

Dr. Marc Claydon

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**Bunionectomy Surgery FAQs**

**What is the recovery time after surgery?**

After this type of surgery, you will be placed in bandages and a post operative shoe to accommodate the bulk of the bandages for the week following your surgery. At your first post operative appointment we will remove the bandages to check your surgery site and wrap your foot back up before you leave to continue to keep it covered to prevent infection while your incision site is healing.

**\*Please do not remove your bandages until your first post operative appointment\***

You ***can*** put weight on the foot after surgery however this is ***not recommended***. Recovery time varies based on the rest and elevation you give your foot after surgery, as well as any additional procedures that may have been performed.

**Is physical therapy necessary after surgery?**

No. You may find that you have some muscle weakness after surgery so regaining your strength is also important. A physical therapist can help you with your gait and balance, however in some cases these are all things that you can do yourself at home. This is typically started 4-6 weeks after the procedure and is continued until your goals are met.

**What are the risks of surgery?**

All surgery has some inherent risks. While relatively rare in foot and ankle surgery, we feel it is important to inform our patients of possible complications. We go over possible complications in detail during the signing of your surgery consent. Some of the more common complications are: **Poor wound healing:** Very rarely (<1%), a patient will have slow or poor wound healing. This would result in waiting longer to allow the incision to get wet, this is more common in patients that don’t elevate frequently enough or are putting weight on their foot unnecessarily. **Infection:** While very rare (<1%), if this occurs you would need antibiotics. If you are experiencing increased redness and swelling and you suspect infection please call our office to make an appointment at 530-271-5879, or if you are experiencing fever over 100, shortness of breath and chest pain, purulent discharge or other severe symptoms and cannot reach our office, please call your local urgent care or emergency department. \*Keeping your foot elevated and your weight off of it as well as keeping your bandages on are the best ways to prevent against infection\*.  **Blood clots:** Also, very rare (1%). Please inform us if you have a personal or family history of blood clots, as this can increase your risk. **Numbness:** Patients should expect some mild numbness around their incisions that typically goes away after a few weeks. Occasionally some numbness may persist. This should not affect your activity, but you will notice numbness to the touch. **Continued Pain:** Surgery is not 100% guaranteed. You may continue to have pain, or develop new pain after surgery. We will continue to evaluate and monitor you throughout the post op recovery. At some point, we will look into it further to see if you require more PT, additional therapy (i.e. injections), or an additional surgery.

\*Smoking, early weight bearing, and diabetes increase these risks. In an otherwise healthy patient, who is compliant with the post op recovery, these risks are less likely but not impossible\*

**Will the metal hardware come out eventually?**

The metal can remain in your foot forever without causing any harm. We only take the hardware out if it bothers you or there is a strong personal preference. Hardware removal requires a minor procedure in the operating room once the bone is fully healed, typically 6-12 months after the original procedure.

**What type of anesthesia is used?**

Most of our procedures are done with local anesthesia while you are in a twilight sleep. Your foot will be injected with a numbing agent by Dr. Claydon before the procedure starts that will wear off the same day. You will speak with your anesthesiologist prior to and on the day of surgery to discuss what type of anesthesia will be performed in more detail, including the risk of anesthesia.

**Do I have to stay overnight?**

No. Most of our surgeries are ambulatory. You typically come in 2 hours before your procedure and stay about 1-2 hours after the procedure. Please leave the whole day open, as procedure times may change unexpectedly.

**What medications are prescribed after the procedure?**

Pain: If you wish to have your medications prescribed before the surgery, you will need to contact the office at least one week prior and provide reasoning for receiving your medications early. This is important, as you will be prescribed opioid medications, which are a controlled substance. Dr. Claydon will prescribe pain medication for you which can be made available to you the day before or the day of surgery. Over the counter options for pain management are as follows: Ibuprofen (600mg every 6 hours) and Tylenol (650mg every 6 hours), you may alternate these with the medication you were prescribed, or take these as necessary if you requested no prescription be set up. Blood clot prevention: Any blood pressure or blood clot prevention medications that you are currently taking should be stopped 3 days before your procedure, and can be resumed after.

**What can I use to make my life easier after surgery and can I buy it ahead of time?**

Recovering after surgery is hard. There are multiple things we can recommend to help make it slightly better: Crutches or a walker can be helpful in getting around, but they make it easy for you to put weight on your foot so we don't recommend them, however if they are something you already have at home and you do not wish to buy new equipment, we encourage you to use what you have and the following products are only suggestions and are not necessary. **Knee Scooter:** Having a scooter can make getting around your house much easier. You can buy one online on websites such as Amazon, we also recommend checking facebook marketplace or other facebook yard sale groups that may have used scooters available. **I-walk:** A small population does well with something called an I-walk. This looks like a pirate’s peg leg and straps to your lower leg. You put your weight through your knee. This allows you to more easily do things like stairs and have your hands free. We don’t recommend this for minor procedures however more extensive or complicated procedures that will keep you non weight bearing for several weeks this could be helpful. We do not recommend this option to patients who have trouble with balance. **“Even Up”:** If you are given a boot or a heel wedge shoe, you may feel uneven on the opposite leg. You can purchase an Even Up online to use on the opposite foot over the shoe. This is especially helpful to prevent hip or knee pain due to being unbalanced. **Shower bag/cast bag:** For any procedure you will need to keep your foot dry for 2 weeks after the procedure. You can do this by putting a cover over your dressing. You may purchase this at any pharmacy or online. **Shower Chair:** If you do not have a bench in your shower/bath, you may purchase or rent a shower chair so you can sit as you bathe. *\*If you are in a cast or bandages we do not recommend getting your leg wet, getting your incision wet can cause dehiscence and infection, please call our office if your bandages are wet.* **Wedge Pillow:** Assists in elevation, can be purchased on Amazon, (regular pillows also work just as well).

**Should I ice after surgery?**

Yes. You may not feel the ice through the bandages, however we recommend you try as this can help with pain and swelling. When you return for your first post-op appointment, we will remove the dressing for you and you may be able to ice more effectively. Please remember the 20min on and 20min off rule for icing.

**Can I adjust my splint?**

No. Please keep your bandages on and do not adjust. Keep it clean and do not allow it to get wet. Be careful to make sure the shower bag fits appropriately to decrease the risk of damaging your dressing. If you are concerned the bandages may be too tight or causing pain, please call to let us know. Removing your bandages puts you at risk for infection, please call our office if you remove your bandages.

**How much do I need to elevate?**

Elevation in the first two weeks is extremely important. Reducing swelling helps in pain control and making sure your incisions heal. We recommend elevating 80% of the time during the first week and 50% of the time the second week. Placing your leg on 2-3 pillows should be sufficient, but the higher the better.

**What is considered “normal” after the procedure?**

Swelling, pain, and bruising are all normal after surgery. You may notice swelling and bruising travel into areas we did not operate on. This swelling will go up and down depending on how much you elevate. You may have good days and bad days. Try to limit your activity as much as possible. The bruising may also change location or color. This is normal. A small amount of drainage is also normal after surgery. If your dressings have soaked through or do not stop draining, please call the office.

**I put weight onto my foot by accident. Did I hurt the surgery?**

Accidents happen. If you are told to not put weight onto your foot, please refrain from doing so. If you accidentally fall off your scooter or there is some situation where you accidentally put weight onto your foot, you may have increased pain and swelling. If this does not go away after a day or two, please call the office. The likelihood that one event has hurt your surgery is unlikely, however we recommend that you do not walk on your foot as much as possible no matter what your pain level may be.

**My foot is red when I keep it down, but goes away when I elevate it. Do I have an infection?**

Most likely not. Due to increased swelling your foot may become a different color, usually purple or red, when you put your foot down up to 6-8 weeks after surgery. This is usually accompanied with increased pain and the feeling of blood rushing to your foot. Because you are not moving your foot normally, the veins are not allowing proper return of the blood up the leg. The discoloration should go away once you elevate your foot. If this does not resolve when you elevate your foot, or you have associated fever, chills, warmth of the foot, or drainage of incision sites, please call the office.

**I already have a scooter/crutches/a walker at home. Should I bring this with me to surgery?**

Yes, you may bring these with you to surgery. If you have a scooter, we do not recommend bringing this with you to surgery as you may be too unsteady immediately after the procedure to use it safely. You may use the scooter as soon as you feel comfortable and steady after the procedure.

**How do I know what time is my surgery and where to go?**

Someone from the facility will call you before surgery with all of this information. They will tell you where to go, what time to be there, what to bring/what not to bring, and what time you will have to stop eating/drinking.

**How many post operative appointments will I have?**

Your first post operative appointment will be 5-8 days after your surgery, (with exceptions set by Dr. Claydon). After that you will be seen about once a week for the next month and then seen in one month, three months, and six months after that. Please do not hesitate to call our office with questions or to schedule another appointment with Dr. Claydon, especially if you are experiencing increased pain or are worried about possible infection or injury to your surgical site.

**Surgery Date:\_\_\_\_\_\_\_\_\_\_\_ Time:\_\_\_\_\_\_\_\_** (arrival time is generally 2 hours before your procedure starts)

**Sierra Nevada Memorial Hospital** 155 Glasson Way, Grass Valley, CA 95945 **(530)** **274-6000**

**Sutter Auburn Faith Hospital** 11815 Education Street, Auburn, CA 95602 **(530) 888-4500**

**Sierra Ambulatory Surgery Center** 400 Sierra College Drive, Grass Valley, CA 95945 **(530) 272-3428**

**Grass Valley Surgery Center** 408 Sierra College Drive, Grass Valley, CA 95945 **(530) 271-2282**