 mg, so this would be a total of no more than 12 ibuprofen tablets per day. People with a history of stomach ulcers or problems will need to use these with caution as they can cause irritation to the stomach lining. Patients on blood thinners should consult their family doctor before taking the ibuprofen medications. Do not put yourself in a position to mix narcotics with situations that require decision making (driving, child care, etc), as narcotics may impair judgment and cognitive skills.

SWELLING: This is the accumulation of extracellular fluid within a body part. After injury or surgery, swelling is a normal part of the natural healing process and is expected. Vessels become more “leaky” under the influence of local hormones released by damaged and healing tissues. Products (like proteins) are needed by cells in order to repair damage, and these products flow into the cell from the extracellular space. Water follows these products into the cells, and this results in swelling. Healing cannot occur without this process. How fast you heal will directly correlate to how long you swell. Also, some people swell more than others; some people take their shoes off on a transoceanic flight and slip them back on without problems while others have to wedge their feet back into their shoes. The former type of patients will experience much shorter swelling periods post-operatively than the latter. **Swelling is best controlled by elevation above the heart, and compression such as the use of stockings or wraps.** For the first 2-3 days after surgery it is best to keep your foot strictly elevated, walking only when absolutely necessary. Ice may be applied on a 10 minutes on 10 minutes off schedule, do not apply directly to skin.



WEIGHTBEARING: At the hospital, you will be taught the amount of weight bearing you are allowed to place on your leg. **If you have any doubt, do not place any weight on it;** use your crutches or walker instead.

CONSTIPATION: This can occur from decreased activity level and narcotic pain medication. A stool softener or laxative of choice can be taken such as Colace or Milk of Magnesia. These can be obtained without a prescription.

PAIN: This will be the worst the **first night after surgery**. The pain will always seem worse at night because you do not have the distractions of the day to take your mind off the pain. The second night can be as bad as the first, especially if you were not diligent in keeping your leg elevated. Persevere, as the pain almost always decreases by the third post op day.

INFECTION: This is always a risk of any surgery, regardless of how minor. This is usually characterized by redness and or drainage, fever, chills, worsening pain, swelling, and later in the course a red streak extending from the incision area up the leg. Often people will describe the symptoms of an infection as like having the flu. Please call the office if you have any of these symptoms.

BANDAGES: The doctor will tell you when to remove your bandages. As a general rule, he does not want you to remove them at home; he will specifically tell you if it is ok to change them. This applies to any casts, “black boots”, or post op shoes. Removal of these devices could affect the outcome of your surgery. **Do not get your bandages wet** when bathing or showering. Protect your foot by placing one plastic bag over the foot and ankle, tape to skin then place a rolled towel over the taped end. Apply a second bag over the first one with the rolled towel on it and tape the second one closed. Prop your foot on a chair or on the side of the tub so the water doesn't run down your leg.

POST-OP APPOINTMENT: The surgery scheduler will help schedule your post-op appointment prior to surgery. Most of the time, the doctor will want you to return to the office about 10-14 days after surgery. If you have a problem let us know as we may need to see you sooner.

ASPIRIN: Please take a **baby aspirin once daily** until you return to your regular activity level. This is to reduce your risk for developing a blood clot. Most aspirin will be marked 81 mg. If you have problems with aspirin products or are currently on a blood thinner from your family doctor, please follow your family doctor's instructions. If you are under 18 years of age, do not take aspirin.

DVTs: DVTs blood clots in the veins of an arm or leg, and they can be life threatening. While there are many signs of a DVT, they are all nonspecific; a Doppler Study must be obtained to diagnose a DVT, and can be performed in a vascular lab. We prescribe Doppler Studies when indicated by patient symptoms for your safety, but positive results rarely occur.

SKIN COLOR CHANGES: This is due to vasomotor instability from effects on the autonomic nervous system, also a normal healing process. This can occur for weeks or even months after undergoing surgery.



GENERAL INFORMATION

Disability/FMLA Forms

Due to the high volume of Disability forms and Family Medical Leave Act (FMLA) FORMS WE RECEIVE, IT WILL TAKE APPROXIMATELY 10-15 DAYS FOR COMPLETION. Before the forms can be filled out you will need to complete the patient information sections. When the forms are complete, we will mail them back to you or you may arrange to pick them up so you may forward them to the appropriate place.

There is a \$20.00 annual fee for each set of completed forms.

Our office does not provide update to insurance companies; therefore, all communication will need to be done via insurance forms. Patients who require visit updates to continue their disability benefits may request a written slip or a dictation copy* at the time of each visit to forward to their insurance carriers.

*Dictation copies are not available at satellite offices.

Post-operative Dental Work

Patients having total ankle replacement surgery: please do not schedule any dental visits until ***at least six months*** post op. *After six months, you need to always take antibiotics prior to any routine cleanings or dental work.*

Patients having **any other foot and ankle surgery**: please do not schedule any routine cleanings or any dental work such as root canals or fillings ***until at least three months post op.*** If you must schedule major dental work during this time, please contact your PCP to obtain a prescription for anti-biotics.



POST-OP BUNION INSTRUCTIONS

WEIGHTBEARING- If you are having a bunionectomy, you may be in a cast, post op shoe or removable cast boot during your 6 weeks of initial recovery time. When you leave the surgery center, you will be told if you are allowed to walk on your heel and outer border of your foot wearing your post op shoe or boot brace. If you are in a cast you will not be able to put weight on your foot.

PAIN PUMP- If you go home with a regional nerve block pump, you will need to be very careful when nonweightbearing until the pump wears off. It is very important to open the boot and look at your foot, examine the dressings for tightness and check to see if there is any pressure from the boot rubbing against the sides of your foot or ankle. You may take your foot out of the boot to relieve any pressure and to examine your foot. You may need help putting your foot back into the boot or shoe as your foot will feel “paralyzed”. Look at the color of your toes and foot. They should be normal color and warm to touch.

DRESSINGS- You will be coming to the office for weekly dressing changes. Your forefoot maybe bandaged with a strap between and around your big toe to hold it in place as you heal. **Do not get this wet.** If you do get it wet, you will have to come in our office to have it changed. You may also use a hairdryer on low to dry it over several hours, making sure to monitor the air temperature. Remember, you are not supposed to be weightbearing on your forefoot, so we suggest you sit on a shower stool or chair or igloo ice chest (cooler filled with water placed on a towel) in your tub and use a hand held shower spray. These dressings are done in the office for about 2 weeks after surgery. Once dressings are discontinued, begin compressive wrapping the forefoot until the 12th week. After 2-4 weeks post op, a sponge or silicone toe spacer is used to maintain alignment of the toe until 12 weeks post op. These are held in place with a sock. A Bunion splint will also be worn at night instead of the toe spacer until 12 weeks post-op.

PIN TRACT CARE- If you have a pin protruding from a toe, you will need to clean around the pin. Running water is cleansing and encouraged when you are allowed out of your dressing. Use a Q-tip saturated with hydrogen peroxide and rub where the pin meets the skin, removing any crusting or scabs. Do not use ointments, dry is best.

*If the ball of the pin is pressed directly against the skin, call the office to schedule a follow up appointment as soon as possible.

*If the pin begins backing out of the toe, place a band-aid tightly over the pin to prevent any further movement, and call the office to schedule a follow up appointment as soon as possible.

EXERCISE-

- No jogging or running for at least 6 months post op.
- No squatting for at least 16 weeks.
- No high heels of any height for 6 months

Usually around 6 weeks post op you may be allowed to wear a supportive, lace up style shoe, or a Birkenstock type shoe. You will walk “flat footed” (not rolling over your forefoot) for 2 weeks. At your 8 weeks post op visit you may be allowed to “roll forward” on your foot and start increasing time on your feet. If you have a temporary



“stabilizing screw” it will be removed as an In-office procedure usually at 8 weeks post-op. This appointment will be scheduled through our Surgery Scheduler. You will be told when you can safely start a walking program. You may stationary cycle in your post op shoe around 2 weeks post op- do not increase the pedal pressure.

DRIVING- You may be allowed to drive when you can safely slam on the brakes without automatically recoiling in pain. You will have to practice in your driveway or parking lot beforehand. Most patients can achieve this somewhere around 2 -4 weeks post op. If you are having hammertoe surgery or have pins sticking out of your toes, then you will have to be sure you have enough room in the gas brake area of your car to transfer your foot safely without catching the pins on anything and pulling them out, or jamming them. **You need to be off narcotics if you are driving.**

OFF WORK STATUS- Most patients need 2 weeks off work to decrease the swelling and pain associated with having your foot in a dependent position. If you are having only one foot done and you have a “sit down” job, then 2 weeks should be sufficient. You will also need to be off narcotics. If you are having both feet done then your recovery will be longer. If your job requires extensive time on your feet, you may need 8 weeks.



Weekly Post-op Schedule

Week 1

- Dressing change. Continue keeping bandage dry.
- Continue (WBAT) weightbearing as tolerated on the outer border of your foot to heel in post op shoe.
- Continue to elevate for pain and swelling control.
- Continue taking your aspirin unless allergic or on blood thinners.
- Continue doing your ankle pumping exercises to reduce the risks of blood clots.

Week 2

- Sutures out.
- Dressing change. Continue keeping bandage dry.
- Continue (WBAT) weightbearing as tolerated on the outer border of your foot to heel in post op shoe.
- Continue to elevate for pain and swelling control.
- Continue taking your aspirin unless allergic or on blood thinners.
- Continue doing your ankle pumping exercises to reduce the risks of blood clots.

Week 3

- Dressing change or discontinued.
- If dressing is discontinued then:
 - o Begin stretching, ROM (range of motion), and massage therapy to incision site as instructed, using Vitamin E oil.
 - o Begin wearing toe spacers during the day and bunion night splint at night. Do not walk on the night splint as it will break.
 - o You may shower and get the foot wet.
- Continue (WBAT) weightbearing as tolerated on the outer border of your foot to heel in post op shoe.
- Continue to elevate for pain and swelling control.
- Continue taking your aspirin unless allergic or on blood thinners.
- Continue doing your ankle pumping exercises to reduce the risks of blood clots.

Week 4

- 1st xray to evaluate correction
- Continue stretching, ROM exercises, and massage therapy to incision site as instructed using Vitamin E oil.
- Continue wearing toe spacers during the day and bunion night splint at night. Do not walk on the night splint as it will break.
- Continue (WBAT) weightbearing as tolerated on the outer border of your foot to heel in post op shoe.
- Continue to elevate for pain and swelling control.
- Continue taking your aspirin unless allergic or on blood thinners.
- Continue doing your ankle pumping exercises to reduce the risks of blood clots.
- Begin heel lift and toe curl exercises (see physical therapy instructions for week 3-4).



Week 6

- 2nd xray to evaluate correction
- Begin weightbearing as tolerated flat footed in post op or regular/flat shoes if instructed by your doctor.
- Continue stretching, ROM exercises, and massage therapy to incision site as instructed
- Continue wearing toe spacers during the day and bunion night splint at night. Do not walk on the night splint as it will break.
- Continue to elevate for pain and swelling control.
- Continue taking your aspirin unless allergic or on blood thinners.
- Continue doing your ankle pumping exercises to reduce the risks of blood clots.

Week 8

- 3rd xray to evaluate correction
- Begin weightbearing as tolerated in regular/flat shoes
- Continue stretching, ROM exercises, and massage therapy to incision site as instructed
- Continue wearing toe spacers during the day and bunion night splint at night. Do not walk on the night splint as it will break.
- Continue to elevate for pain and swelling control.
- If you have a screw that needs to be removed:
 - o It will be done between week 8 and week 10
 - o Bring your post op shoe or boot with you as you will have light bandage that will need to stay on for 2-3 days. Keep the bandage dry.
 - o After the bandage comes off, you may shower, but no immersion like a bath.
 - o The steri-strips may fall off in approximately 10-14 days; you may then immerse or soak your foot.

Week 12

- 4th xray to evaluate correction
- Gradually increase activity level. No impact/high impact activity (running, jumping)
- Discontinue wearing toe spacers during the day and the bunion night splint at night.
- Continue to elevate periodically for swelling control. Swelling in the foot may be present in the foot for a year to 16 months after surgery.



At Home Physical Therapy Exercises

The surgery you are about to have requires time for healing. In that time, because of the restrictions from surgery, you will see some losses in ROM (range of motion) and strength in your toe, foot, and leg. The following exercises and tips are not only preparatory for the surgery, but necessary at the appointed time after the surgery to regain your previous status. Confirm with your surgeon at your follow up visits that you are ready to begin each stage of the exercises.

PRE-OP

After surgery you will probably find that you have lost some balance skills in the involved foot/feet, tight calves and loss in muscle bulk in you involved calf, decreased ankle ROM and painful or limited toe range. Prior to surgery, you can work on these areas to “get ahead”, as well as have a good understanding of your previous status before it changes.

Exercises

1. Heel raises: Standing with your hands on a table for support, come up on your toes, raising your heels 3-4 inches off the floor. Also, try doing these on 1 leg. Hold for 2-3 seconds. Do 10-20 reps.
2. Toe raises: Standing with support as above, lift your toes up toward the ceiling. Hold 2-3 seconds. Do 10-15 reps.
3. Calf stretch: There are 2 muscles that make up your calf region: the gastroc and the soleus. To stretch the gastroc, stand 3-4 feet from a wall and place forearms on the wall at shoulder height with elbows bent. Bring uninvolved foot forward, keeping the involved foot straight and heel on the floor. To stretch your soleus put a slight bend in the involved knee. You can also do these with your heel dropped off a step. Place the ball of your foot on the curb and lower heels down. Again, a slight bend will reach the soleus muscle. Hold for 25-20 seconds. Do 5-10 resp.
4. Tensor stretch: Cross the involved leg behind the other leg and lean to the uninvolved side. Hold for 10-15 seconds. Do 5-15 reps. This stretches the muscle on the side of the hip and that may be tight from compensating when you walk.
5. For balance: With support of a table, stand on the involved leg in a stork position. Take your hands off the table top and work to keep your balance. Hold for 1-2 minutes. When or if this is too easy, try as above but also close your eyes. Hold up to 1-2 minutes.

Post-op

Immediately after surgery you will have your leg elevated. While in this position, you can squeeze the muscles on the top of your leg and hold for 5 seconds. Do 10-20 times, as much as you are able to just keep some muscle tone and help circulation.

1. Ankle pumps: Pulling your foot up toward your face and then pointing foot/toes down as far as able. Move back and forth 20-30 times a day.
2. Ankle circles: Rotate your foot clockwise and counterclockwise 10-15 times each way in big circles.
3. While sitting, do toe raises by putting weight on your heel and lifting toes to the ceiling. Do 10-15 times. Be careful not to put weight on your big toe.



4. Scar massage: Once your stitches come out and your incisions are healed, you should gently begin working the tissue around the scar and rubbing over the scar to break up the forming adhesions. Use vitamin E oil and massage the scar for 5 minutes 2 times a day. You will have some tenderness, so be gentle at first and make sure not to blister the skin. The point is to regain and keep good skin integrity and movement in the areas and help desensitize the tissue.

3-4 Weeks (if instructed by doctor)

Add:

1. Calf stretch with towel: Gently with a towel across the ball of your foot, use both hands to hold the ends of the towel and pull toward your face. Hold 10-15 seconds. Do 5-10 times.
2. Passive toe stretches: Begin stretching your toe up and down with your hand holding 10-15 seconds in each position. Do 10-15 times a day. You will have to push it and get a good stretch.
3. Actively wiggle your toe up and down and stretch it as far as able 10-15 times.
4. Place a towel on a slick floor and use your toes to crinkle up the towel. Do 10-15 times.
5. Sitting in a chair, do a heel raise, forcing your toe to stay on the floor at the joint. Hold 10-15 seconds. Do 10-15 times.
6. Sitting in a chair, stretch your toe by curling your toes under your foot where toenail is actually on the floor. This will not be easy at first.

Hints

Soreness and painful ROM are normal after this surgery and are to be expected. You will have to push to get your ROM back. Swelling is usual. You may have difficulty with some of the exercise at first. The healing process is slow and may be frustrating at times. Just keep trying. Contact our nurses if you have any questions at 214-265-7175.