

# *Preparing for a foot operation*

**The London Podiatric Centre**



**You are coming into our Centre for an operation on your foot or feet.**

**This booklet has been designed to provide you with some information about your operation, your care whilst with us, and what to expect when you arrive in the Centre.**

**We would ask you to take the time to read it. More specific information about your treatment will be given to you by members of the podiatric surgery team you meet.**

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 three days after your operation. The amount of help patients need after surgery varies a great deal. We would urge you to make sure you fully understand the impact of your proposed surgery by discussing this with one of the podiatric surgical team.

## **1. What do I need to do before I come in for my operation?**

- check your appointment letter to make sure you know what time to arrive and where to go
- you will receive a form which must be signed and returned before the date of your surgery. This confirms that you have read and understood all the information you have been given regarding your operation. Surgery cannot proceed unless this form has been returned to us
- bathe or shower one hour before arrival. Please wear clean hosiery and do not wear sandals
- cut your toenails and clean under the nails well the day before surgery
- remove all nail polish from hands and feet
- remove jewellery
- wear loose clothing as a large dressing and a surgical shoe will be applied after the operation
- bring with you a clean pair of shorts and a t-shirt that have not been worn outside

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- you may bring along a personal stereo player with headphones or a book to read
- bring any regular medication with you
- do not put any cream on your feet
- bring asthma inhalers to take into surgery if you wear them
- bring glasses or hearing aids if you use them and inform the surgeon if you wear dentures
- do not smoke or drink alcohol for at least 48 hours before and after your surgery
- please make sure you arrange transport to and from the day-surgery unit.
- once home, it is important for you to have a fit and responsible adult staying with you for at least three days after your operation
- you should arrange the recommended period of rest for after your operation as advised by your podiatric surgeon
- if you are under 16 years of age you must have a parent or legal guardian accompany you to all your appointments



- 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
- if you have been advised to arrange any tablets / medicines by your podiatric surgeon remember to obtain these prior to your operation. If you have been asked to obtain these from your own doctor please arrange this well in advance
- take any prescribed medicines as normal unless you have been told differently and remember to bring all medication with you that you may need whilst in hospital

- read any additional information you may be given regarding your admission for surgery.

## **2. 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 are:

- Local anaesthetic
- Local anaesthetic + sedation
- Spinal anaesthetic
- General anaesthetic

Only local anaesthetic is available at The London Podiatry Centre. Patients who require sedation or general anaesthesia are generally treated at one of the major hospitals where Mr McCulloch consults.

Not all of these types of anaesthetic may be suitable for you. You should discuss your preferences with one of the surgical team during your visits to the department.

### ***Local anaesthetic***

Local anaesthetic means you can be awake during your operation though your foot will be numb

and the operation will be screened away from you. You will be able to listen to music or read whilst your operation is done.

Many patients choose to have their foot operation using a local anaesthetic. Sometimes it is necessary to give you additional local anaesthetic during your surgery (about four cases per 100).

### ***Local anaesthetic with sedation***

Sedation normally requires an anaesthetist to be present to administer a sedative through a small needle placed in a vein in the back of the hand. Sedation usually has the benefit of reducing anxiety during the operation. You will not be able to eat or drink for approximately 6-8 hours prior to your surgery.

### ***General anaesthetic***

With a general anaesthetic you are put to sleep though you will still require a local anaesthetic (this is usually given once you are asleep). Some patients can feel sick when they wake-up. You will not be able to eat or drink for approximately six to eight hours prior to your surgery.

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## 3. So 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 or using sedation then you should not eat or drink for six hours prior to your operation. This will be discussed with you prior to your surgery. If you have any questions about this, please speak to one of the podiatric surgical team.

## 4. What will happen on the day of my operation?

- you will be asked to come in to the hospital / day-surgery unit on the day of your operation
- when you arrive you will be welcomed by one of the team who will escort you to the admission area where you may be asked to change into a theatre gown
- your consent form will be checked by one of the podiatric surgery team and the proposed operation re-explained. This is an opportunity for you to ask further questions
- you may be asked more questions about your health and have your blood pressure checked
- the operation site will be clearly marked by drawing on your foot/leg
- 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
- 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.
- your local anaesthetic will be checked for effectiveness by one of the team before you are taken into theatre
- when the team is ready, you will be taken into the operating theatre for your surgery
- your foot will be cleaned with surgical scrub and sterile sheets will be placed around the area
- your local anaesthetic will be re-checked to make sure the area of your foot is fully numb
- 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 five minutes

- after your operation your foot will be bandaged up carefully and you will be transferred back to a recovery area.

### **5. What will happen after I have my operation?**

- you will be transferred from theatre to a recovery area
- one of the team will make sure that you are comfortable and check your dressing
- it is usual for you to be monitored for about 15-30 minutes after your operation, this varies depending on what operation(s) you have had done and the type of anaesthetic. You may be offered a drink and something to eat
- a special post-operative shoe or boot (or sometimes a cast) will be applied to the foot
- 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

- you will be discharged home with your escort (who must be a responsible adult). A copy of your discharge form will be provided.

### **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. You will be shown how to safely use crutches if these are necessary.

### **7. 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 postoperative instructions, and useful information

### **8. What will I wear on my foot after my operation?**

Where required we provide patients with a special postoperative shoe which is designed to accommodate the bandages over the foot.

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## 9. Contact numbers to use in case of a problem

If there is any bleeding or pain, please contact the Centre on the three numbers provided. Call each of the three numbers until you have had a reply. If you have not had a reply within the hour, then please contact your GP or accident and emergency.

## 10. 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. Please refer to the specific operation information leaflet provided by your podiatric surgeon or ask one of the clinic staff.

## 11. Will I have to back to hospital / clinic after my surgery?

The arrangements for follow-up after podiatric surgery will vary but usually takes place at The London Podiatry Centre. You will be informed of what to expect before your operation. In most cases you will be reviewed by one the podiatric surgery team following your operation.

## 11. Who is who?

Your treatment / surgery will be undertaken or supervised by a podiatric surgeon 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.

### *Titles:*

The podiatric surgical team may consist of several different professionals all dedicated to the success of your surgery, this includes:

### *Podiatrist:*

Is a clinician who has studied for three years to obtain a degree in podiatric medicine and registration with the Health Professions Council. Podiatrists are independent clinicians, qualified to diagnose and treat foot problems.

Podiatrists may specialise in particular areas of work e.g. the care of the diabetic patient or sports medicine. With the exception of nail surgery, podiatrists undertake the treatment of foot problems by

non-invasive methods (until recently podiatrists were known as chiropodists).

***Trainee in Podiatric Surgery:***

Is a podiatrist who has studied for a further two or three years to complete the initial sections of the Faculty of Surgery exams (or obtained an MSc degree) in the theory of podiatric surgery and is undertaking a formal surgical training programme under the supervision of a Consultant Podiatric Surgeon who is an accredited Tutor of the Faculty of Surgery.

***Specialist Registrar (SpR) in Podiatric Surgery:***

Is a past trainee in podiatric surgery who has successfully completed and gained their Podiatric Surgical Fellowship (qualification in the practice of podiatric surgery) and is working as part of a continued training programme towards the completion of their three year post Fellowship specialist training period.

***Podiatric Surgeon:***

A podiatric surgeon has successfully gained both their Fellowship and a certificate of completion of training. A podiatric surgeon is a non-medically qualified specialist in the treatment of foot problems by both surgical and non-surgical methods.

***Consultant Podiatric Surgeon:***

After some years of practice within a health service department of podiatric surgery, a podiatric surgeon may be appointed as a consultant, i.e. the lead clinician appointed by an NHS Trust to provide a podiatric surgery service.

***Trainees***

The London Podiatry Centre is a training centre for the next generation of healthcare staff including podiatric surgeons.

An essential part of staff training is working with patients. Your cooperation would be appreciated but you are under no obligation to have a trainee involved in your care and you can discuss with the podiatric surgeon.



## Things to consider before having a foot operation

Patients seldom have problems following podiatric surgery and most are pleased with their result. Unfortunately all treatments/operations carry risks. You need to carefully consider the severity of your problem against the likely risk/benefit from any proposed surgery (for more information on understanding risks, see the BestTreatments website (<http://www.besttreatments.co.uk/btuk/howtouse/7432.html>))

This information booklet is not intended to worry you. It is hoped that by providing as much information as possible, all your pre-surgery questions are answered. If you have additional questions do not hesitate to ask a member of the team.

For convenience this section is laid out in alphabetical order.

### Activity

You will be required to rest after your operation. How much rest and how much you are allowed to undertake will be discussed with you before and after your surgery. Postoperative recovery times vary between patients. For an indication of this please refer to the specific operation information leaflet provided by your podiatric surgeon or ask one of the clinic staff.

### Alcohol consumption

You are advised to avoid alcohol after your foot surgery, whilst on medication. Alcohol may interact with one or more of your medicines in addition to increasing the risk of falls postoperatively.

### 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. Sometimes we provide a foot splint to help with symptoms.

### **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. We check this again once you are in theatre.

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.

### **Bleeding**

There will be some bleeding postoperatively but the majority of this is controlled during the operation. Infrequently, a small collection of blood in the deeper tissues may form. This occurs less than 1 per cent of the time and can be dealt with and generally settles without problems.

### **Changing your mind**

Whilst we will have done our very best to diagnose your foot complaint and formulate an appropriate treatment plan for you, you do not have to follow this treatment plan against your wishes. Patients have the right to change their mind at any time about their treatment.

Please be assured that should you change your mind about your proposed treatment staff will do their utmost to find an alternative treatment plan that suits you better.

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## **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. The condition is very uncommon and can occur after any type of operation. Persistent / chronic pain develops as well as swelling / colour changes and changes to bones of the affected limb. Treatment requires early diagnosis and referral to a pain specialist. Complete resolution of RSD may not always be possible. This is not a predictable event but fortunately uncommon (3 in 2500 – 0.01 per cent).

## **Crutches**

Some operations will require you to use crutches post-operatively. You will be made aware of this before your surgery. 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.

## **Death**

This is extremely rare and most unlikely to happen, but as with all surgical procedures it remains a remote possibility, for example as a result of an anaphylactic shock (severe allergic reaction) to an injection. The podiatric surgery team is trained, and the department equipped, to deal with such an emergency.

## **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. Generally, the soft tissue will heal although bone sometimes does not heal properly (see non union). 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**

The vast majority of 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.

### **Driving**

You should not drive after your foot surgery, until advised by the Podiatric Surgeon or one of the team, as you may damage the operation site and to do so may invalidate your insurance and be an offence under the Road Traffic Act.

### **Failure of the operation**

The important point to note is that despite the very best efforts of the team we cannot guarantee outcomes. This is true of any patient undergoing any surgery. In some operations (eg bunion surgery) full correction may not be achieved although symptoms are usually improved. Most patients are pleased with the result of their surgery.

### **Fixation problems**

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

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which is a much more serious complication.

This may require a period of hospitalisation, possibly further surgery and a longer course of antibiotics. In rare instances, the infected bone may need removing which could affect your foot permanently. Any infection has the potential to be fatal and foot surgery is no exception. Fortunately, this is extremely rare.

## 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. It is recognised that certain ethnic backgrounds may predispose to (increase the chance of developing) this type of scar e.g. Afro-Caribbean. In patients who have a history of 'keloids' we need to weigh-up very carefully the real risk of 'keloid' developing after surgery. There are some things we can try to minimise the risk but they are not 100% effective. These measures include:

- use of corticosteroid injections prior to surgery
- careful incision planning
- use of zinc creams postoperatively.

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## 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. After the injection has had time to work, which can take several minutes, you will not normally be able to feel pain in the area affected. A small number of patients do require additional local anaesthetic during surgery. In rare circumstances some patients do not respond to local anaesthetic injections and we cannot proceed with surgery (less than one 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 (less than one person per 10,000)
- toxic reaction to the drug (less than one person per 2000 across all injections)
- irritation or damage to the nerves at the injections sites
- bruising around the injection site (one person in 20).

## Loss of sensation

It is possible for you to lose some sensation around or away from the surgical site after surgery. Great 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 a very 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

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healthy patients would be much less than 1 per cent.

## 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.

Sometimes this is treated with shoe inserts and rarely by further surgery.

## 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 per cent and major joint fusion such as talo-navicular joint (big joint near ankle) risk is higher around 10 – 20 per cent. 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 your consultant or podiatric surgeon, whose care you are under will have performed a large number of the same operation for which you have been scheduled. In some circumstances however the consultant may have only performed a very small number of such operations. This might be for example if your operation is not something that is commonly required to be performed. Also sometimes the combinations of different operations necessary to fix your foot may not be commonly required.

## On-call availability

The London Podiatry Centre provides an out of hours emergency service for patients who have undergone surgery.

You can call the Centre for advice during normal working hours and the departmental number is at the end of this booklet.

### **Oral contraceptive medication**

Certain (oestrogen containing) oral contraceptive medications are associated with a slight increased risk of thrombosis.

You may wish to discuss the implications of this with one of the podiatric surgical team or your own GP.

Stopping oral contraceptives means you are at risk of pregnancy unless alternative contraceptive measures are taken. Continuing with some types of 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.

### **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. You will be provided with instructions on what to do should you have any problems immediately after your surgery.

### **Recurrence of the original problem**

It is possible for a problem to recur postoperatively for a number of operations. For example a bunion corrected and looking perfect at two weeks postoperatively may deteriorate overtime. Recurrence varies greatly for individual operations.



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## 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.

## 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. These are uncommon, generally short term and, if they occur, they are often related to postoperative infection or to a predisposition to problem scars (see also Keloids). The vast majority of patients have minimal cosmetic defect from their scars. If you have any concerns please speak with one of the team for further advice.

## Second opinion

We are very 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. This can place more stress on adjacent joints increasing the risk of secondary arthritis in these joints.

## 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
- is associated with failure of bones to fuse ('knit together'). Risk increase 2.7 times more compared with a non-smoker
- 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 postoperative instructions issued to you by the team. Some patients experience prolonged swelling of the foot after surgery (5-10 per cent). Smaller operations usually give rise to minimal swelling whereas larger operations may be associated with greater swelling for longer duration. In a few cases, swelling may be present long term but this is usually painless although can affect shoe fit.

## Success / failure rates

Many patients wish to know the overall success rates of individual operations.

Sometimes we are able to provide this information based on our own audit data.

Sometimes however, where it is a more unusual operation, statistics may be based on those from the literature. All operations carry risks and patients must accept this fact before electing to proceed with surgery.

## 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'. Risk factors for thrombosis are:

- previous history of thrombosis
- individual predisposition
- smoking
- certain drugs (e.g. some types of oral contraceptives)

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- damage to vessels and tissue (e.g. surgery)
- immobilisation (including recent air travel i.e. within in previous two weeks).

The post surgery thrombosis risk has been calculated at 0.5 per cent, however the more risk factors you possess the greater the chance of a clot forming. In patients with a history of clots, medicines to help reduce the risk of the further clots following your surgery will be arranged. In other circumstances you should reduce what risk factors you can by:

- stop smoking at least four weeks prior to you operation and until you are recovered
- avoid medicines which predispose to clots e.g. oral contraceptives (in discussion with your GP, who will advise you of alternative measures of contraception)
- follow the exercise regime as recommended by your podiatric surgeon or the team.

## Trainees

The London Podiatry Centre is a training centre for the next generation of healthcare staff including podiatric surgeons. An essential part of staff training is working with patients. Your cooperation would be appreciated but you are under no obligation to have a trainee involved in your care and you can discuss with the podiatric surgeon.

## Uneventful recovery

The vast majority of patients who undergo foot surgery under the care of a Podiatric surgeon have an uneventful experience and are pleased with the result of their surgery. This booklet is designed to make sure that patients are fully aware of the potential for complications despite their low frequency. Some patients may feel more anxious being provided with this information but it is hoped that the number is low.

It is hoped that this booklet has answered all of your questions about your proposed operation. If you feel there is anything else you need to know, please do not hesitate to contact the podiatric surgery team.



**Please contact The London Podiatry Centre if you need any further information or advice**

**3 Courthill Road**

Lewisham

London SE13 6DN

**Telephone: 020 8297 9631**

[www.londonpodiatry.com](http://www.londonpodiatry.com)

This information booklet has been adapted from national produced information of the Faculty of Podiatric Surgery, College of Podiatrists, UK to reflect local practice.

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