



PREOPERATIVE BOOKLET

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1 WHAT IS THE PURPOSE OF THIS BOOKLET?

This is intended to provide you with additional information about your proposed treatment and assist you in making an informed choice. We do not offer cosmetic foot surgery and we advise all patients to read the information provided carefully before electing to undergo any operation.

2 WHO IS RESPONSIBLE FOR MY CARE?

Your treatment / surgery will be performed by Mr Metcalfe who is a Fellow of the Faculty of Surgery (College of Podiatrists). Podiatric Surgeons are not registered medical practitioners (Medical Doctors), but are non-medical specialists in the surgical and non-surgical management of problems of the foot and associated structures.

3 DO I HAVE A CHOICE WITH REGARD TO MY ANAESTHETIC FOR FOOT SURGERY?

Foot

surgery can be undertaken using a number of types of anaesthetic, these include:

Local anaesthetic - Local anaesthetic + sedation - General anaesthetic

Some of these may not be suitable for you and not all are offered in all centres. You should discuss your preferences with one of my team during your visits to the department.

4 CAN I EAT AND DRINK AS USUAL BEFORE MY OPERATION?

If your surgery is going to be undertaken using a local anaesthetic only, then you are able to eat and drink as normal. If your surgery is planned under general anaesthetic / sedation, then you should not eat or drink for six hours prior to your operation.

5 WHAT WILL I WEAR ON MY FOOT AFTER MY OPERATION?

We provide you with a post-operative shoe

6 WILL I BE IN A CAST AFTER SURGERY OR HAVE TO USE CRUTCHES?

This will depend on the type of operation you have had. You will be told beforehand if crutches or a cast are required following your operation. If you require a cast this increases the risks of blood clots and so you will be asked to take additional precautions to prevent this.

7 WHAT DO I NEED TO DO BEFORE I COME IN FOR MY OPERATION?

- I. Check your appointment letter to make sure you know what time to arrive and where to go
- II. Cut your toenails and clean under the nails well the day before surgery.
- III. Remove all nail polish.
- IV. Remove jewellery except for your wedding ring (if you have one)
- V. Wear loose clothing as a large dressing will be applied after the operation.
- VI. You may bring along a personal stereo player with headphones
- VII. Arrange transport to and from the hospital / day-surgery unit. You must have a fit and responsible adult to stay with for at least the first night of your operation.
- VIII. Arrange the recommended period of rest for after your operation
- IX. If you are under 16yrs of age you must have a parent or legal guardian accompany you to all your appointments
- X. If you will need to take your regular pre-prescribed medication during your time in the department, or may have need of an inhaler or angina spray or EpiPen; please remember to bring these with you.
- XI. Take any prescribed medicines as normal unless you have been told differently.
- XII. Read any additional information you may be given regarding your admission for surgery.

8 WHAT WILL HAPPEN ON THE DAY OF MY OPERATION?

- I. Your consent form will be checked by and the proposed operation will be fully re-explained. This is an opportunity for you to ask further questions;
- II. You may be asked more questions about your health & have your blood pressure checked,
- III. The operation site will be clearly marked;
- IV. If you are going to be provided with crutches after your surgery, you will be shown how to use these either before or after your operation;
- V. If you are having a local anaesthetic this will be given before you are taken to theatre. If you are having general anaesthetic, the anaesthetist will come and see you before your operation;
- VI. When the team is ready, you will be conveyed into the operating theatre for your surgery;
- VII. Your foot will be cleaned with surgical scrub and sterile sheets will be placed around the area;
- VIII. Your local anaesthetic will be re-checked to make sure the area of your foot is fully numb
- IX. A tourniquet (like a blood pressure cuff around your ankle) may be used during your operation. This may be uncomfortable for a short while until your ankle tissues adjust, but most people find it quite acceptable after about 5 minutes;
- X. After your operation your foot will be bandaged up carefully and you will be transferred back to a recovery area.

9 WHAT WILL HAPPEN AFTER I HAVE MY OPERATION?

- I. We ensure that you are comfortable and check your dressing
- II. You will be monitored after your operation. You will be offered a drink and something to eat.
- III. A post-operative shoe or boot (or sometimes a cast) will be applied to the foot;
- IV. One of the team will check you are pain-free, read through and explain your postoperative instructions, including any contact numbers to use in case of a problem;
- V. You will be discharged home with your escort (who must be a responsible adult).

10 CAN I GO HOME THE SAME DAY?

Most foot surgery can be done as a “day case operation” which means that you are able to go home the same day. You will need a fit and responsible adult to stay with you for at least the first night after your operation.

11 WHAT HAPPENS IF I HAVE A PROBLEM AFTER MY OPERATION?

You will be provided with an advice sheet to take home after your operation detailing your post-operative instructions, and useful information including any contact numbers to use in case of a problem.

12 WILL I NEED TO TAKE TIME OFF WORK AFTER MY SURGERY?

You are advised to rest after surgery. The amount of time required varies according to the type of operation and your own circumstances.

13 WILL I HAVE TO COME BACK TO HOSPITAL / CLINIC AFTER MY SURGERY?

In most cases you will be reviewed by one of the nursing team 3-5 days after surgery. I will see you for review between one and two weeks. In the event there are any concerns I am always available.

14 THINGS TO CONSIDER BEFORE HAVING A FOOT OPERATION

Activity

You will be required to rest after your operation. This will be discussed with you before and after your surgery. Postoperative recovery times vary between patients. Please refer to the specific operation information leaflet provided.

Alcohol Consumption

You are advised to avoid alcohol after your foot surgery, whilst on medication.

Altered Walking Pattern

Foot surgery may affect the way you walk. Following foot surgery, patients naturally favour the other foot. This is usually temporary, until the foot settles and you become accustomed to walking normally again.

Avascular Necrosis

This is where part of the bone loses its blood supply. This may occur after an operation or even from simple trauma. The bone may 'weaken' and change shape. Usually the blood supply will return to the bone with time. Sometimes the bone is damaged resulting in problems such as secondary arthritis. This is a very rare occurrence.

Being awake during the operation

If you have elected to have your operation under local anaesthetic you will be awake during your operation. Your foot / leg will be tested before you enter theatre to ensure you are pain free. In the rare event you feel any discomfort you simply need to notify the nurse and we will be able to deal with this immediately. This is a rare event and most patients are able to chat to one of the nursing team or listen to their music whilst the operation is being performed.

Chronic Regional Pain Syndrome (Reflex Sympathetic Dystrophy - RSD)

This is a rare condition, which may occur even after even minor injury. It is not always associated with surgery. Persistent / chronic pain develops as well as swelling / colour changes and changes to bones of the affected limb. This is not a predictable event but fortunately uncommon (3 in 4000).

Crutches

Some operations will require you to use crutches post-operatively. If you think you will have difficulty in using crutches please let one of the team know, so that alternative walking aids can be arranged.

Delayed healing

Although you will be given an estimate as to how long the recovery process will take; delays in healing of the soft tissue or bone can occur. You should remember that the information you have been given is a guide and you should allow for this when planning your recovery.

Deterioration of symptoms

Most patients undergoing foot surgery have less discomfort following their operation. Occasionally however, some patients have no improvement of symptoms and more rarely, some patients have more discomfort. It is for this reason that foot surgery for cosmetic reasons is not recommended. It is always possible to have a straighter toe or foot which hurts more.

Dissatisfaction

No matter how good your consultant, there are always a small number of patients who will for one reason, or another be dissatisfied with one or more aspects of their treatment / clinical outcome. We work hard to ensure goals of treatment(s) are realistic and that these goals are met. We cannot guarantee results, nor can any consultant.

Driving

You should not drive after your foot surgery, until advised by the Podiatric Surgeon or one of the team.

Failure of the operation

Most patients are delighted with result of their surgery. The number would depend on the type / complexity of the operation and health of the patient. Despite the best efforts of the team we cannot guarantee outcomes. This is true of any patient undergoing any surgery.

Fixation problems

Any metalwork (pins / screw / plate / implant) used, is normally left in place. In about 10% of patient's metalwork needs to be removed (if it works loose or cause irritation to the surrounding tissues. Once bone is healed, metalwork is not required but unless it causes a problem we leave it in place.

General Anaesthetic

General anaesthetic means you will be '*asleep*' during your operation. There is a slightly higher risk of medical complications for patients receiving general anaesthetic compared to local anaesthetic. Some patients may feel nauseous '*sick*' when they wake up from the general anaesthetic.

Infection

Infection rates are estimated at less than 2% of all surgeries. If infection does develop it is generally superficial, usually treated with antibiotics and resolves very easily. However, although uncommon, infection can get deeper into the bone which is a much more serious complication. This may require a period of hospitalisation, possibly further surgery and a longer course of antibiotics.

Implant failure / Removal

Occasionally we have to remove implants due to pain or breakage of the implant

Joint stiffness

Surgery near joints e.g. bunion surgery can lead to some joint stiffness. The immobilisation following surgery and healing of the deep tissues near to the joint may be the underlying cause. We will usually give you some gentle exercises to minimise this risk.

Keloids

Keloids are large unsightly scars which are raised up and may extend beyond the margins of the original wound. This is a rare type of scar. Patients may have a history of poor scar formation / keloids, although having had no previous history of keloids does not mean you will not develop one.

Local Anaesthetic

Local anaesthetics are medicines which when injected near nerves stop pain. Most of us have experienced a local anaesthetic at the dentist. Foot surgery is readily performed under local anaesthetic and involves injections placed either around the ankle or around the knee. In rare circumstances some patients do not respond to local anaesthetic injections and we cannot proceed with surgery (< 1 case per 100). In these situations surgery may have to be postponed. Whilst local anaesthetic drugs are considered very safe there are some potential side-effects such as:

- Allergic reaction to the anaesthetic (< 1 person per 10,000)
- Toxic reaction to the drug (< 1 person per 2000 across all injections)
- Irritation or damage to the nerves at the injection site(s)
- Bruising around the injection site (1 person in 20)

Loss of sensation

It is possible for you to lose some sensation around or away from the surgical site after surgery. Care is taken to avoid damage to nerves and it is rare for a major nerve to be damaged. If nerve damage does occur it is more often the tiny nerves to the skin which may leave an area of skin with reduced or altered sensation. This loss of sensation can sometimes recover with time but this is not always the case.

Loss of tissue / part of foot / limb

This would be an exceedingly rare complication for the vast majority of patients having foot surgery. However, it is possible for injury to blood vessels and or serious infection to lead to loss of tissue which can involve some or all of the foot. The risk of this for healthy patients would be much less than 1%.

Metatarsalgia

This refers to discomfort under the ball of the foot (metatarsal heads). Surgery to the foot may alter the pressure under the forefoot and increase discomfort here.

Muscle Spasm

Some patients may experience muscle spasms following operations such as the Hyprocure.

Nerve Injury

It is possible that the administration of local anaesthetic, or the surgery itself can cause injury to one or more nerves.

Non-Union

This term refers to the situation where bone fails to fuse (join) together as planned. The percentage risk varies greatly depending on the bone or joint in question e.g. Bunion surgery risk is less than 1% If this situation occurs we may:

- Allow more time for the bones to knit together
- Re-operate on the bone / joint using a graft of bone from another part of your foot / body
- Do nothing if there are no symptoms as a result

Numbers of Operations Performed

In most cases I will have performed a large number of the same operation for which you have been scheduled. In some circumstances however I may have only performed a very small number of such operations.

Oral Contraceptive medication

Certain (oestrogen containing) oral contraceptive medications are associated with a slight increased risk of thrombosis. Stopping oral contraceptives means you are at risk of pregnancy unless alternative contraceptive measures are taken. Continuing with oral contraceptives may mean you are at an increased risk of a blood clot.

Pain

It is difficult to predict how much pain you will suffer after the operation as this is variable between patients. Generally, the first night is the worse night but advances with local anaesthetics and pain medication means that this can be managed if not avoided. A small number of patients will experience “breakthrough” pain and require rescue medication from their GP or other medical facility. We do not provide the strongest painkillers (e.g. morphine) routinely as these medicines carry additional risks and are not generally necessary for the majority of patients.

Pain Medication

You may be advised to take medicines after your operation to help control postoperative pain.

Postoperative pain

Most people find they have mild to moderate pain after their surgery. The level of pain varies between individuals according to pain threshold and what medications patients are able to take.

Recurrence of the original problem

It is possible for a problem to recur postoperatively for a number of operations. Recurrence varies greatly for individual operations.

Rest

You are strongly advised to rest after your surgery. Resting with your foot elevated with an ice pack over the ankle will greatly reduce pain and swelling.

Revision Surgery

Occasionally further surgery is required, for example to remove an implant or screw. If you are a private paying patient, please be aware any additional surgery is likely to incur additional costs.

Scars

All surgery will create scars. Great care is taken to minimise the scar you will have by carefully placing the incision and taking great care during your operation. Some people will have a discomfort, nerve entrapment or thickening of the scar.

Second Opinion

We are happy to arrange for you to have a second opinion regarding your diagnosis or proposed treatment at any stage. Please notify one of our staff if you feel you would like a second opinion. Seeking a second opinion does not mean we will not treat you if you decide you wish to continue to receive care from within our department.

Secondary Arthritis

Some operations, generally joint fusions, lead to an increased risk of arthritis developing in adjacent joints. This is termed "*secondary arthritis*". Fusion operations are generally performed to deal with pain from arthritic joints beyond salvage or because of instability in the foot.

Shoe difficulty

Although every effort is made to give as good a result as possible, you may still have difficulty with shoes and, in rare cases have less shoe choice after the operation.

Smoking

Smoking has the following adverse effects in relation to surgery:

- Delays wound healing
- Increases the risk of bones not healing
- Is associated with increased risk of thrombosis

Swelling

Swelling is always present after surgery as it is part of the normal healing process. Swelling may be minimised by following the instructions issued to you by the team. Some patients experience prolonged swelling after surgery (5-10%).

Thrombosis

Thrombosis has been the subject of much discussion recently in relation to flying. A thrombosis is a clot which most often forms in veins of the lower legs e.g. 'Deep Vein Thrombosis'.

Toe implants

We use a range of toe implants for some types of operation. Whilst these provide excellent results, they can sometimes fail either during the surgery itself or later. Please read the specific information sheet provided which explains in more detail.