



## DISCHARGE INSTRUCTIONS FOR FOOT SURGERY

Following foot/ankle surgery there are a few things that will aid in your recovery. They are simple to do and very important.

1. Keep your leg elevated on at least 2-3 pillows. To avoid pressure behind the knee, never place a pillow under the back of the knee. Keep ice on the operative foot/ankle as much as you can tolerate. Never put ice directly on the skin. This will help decrease the swelling in your foot and ankle and also help with discomfort.
2. Wiggle your toes as much as possible. This will circulate the blood from your toes to your heart and prevent blood clots.
3. Unless your doctor has said otherwise, you will be weight bearing as tolerated, however you will be sore the evening of surgery and may require crutches, cane, or walker for stability.
4. Take your pain pills as prescribed, but remember, narcotics can make you sleepy, nauseated or constipated so take them with plenty of food and water. You may use mild laxatives or stool softeners such as colace if needed. You may take Ibuprofen 400-600mg every 4-6 hours as needed for pain. You may take the Ibuprofen in addition to taking the prescribed pain medication. No alcoholic beverages while taking pain medications.
5. Your doctor may or may not have ordered a post op shoe. This is to be worn at all times when up and about. You may remove the shoe when lying down.
6. If you have a soft dressing such as gauze and ace wrap. Cover the wound with saran wrap and you may shower.
7. May resume home medications as directed by physician. Diet as tolerated. No spicy or greasy foods recommended the day of surgery.
8. Your follow up appointment has been scheduled with Dr. \_\_\_\_\_  
on \_\_\_\_\_ at TALLGRASS or 29<sup>TH</sup> & URISH CLINIC
9. **CALL YOUR PHYSICIAN'S OFFICER AT 233-7491 IF YOU HAVE ANY OF THE FOLLOWING:**
  1. Pain not controlled with pain medication
  2. Fever of 101 for 2 consecutive days
  3. Nausea that does not subside after 24 hours after surgery
  4. Redness or drainage from incision sites
  5. Any questions or concerns.

WE STRONGLY SUGGEST A RESPONSIBLE ADULT REMAIN WITH YOU AT HOME TODAY AND TONIGHT FOR YOUR PROTECTION AND SAFETY. IF YOU HAVE ANY QUESTIONS, OR IF A PROBLEM DEVELOPS, PLEASE CALL YOUR PHYSICIAN IMMEDIATELY. IF YOU ARE UNABLE TO CONTACT YOUR PHYSICIAN AND YOU FEEL THIS IS AN URGENT SITUATION REQUIRING A PHYSICIAN'S ATTENTION, GO TO THE EMERGENCY ROOM CLOSEST TO YOU.

### DESIGNATED CAREGIVER CONSENT

I WILL BE THE DESIGNATED DRIVER OF THIS PATIENT AFTER DISCHARGE FROM TALLGRASS SURGERY CENTER. I AM FULLY AWARE THIS PATIENT NEEDS CAREGIVING ATTENTION FOR THE FIRST 24 HOURS.

X \_\_\_\_\_  
PATIENT/PATIENT FAMILY MEMBER

X \_\_\_\_\_  
REGISTERED NURSE