



Your Ankle Surgery Guide

SANFORD[®]
ORTHOPEDICS
SPORTS MEDICINE

Important Phone Numbers & Locations

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Fargo, ND 58103

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My Sanford Nurse.....(701) 234-5000

Sanford Equip(701) 293-8211
3223 32nd Avenue South
Fargo, North Dakota 58103

National Recognition for Excellence in Care

Sanford’s Center for Joint Success is proud to be the only orthopedic program in North Dakota to earn the Joint Commission’s Gold Seal of Approval for all five orthopedic specialty certifications. Joint Commission certification demonstrates Sanford’s commitment to a higher standard of care and quality.

The Joint Commission’s Gold Seal of Approval for:

- Hip fracture program
- Knee replacement program
- Hip replacement program
- Shoulder replacement program
- Ankle replacement program

We voluntarily see national certifications to validate our commitment to practicing the best standards of care so we can achieve the best outcomes possible. Every day our team of orthopedic experts help patients return to activities they’ve been missing.



Welcome to Sanford Health Orthopedics. We are honored to care for you. We hope this information helps you prepare for your surgery and recovery. If you have questions, please call and ask any one of your healthcare team to get your questions answered.

This book is a guide. Your surgeon, nurses, or therapists may change some information in this book to meet your needs.

About My Surgery

Surgery date _____

Check-in location _____

Arrival time _____

No food or drink, except water, the morning of surgery unless you are given different instructions from your surgeon. You may drink water until _____

Drink your Pre-surgical drink (if told by your surgeon) at: _____

My surgeon _____

My doctor _____

My coach _____

Emergency contact and phone number _____



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About Your Ankle

Ankle Anatomy

The hindfoot has two joints called the ankle joint and the subtalar joint.

Ankle Joint

The ankle joint is made up of 3 bones. It is responsible for up and down motion of the ankle.

- **Tibia** – this forms the upper and middle portion of the ankle
- **Fibula** – this forms the side part of the ankle
- **Talus** – this forms the lower part of the ankle joint.

Subtalar Joint

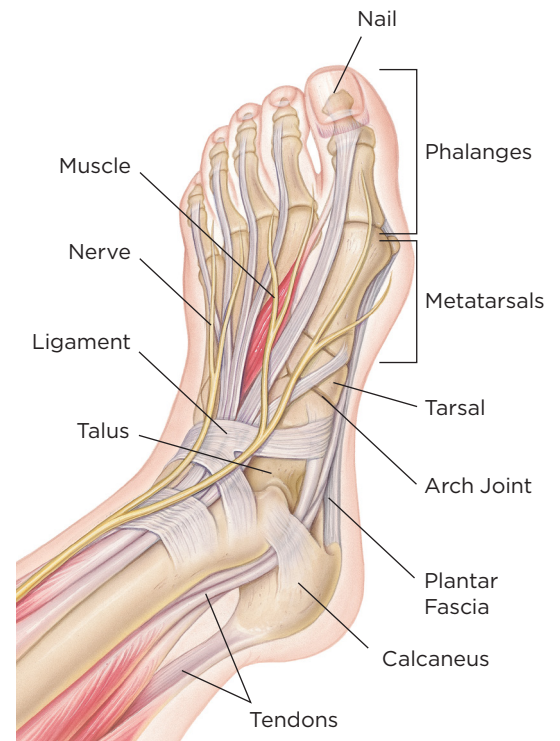
Beneath the ankle joint is the second part of the ankle, the subtalar joint. The subtalar joint allows side to side motion of the hindfoot foot.

- **Talus** – this is the top part of the joint
- **Calcaneus** – this is the bottom part of the joint

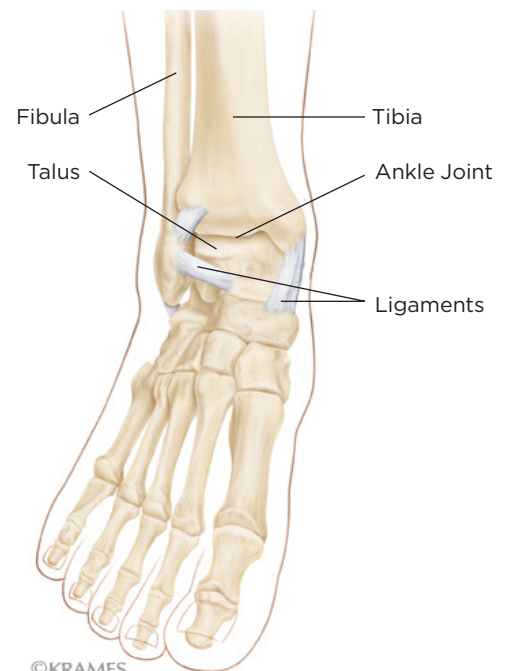
Articular Cartilage

The ends of the bones in these joints are covered by articular cartilage. The articular cartilage provides a cushioned surface for the bones of the ankle joint to slide by each other during foot up and down movement. There are many major ligaments of the ankle which provide stability to the ankle. These connect the:

- Tibia to the fibula on the front of the ankle
- Fibula to the calcaneus on the outside of the ankle
- Tibia to the talus and calcaneus on the inside of the ankle



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Ankle Replacement Surgery

Total Ankle Arthroplasty (TAA) or replacement surgery is a surgical treatment for end-stage ankle arthritis designed to improve pain and function. It does **not** involve the subtalar joint.

When you have a TAA, the articular cartilage between the talus and tibia is replaced with metal and plastic.

How Is the Procedure Done?

- An incision is made in the front part of the ankle joint.
- The soft tissues are then moved off to the side.
- The inferior portion of the tibia is resurfaced with a metal tibial component and the superior portion of the talus is resurfaced with the metal talar component.
- The space between these surfaces are filled with a highly polished plastic spacer that allows the tibia and talus to slide past each other during up and down foot movement.
- After the TAA is completed, the incision is closed with stitches or staples
- A large bulky cast is placed below the knee over the entire foot to protect the surgical site during healing.

You will **not** be able to put weight on your foot for **4-6 weeks**.

Rehabilitation Process and Follow Up Care

- You will have one Physical Therapy appointment before your surgery to talk about adaptive equipment (crutches, walker, or a knee scooter). They will assess your strength and ability to take care of yourself after surgery. This may happen about 1 month before surgery.
- You will be non-weight bearing (**not** allowed to put any weight on your foot) for the first 4-6 weeks so you will need crutches, walker, or a knee scooter.
- Your first follow up with your surgeon will be 6 days after your surgery
 - You will have the splint removed at this appointment.
 - Your doctor may apply a compression wrap to help swelling and provide support.
 - You will be fitted for a tall cam boot.
- You will follow up again 1 week later for staple or suture removal. You must continue to wear the Cam boot.
- You will need to wear it for 6 weeks.



- For the next 4 weeks, you will begin weight-bearing (begin to put weight on your foot), progressing slowly as your ankle allows.
- When you are able to walk in a cam boot, you can add a device that fits on the bottom of your normal shoe on the other foot. This will help prevent back, hip, and knee pain by helping you walk more balanced. Ask your nurse about how to purchase one of these devices.
- You will start physical therapy about 3 weeks after surgery, while you are non-weight bearing. You will work on range of motion at this time. You will continue to see physical therapy for up to 3 months. It will be very important for you to continue a strengthening program at home for 1 year after surgery.

What Is an Ankle Fusion?

This is a type of surgery to fuse 2 or more bones of your ankle into one piece. It is also called ankle arthrodesis (ar-throd e-sis). The surgery is most often done to treat arthritis in the ankle to help stop the pain and swelling.

Arthritis can affect these two joints in the foot. Over time, the smooth cartilage on the surface of the bones wears away. This results in pain, inflammation, stiffness, and swelling in your joint. You may need an ankle fusion if you have severe arthritis in your ankle. These can cause you to have difficulty walking. The 3 main types of ankle arthritis are:

- Osteoarthritis, caused by wear and tear over time
- Rheumatoid arthritis, caused by an autoimmune disease that affects the joints
- Arthritis due to previous injury of your joint

The ankle joint is also called the tibiotalar (tib-e-o ta-lar) joint. The shinbone (tibia) rests on top of a bone of the foot called the talus. The ankle also includes the subtalar joint. This is where the two foot bones called the talus and the calcaneus meet. Your surgeon will make an incision in your ankle to work on the joint. He or she will compress the bones together and attach them with plates, nails, screws, or other hardware. Your surgeon may also use a bone graft to help the bones heal together.

Rehabilitation and Follow-up Care

- You will not be able to put weight on your foot for **12 weeks**.
- You will have a pre-operative physical therapy appointment, preferably done at Sanford South University physical therapy. At this appointment, they will:
 - Teach you to use a knee scooter and
 - Talk with you about your home setting
 - Review how to safely get around your home, while putting no weight on your foot.

- Your surgeon may also order a Bone Health clinic consultation. At this appointment the provider will discuss nutrition, order labs, and may order a dexa scan (bone density scan). This will help you have the best outcome and recovery, by improving your bone health before you have surgery.
- After surgery, you will be placed in a bulky splint. This splint is like a cast, but with several layers of soft padding and fiberglass. This splint will support from the calf to the foot to protect your ankle.
 - You **must** keep this dry until you see your surgeon 2 weeks after surgery at your follow-up appointment.
 - You will be provided a waterproof cast cover before you go home from the hospital.
- You will stay one night in the hospital on the orthopedic unit at South University.
- You will have physical therapy while you are in the hospital. We want to make sure you can safely use the knee scooter and prepare you to go home.
- Follow-up appointments:
 - **2 weeks**
 - The splint and staples or sutures will be removed
 - Care of the incision will be reviewed.
 - You will be fitted for a tall cam boot. You will still need to avoid any weight on your foot. This boot will serve as a protection when you are up on your knee scooter, but may be taken off when at rest or at night.
 - **12 weeks**
 - You will have an x-ray.
 - When you are cleared to start putting weight on your foot while in the cam boot, it is important to remember to gradually ease into putting weight on your foot/ankle. It is important to still use the knee scooter or crutches for longer distances, and start with short distances to walk in the cam boot. Gradually increasing as you tolerate this.
- When you are able to walk in the cam boot, it is important to get a device that fits on the bottom of the shoe of your non-surgical foot. This will help raise your height on that side to make sure you are even to the height of the cam boot. This device is called an “even up”, we will provide this at your appointment or it can be purchased at Sanford Equip.
- It is normal to have an increase in swelling and pain during this transition. You may need to reduce your amount of activity. This will give your foot/ankle time to adjust to the weight that is put on it.
- Your surgeon may order physical therapy to help minimize the swelling and/or pain during this recovery phase.

Your Orthopedic Healthcare Team

Your healthcare team helps to get you back on your feet by preparing you for surgery and recovery. You and your family are important members of the care team. Please let us know if you need anything. We have many team members who work with you and your coach for a successful recovery. Your team may include the following:

- **Surgeon** performs your ankle surgery and manages your care.
- **Anesthesiologist** gives you medicine during surgery to prevent you from feeling pain.
- **Foot and ankle surgical resident** may assist your surgeon and help manage your care.
- **Medical doctor/hospitalist** may help in managing your care.
- **Coach** is a person you choose to support you in preparing for and recovering from your joint replacement surgery. This person can be a spouse, friend, or family member. Your coach will provide support and encouragement throughout your experience.
- **Nursing staff** will care for you before, during, and after your surgery. They will help keep you comfortable and safe while you are with us.
- **Physical therapists (PT)** will guide you through an exercise program to improve your strength, range of motion, and walking. They will teach you how to use the right walking aide, so you can keep weight off your foot such as a walker, crutches, or knee scooter.
- **Occupational therapists (OT)** teach you the best and safest ways to do daily activities such as:
 - Getting dressed
 - Getting in and out of a chair, bed, tub, or shower
 - Getting on and off the toilet
 - Doing household tasks such as cooking, cleaning, and pet care
 - Helping you choose equipment needed during your recovery
- **Case management team** will help plan your move from the hospital to your home or next level of care. They will also arrange for any equipment or services you will need.
- **Pharmacist** will oversee your home and hospital medicine. If needed, they will teach you about your medicine before you leave the hospital.

Other team members may include dietitians, chaplains, lab technicians, transporters, and respiratory therapists. The healthcare team works together to help you recover as quickly as possible.

Your Role

When it comes to preparing for and recovering from surgery, much of the work is up to you. Your healthcare team will help as much as they can, but **you** have the biggest role in making your surgery successful. You will need to get your home and your body ready for your surgery. Following your doctor's orders before and after surgery will make a big difference in your recovery.

Coach Responsibilities

Your coach also plays an important part in your surgery and recovery. This person should be a spouse, relative, significant other, or friend who will be able to support you before, during, and after your hospital stay. Your coach will **not** be expected to lift or carry you. They should plan to:

- Help you with your exercises
- Give you directions and reminders
- Help with pain management
- Attend therapy with you in the hospital
- Attend all discharge education
- Stay with you and be available to help for **at least** 3 days after you leave the hospital



Preparing for Your Surgery

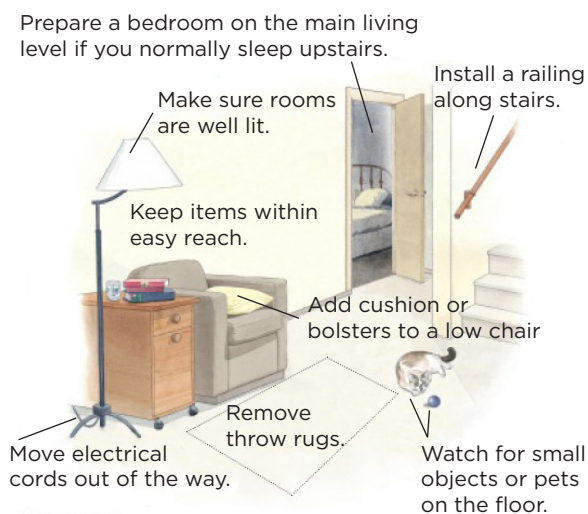
Preparing Your Home

Make your home safer and more comfortable for your recovery. Ask a friend or family member to help you. Do as much as you can before your surgery.

Home Safety

Prevent falls and other injuries by making a few simple changes around your home.

- Always keep your cell phone or cordless phone with you.
- Keep your walker, cane, or other assistive walking device within reach at all times.
- Use chairs with straight backs and sturdy arm rests which make it easier to stand.
- Raise the seat height of a low chair by adding a cushion.
- Clear clutter from pathways so you do not fall.
- Ask someone to help clean up spills.
- Remove throw rugs.
- Tape down electric cords or tuck them behind furniture.
- Use a night-light or have a light source in every room.
- Move the items you use most often to counter height to avoid excess bending or reaching.
- Do your laundry before having surgery.
- Clean your house before having surgery or ask others to help you clean.
- Wear shoes that fit and will not fall off your feet when you walk. Do not walk around in your socks.



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Kitchen

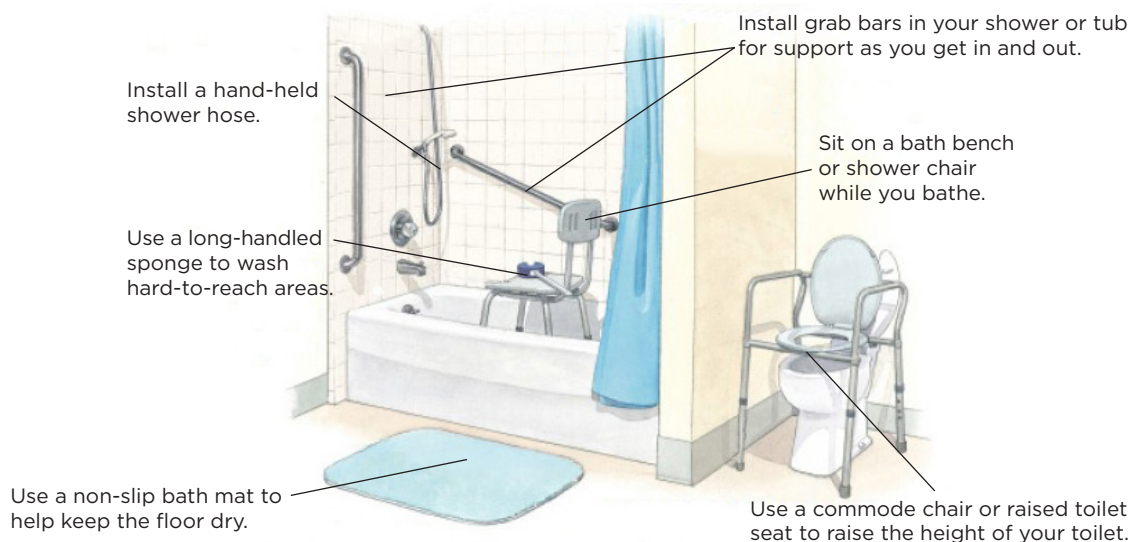
- Plan some easy-meal menus and shop in advance.
- Make and freeze meals ahead of time. After surgery, you may want bland/comfort foods.
- Stock up on foods that are easy to prepare.
- Many grocery stores will deliver an order right to your door. Contact your local grocery store for more information.
- Do not carry hot or heavy items while using a walker or crutches.

Bedroom

- Sleep on a bed that you can get in and out of easily.
- Consider installing a bedrail to make getting in and out easier.
- Consider having a bedroom on the main level.

Bathroom Tips

- Prevent slips and falls by installing railings and non-slip surfaces.
- Check existing grab bars for strength and stability, and repair if needed.
- You and your therapist may discuss safe ways to get in and out of your tub or shower and how to raise the height of your toilet seat.
- Make bathing easier by using a shower hose, liquid soap, a long-handled sponge, and a bath bench or shower chair without a back.
- Watch out for hazards, such as wet floors.
- Dry off in the shower to prevent bringing water out onto the floor.
- Stock up on toiletries and other items you will need during recovery.



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Stairs

- Arrange things so you do not have to use the stairs often.
- Make sure stairs have handrails that are securely fastened to the wall.
- Fix loose or uneven steps.
- Cover bare wood stairs with nonskid strips. If there is carpet, be sure it is firmly attached.

Outdoors

- Try not to walk on uneven sidewalks or ground.
- Make sure outside stairs have a handrail that is securely fastened.
- When stepping off a curb, be aware of its height.
- Avoid inclines and driveways.
- Be careful when using a knee scooter outdoors, move slowly to prevent falls.
- Add more outdoor lighting if needed.
- Watch for pets that could trip your feet, jump on you, or lie in your walking path.
- Plan for a pet sitter or dog walker if needed.
- Arrange for help with yardwork or snow removal ahead of time.
- Decide which of your vehicles you can get in and out of the easiest.

Help at Home

In the first weeks after surgery, you may want some help at home. Arrange for this now. Family and neighbors may be able to help with meals, cleaning, laundry, driving, and other demands. Check into community services available in your area.



Exercises to Do Before Your Surgery

1



Gluteal Set

Squeeze your bottom together. Hold for 10 seconds.

2



Straight Leg Raise

Keeping your surgical knee straight, lift your leg 6 to 8 inches off the bed. Use a sheet or elastic leg lifter to help you as needed. Bend your non-surgical leg to ease back strain.

3



Balance Training

Stand near a counter for support and safety. Lift your surgical leg off the floor and try to balance on the other foot. It is important to wear a good supportive shoe on your non-surgical foot.

4



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Chair Push-Ups

1. Slide to the edge of the chair.
2. Push yourself up to using the armrests of the chair.
3. Sit back down

Getting Ready for Surgery

Sanford Health has created a booklet called **Getting Ready for Surgery**. This booklet will answer some questions you may have about having surgery at Sanford.

- How does Sanford keep me safe?
- How do I get ready for surgery?
- What will the day of surgery be like?
- How will my pain be managed?
- How can I recover well?

In that booklet, you will also find:

- A list of questions that will be answered by a nurse before surgery. This may be during a phone call or a visit to a surgery center. Write down any special instructions in the space provided at the end of the book.
- A checklist of the steps needed to help you get ready for surgery.



Things to Bring to the Hospital

Paperwork

- Forms required by your insurance carrier.
- A copy of your Healthcare Directive or Durable Power of Attorney for Healthcare if you have one. If you do not have one of these and would like more information, talk with your healthcare team.
- This book** and any other education material you were given about your surgery.

Money

- You may need a form of payment (cash, check, credit card) for discharge medications and equipment.

Personal items

- Cases for your glasses, dentures, and/or contact lenses. Label the containers with your name to keep them safe when not in use.
- Things that help you feel comfortable and support your healing. Some examples may be music, pictures, or religious material.
- Loose, comfortable clothes.
- Walking shoes.

Medicine

- Depending on where you have your surgery, you will be asked to bring all of your home medicine in their original bottles or a complete list of the medicine you take at home. This includes vitamins, herbals, dietary supplements, inhalers, ointments, eye drops, and Nitroglycerin. A nurse or pharmacist will review the medicine with you.
- We may request that your family take your medicine back home again.

Personal Medical Equipment

- If you use a CPAP machine for sleep apnea, bring the machine and cord. Also, bring your CPAP tubing, mask, and settings.
- Bring devices you use to walk at home such as a cane or brace.

Options to Protect Your Valuables

- Leave your valuables at home, as you will be spending time in therapy and away from your room. **You are responsible to keep track of your items.**
- Have a family member take your checkbook, wallet, credit cards, large amounts of cash, jewelry, and sentimental items, or consider leaving at home.
- Ask your nurse to place your valuables in the hospital safe.

Your Surgery

Being prepared will help your joint replacement surgery go more smoothly. Make a checklist of things you need to know. Then write down your questions. Your healthcare team will answer your questions.

Before Surgery

There are things that must be done before your surgery.

- Schedule an appointment for your physical exam with your primary doctor. You may have more appointments with specialists as needed. It is important to talk with your doctor about the risks and benefits of having joint replacement surgery. Report any injuries, rashes, breaks in the skin, or signs of infection to your doctor or nurse right away. Surgery may need to be re-scheduled until any possible source of infection is treated.
- Follow your doctor or nurse's advice for taking medicine.
- Talk to your healthcare team about needed dental care. Schedule an appointment with your dentist as directed by your doctor. Your mouth could have bacteria that would be harmful to a new joint.
- Complete tests as ordered by your doctor.
- Review this book.
- Begin your exercise program as instructed.
- Start preparing your home.
- Talk to your family about the care you will need when you return home. You should have someone with you for **at least** 3 days after you return home.
- Contact your insurance company for pre-authorization, pre-certification, a second opinion, or referral form as needed.
- Have the following information ready for pre-registration:
 - Your Social Security Number.
 - Name of insurance company, mailing address, policy and group number.
 - Your employer, address and phone number.

Quitting Tobacco Use

Tobacco use, whether in cigarette, e-cigarette, pipe, cigar, or chew, form greatly increases the risk of complications from surgery. If you are a smoker, **now** is the time to quit. Your immune system, your circulation, your airways and your lungs are damaged by smoking. **Smoking is the leading preventable cause of premature death in the United States.**

Reasons to Quit

- Your recovery may go better. Smoking raises your chances of having problems after total joint replacement surgery. Those who smoke have an increased risk of:
 - Bones not healing
 - Total joint failure
 - Pain needing more narcotic use
 - Medical complications after surgery (Examples: Blood clots, increased blood pressure, increased heart rate, and risk of infection)
 - Osteoporosis
- You will lower your risks of heart attack, stroke, many forms of cancer, and lung disease.
- You will feel better and breathe easier.

Resources to Help You Quit

Quitting is hard, but do not give up. It may take more than one try to quit for good. It is important to have a plan. Ask your doctor, nurse, respiratory therapist, or pharmacist for help.

- National Quit Line (800) QUITNOW (784-8669) For Deaf and Hard of Hearing Callers: Relay 7-1-1
- Freedom from Smoking Online: www.ffsonline.org
- National on-line website: www.smokefree.gov
- Guide to Quitting Smoking: www.cancer.org

Alcohol

Before your surgery, you may need to stop or reduce the amount of alcohol you drink.

- Alcohol can impair your vision or your ability to walk.
- Alcohol may impair healing and increase the risk for infection.
- Ask your doctor if you need to quit or limit alcohol intake.

Maintaining Healthy Bones

Nutrition

Good nutrition helps wound healing. Vitamins in fruits and vegetables and protein in meat and fish will build new tissue and prevent infection. It is important to get enough calories and protein in your diet to heal.

Your Appetite

For a few weeks after surgery, you may notice that you do not have an appetite or that food tastes different. Your appetite will improve over time. Calories are needed for healing and for energy. Your recovery is not a time to try to lose weight. If needed, a weight loss program can be started after you have recovered from your surgery.

- If your appetite is poor, eat smaller meals instead of large ones. Eating smaller portions 5 or 6 times a day may help you get the nutrition that you need. Aim for 3 meals and 2 snacks every day.
- Try a nutritional supplement, such as protein bars or protein shakes, for a snack.
- Eat something before physical therapy.
- It is important to drink plenty of fluids such as water, juice, and non-caffeinated beverages.

Eat a Balanced Diet

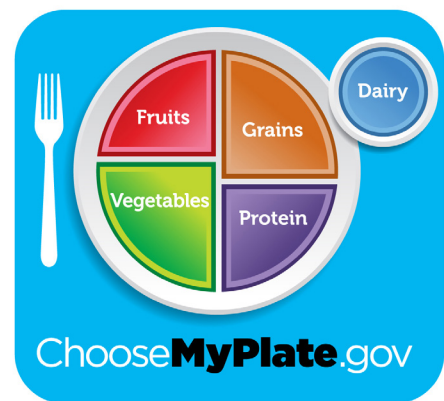
The My Plate website can help you choose the best types and right amounts of foods to eat. Your nutrition needs may be different depending on your gender, age, and activity level. Visit www.choosemyplate.gov to find specific guidelines for you.

Why You Need Calcium

Calcium is important to prevent osteoporosis. If you have osteoporosis, your bones can become weak and break easily.

Healthy habits can affect how well the body is able to use calcium.

- Exercise helps the body to use calcium and makes the bones stronger.
- Your body needs vitamin D and vitamin K for healthy bones.



Day Before Surgery

- A nurse will call you the day before your surgery. If your surgery is on a Monday, you will be called the Friday before. The nurse will tell you what time to come in for your surgery.
- Pack your bag.
- Shower as instructed.
- Eat a light supper and a bedtime snack.

Day of Surgery

- Shower as instructed.
- Brush your teeth.
- Wear clean, comfortable clothes.
- Do not use any perfume, deodorant, cream, lotion, powder, or nail polish.
- Take only the medicine that you were instructed with a small sip of water.

You will be given specific instructions about showering before your surgery.



After Surgery

- Your orthopedic surgeon will speak with your family after your surgery.
- A volunteer will help or direct your family to your room on the orthopedic unit.

In Your Hospital Room

After surgery, you will be taken to a hospital room where your coach can join you. You will start therapy the day of surgery. Your plan of care will be reviewed with you. You will be watched closely to keep you safe.

Equipment Used in the Hospital

Here is some of the equipment that **may be used**:

- An IV line to give fluids and medicine
- Oxygen tubing and oxygen monitor
- An incentive spirometer to help you breathe deeply and prevent respiratory infections like pneumonia
- An ice therapy machine or ice pack to reduce pain and swelling
- A sequential compression device (SCD) to help blood flow in your legs and prevent blood clots
- A commode chair or raised toilet seat

Pain Management

All patients will have pain after surgery. Our goal is to help manage your pain. You will be asked to rate your pain on a scale of 0 to 10 (10 being the worst). Your surgeon will decide which type of pain medicine is best for you. You will be given pain medicine that has been ordered by your surgeon. When your pain is well managed, you are better able to perform your daily activities. Tell your nurse if your pain is **not** controlled well by these medicine.

Pain Medicine After Surgery

It is important to work with your healthcare team for good pain management. When you begin therapy, your nurse will give you a pain pill about a half hour before your session. Tell your nurse or surgeon about:

- Your pain. Do not wait until your pain becomes severe.
- The pain control methods or medicines that have helped you in the past.
- Any concerns you have about taking pain medicines.

Other Methods for Pain Management

Here are other ways to have good pain control:

- Using cold therapy or ice
- Changing your position
- Listening to music
- Using integrative therapies such as aromatherapy, acupuncture, guided imagery, or the music relaxation channel on the television
- Anything you have found helpful at home

Preventing Falls During Your Hospital Stay

Our goal is to keep you safe from a fall. After joint replacement surgery, you are at a high risk of falling.

Falls can happen because of:

- Changes in your balance caused by the surgery - muscles and tendons that support your new ankle need time to heal
- Using new equipment like walkers, crutches, or knee scooter
- Taking pain medicine

Call Don't Fall!

Do **not** get up without help.

Call the nurse before you get out of bed and when you are done in the bathroom. We may use a bed alarm during your stay to remind you to call for help. Staff will check on you often to keep you safe. A fall may result in a longer stay in the hospital or even another surgery. Remember, the hospital is not your familiar environment. You may be connected to cords, pumps, or other equipment. Even if you no longer need therapy, you still need to ask for help to get up or walk.

Preventing Falls at Home

It is important to do what you can to lower your risk of falling. See the section Preparing Your Home at the beginning of this book for things you can do to make your home safer and prevent falls.

Preventing Infection

A replacement joint is not as good at fighting germs as a natural joint. Infection can be a serious problem after joint replacement surgery. If a new joint gets infected, it is hard to cure. Sometimes the new joint must be removed. You can help prevent infection by:

- Cleaning your hands with soap and water or hand sanitizer.
Clean your hands:
 - Before touching your incision (surgical cut) or changing your dressing
 - After using the toilet or blowing your nose
 - After doing laundry, housework, or yard work
 - After petting or caring for animals
- Making sure your healthcare team washes their hands before and after they take care of you.
- Making sure your family and friends wash their hands.
- Getting your teeth checked by a dentist. Bacteria from cavities or gum disease can be a source of infection. Repair any dental problems before surgery. Brush your teeth 2 times a day. **It is important to talk with your surgeon about your dental care after having surgery.**
- Being aware of any cuts, scrapes, sores or redness. These could be a path for germs to get into your system.
- Recovering from colds or sinus trouble. This is another common place for germs to be in the body.
- Treating bladder infections. If you have cloudy urine, your urine smells strongly or it burns when you pass your urine, you may have a bladder infection. This will need to be treated before surgery. Tell your surgeon if you have any of these symptoms after surgery.



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Care of Your Incision

Normally, it takes about 2 weeks for your incision to heal enough to stay closed. If you have sutures or staples, they will be removed about 2 weeks after surgery. Over the next 6 to 8 weeks, your incision may feel tight and itchy, which is part of normal healing. Some areas of the foot and ankle will have temporary numbness or tingling. This is normal. This will improve with time. It is common to have more swelling and pain 4 to 7 days after surgery, which is often after you leave the hospital. After about a week, swelling and pain will get better day by day. You will continue to have some swelling over the next 6 to 12 months. To care for your incision:

- **Keep your dressing clean and dry.**
- You may shower (consider a shower chair). Refer to the instructions you were given.
- Do not soak the shoulder or take baths until your surgeon tells you it is okay.
- Wear loose clothing that is easily washed and does not rub or irritate the incision.
- Never dab lotion, ointment, powders, or perfume on the incision.

Preventing Pneumonia

Take deep breaths every hour while you are awake to clear the anesthesia from your lungs and help prevent pneumonia. You will start this in the hospital. You will need to continue at home about every hour during the day. If you have an incentive spirometer, use it as directed.

Preventing Blood Clots

A deep vein thrombosis (DVT) is a blood clot that can form in a leg vein after a total joint replacement surgery. A piece of the clot can break off, travel through the blood stream to the lung, and can cause death. Your doctors may tell you to use:

- A sequential compression device (SCD) that improves your blood flow by gently squeezing and releasing your leg or foot.
- Compression stockings (TED hose) or ACE wrap on in the morning, off at night.
- Medicine to prevent clotting if your surgeon orders this for you.
- Activity to help increase circulation:
 - While lying in bed, pumping your non-surgical ankle, and move your toes every hour while you are awake.
 - Getting up in to a chair

Preventing Constipation

A side effect of taking pain medicine is constipation. Decreased activity can also lead to constipation. To avoid becoming constipated:

- Gradually increase your intake of fiber-rich foods such as fruits, vegetables, and whole grains.
- Drink 8 or more 8 oz. glasses of fluids each day.
- Stay as active as you can.
- Consider drinking prune juice each day.
- Consider taking a stool softener or laxative as told by your provider. Many of these are available over-the-counter at your local store. If you have questions, ask your doctor or pharmacist.

If constipation problems continue, call your doctor. Check with your doctor or nurse before giving yourself an enema. before giving yourself an enema.

Rest or Sleep

After surgery, you may have a hard time sleeping. Taking your pain pills around bedtime controls your pain so you can stay asleep. Rest will help you get your strength back more quickly. Here are some tips to help you rest:

- Go to bed at the same time each night.
- Stop and rest for a few minutes after activity.
- Take short naps or rest periods when you are feeling tired.

When to Call Your Surgeon

Call your surgeon at the Foot and Ankle Clinic if:

- Your lower leg is cool to the touch or are pale
- You have a fever over 101 degrees Fahrenheit (38.3 degrees Celsius)
- Your incision:
 - Has increased redness
 - Is hot to touch
 - Is more painful than it has been
 - Oozes a new drainage or smells bad
 - Bleeds enough to come through your bandage
- Your pain medicine is not managing your pain
- You have side effects from your medicine such as an upset stomach, throwing up, redness, rash, or itching
- You have pain or swelling in the calf of either leg
- The edges of your incision come apart
- You have any questions or concerns about your health

If you experience chest pain, heart palpitations, or trouble breathing,
Call 911.

Preparing to Go Home

It is common to feel anxious when you think about caring for yourself away from the hospital. The more you learn, the more confident you will feel. It is best if you have someone stay with you when you first go home. Most often, you will be ready to go home when you are able to be up using your assistive device safely, and be able to maintain non-weight bearing. Your surgeon will decide when you are ready to leave the hospital. A nurse, case manager, or social worker will visit you in the hospital to discuss any help you may need.

Before you leave, you can expect to be given:

- Written instructions for how to care for yourself and when to call the surgeon
- Prescriptions for pain and blood thinner medicine as ordered by your surgeon
- Follow-up appointments

Leaving the Hospital

Your doctors and therapists will decide when you are able to go home. After you have been given all of the needed instructions, you will be ready for the trip home. It is normal for you to feel tired and worn out. Plan rest periods in-between your activities. Your energy level will improve in the days and weeks ahead.

- Remember to ask for a pain pill before you leave the hospital. This will make the ride home more comfortable.
- Plan on wearing loose-fitting street clothes that do not have tight elastic at the waist or ankles. Put your operated leg in your pants first.
- Sit in the front passenger seat of the car and recline the backrest a little.
- Always wear your seatbelt.
- If you are traveling a long distance, plan to get out of the car and stretch every hour. This will keep you from getting too stiff and will also help prevent blood clots in your legs.
- Driving - Ask your provider when it is safe for you to drive



Checklist Before You Leave the Hospital

Check off the items on the list below when you know the answers. Ask your nurse or doctor if you need more information.

- When to Call the Surgeon**
- Medicine Safety**
 - The names of my medicine
 - When and how to take each medicine
 - Common side effects of my medicine
 - What to do about side effects
- Pain Control**
 - How to take my pain medicine
 - Side effects of my pain medicine
 - Other ways to help manage my pain
- Food and Drink**
 - What foods I can eat
 - How much liquid I should drink

Incision

- Signs and symptoms of an infection
- How to care for my incision
- When my stitches or staples should be removed

Edema (swelling) Management

- Techniques to manage swelling

Deep Vein Thrombosis (DVT) Prevention

Activity Safety

- Lifting
- Driving
- Bathing
- Walking
- Sex
- Work restrictions (limits) and time off from work
- Getting in and out of bed
- Getting in and out of a chair

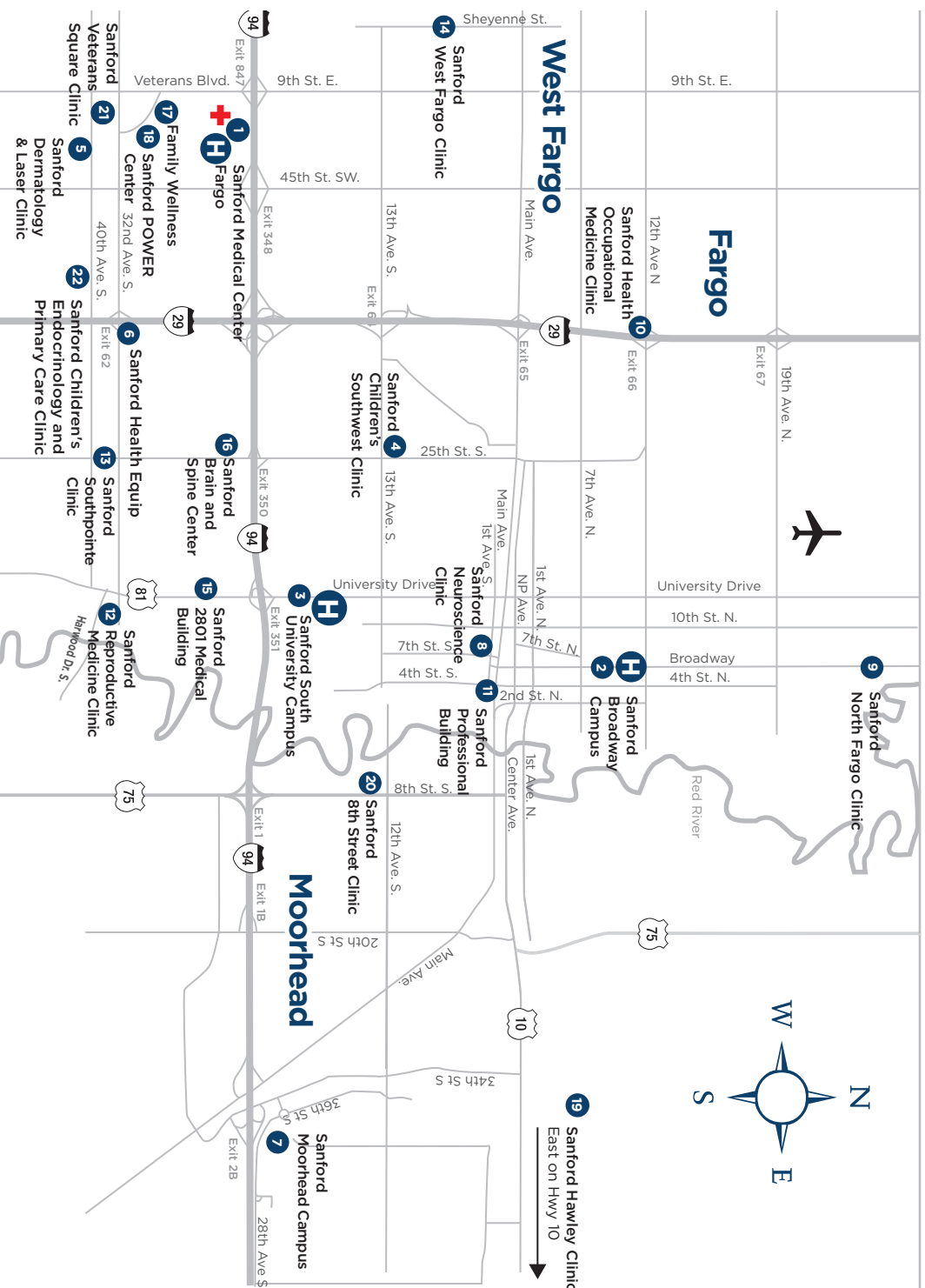
My Recovery

- My health condition or surgery
- Follow-up appointments with my doctor or surgeon
- Lab work that I need and where to have it done
- Tools to stop smoking or using tobacco
- The importance of washing my hands and avoiding sick people – preventing infection and getting sick
- How to prevent blood clots and constipation
- The importance of rest and how often to rest
- Community support resources

Emotions

- You may have feelings of sadness or depression after surgery. These emotions are common.
- Call your doctor if these feelings do not go away. Call 911 if you feel like hurting yourself or someone else.

Fargo-Moorhead Locations



- 1 Sanford Medical Center Fargo**
5225 23rd Ave. S., Fargo, ND
 - +** Emergency Department
 - I-94 Clinic
- 2 Sanford Broadway Campus**
801 Broadway N., Fargo, ND
 - Roger Maris Cancer Center
820 Fourth St. N.
 - Broadway Clinic
737 Broadway N.
 - Broadway Medical Building
736 Broadway N.
 - Sanford Broadway Urgent Care
720 Fourth St. N.
- 3 Sanford South University Campus**
1720 University Dr. S., Fargo, ND
 - Hospital
 - 1717 Medical Building (Eye Center)
 - 1711 Office Building
 - Sanford South University Urgent Care
 - Sanford Orthopedics and Sports Medicine
 - Orthopedic Walk-In Clinic
 - Rehabilitation Hospital
- 4 Sanford Children's Southwest Clinic**
2701 13th Ave. S., Fargo, ND

- 5 Sanford Dermatology & Laser Clinic**
4656 40th Ave. S., Fargo, ND
- 6 Sanford Health Equip**
3223 32nd Ave. SW., Fargo, ND
- 7 Sanford Moorhead Campus**
4000 28th Ave. S., Moorhead, MN
- 8 Sanford Neuroscience Clinic**
700 First Ave. S., Fargo, ND
- 9 Sanford North Fargo Clinic**
2601 N. Broadway, Fargo, ND
- 10 Sanford Health Occupational Medicine Clinic**
3838 12th Ave. N., Fargo, ND
- 11 Sanford Professional Building**
100 4th St. S., Fargo, ND
- 12 Sanford Reproductive Medicine Clinic**
1111 Harwood Dr., Fargo, ND
- 13 Sanford Southpointe Clinic**
2400 32nd Ave. S., Fargo, ND
 - Sanford Integrative Medicine
- 14 Sanford West Fargo Clinic**
1220 Sheyenne St., Fargo, ND
- 15 Sanford 2801 Medical Building**
2801 University Dr. S., Fargo, ND
- 16 Sanford Brain and Spine Center**
2301 25th St. S., Fargo, ND
- 17 Family Wellness**
2960 Seter Parkway, Fargo, ND
- 18 Sanford POWER**
2990 Seter Parkway, Fargo, ND
- 19 Sanford Hawley Clinic**
1412 Main St., Hawley, MN
- 20 Sanford 8th Street Clinic**
1301 Eighth St. S., Moorhead, MN
- 21 Sanford Veterans Square Clinic**
3955 56th St. S., Suite D, Fargo, ND
- 22 Sanford Children's Endocrinology and Primary Care Clinic**
4656 40th Ave. S. #214 Fargo, ND

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