



Foot and Ankle Pre-Operative Packet

Important numbers:

Orthopaedic Office, scheduling, refills, clinical questions: 843-876-0111

Sandy Harvey, surgery scheduler: 843-792-5387

For easiest access, contact us on **MyChart** (<https://mychart.musc.edu>)

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The Foot & Ankle Team

Surgeons

Dr. Christopher Gross/Daniel Scott will perform your foot/ankle surgery and will guide all of your care. While in the hospital, he is always assisted by a resident, who will help manage outpatient orders, prescriptions, and admissions. Depending on the case, the doctor will collaborate with other well qualified doctors for the best possible outcome.

Physician Assistants, Certified Athletic Trainers, and Nurses

Kylie Weddington, RN and Kelley Celek, PA are Dr. Gross and Scott's primary assistants. They can diagnose and treat medical problems and has been trained through an accredited medical program. They will help to take care of you in the clinic setting. They will assist you in completing forms for time off work, FMLA, medication refills, etc. **Please be patient**, we provide great care to many patients and have busy clinical days.

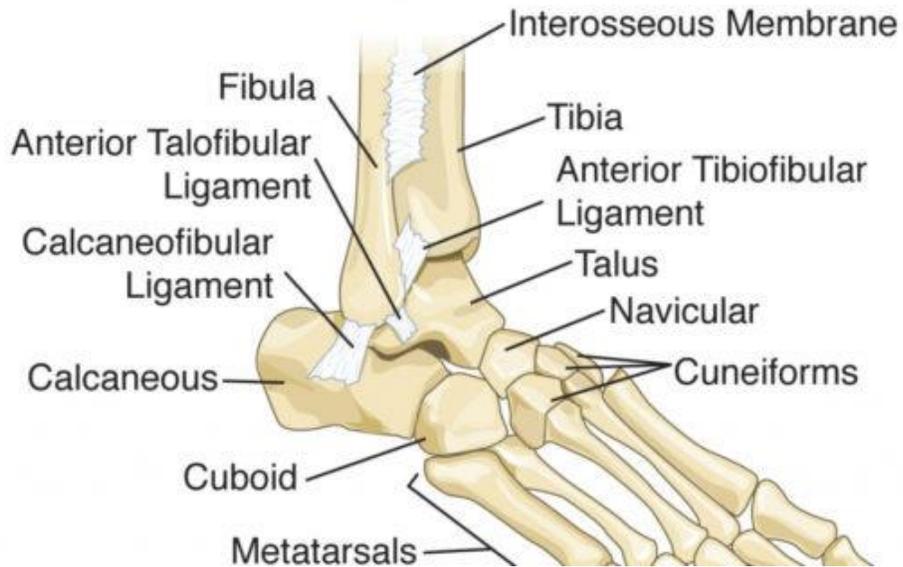
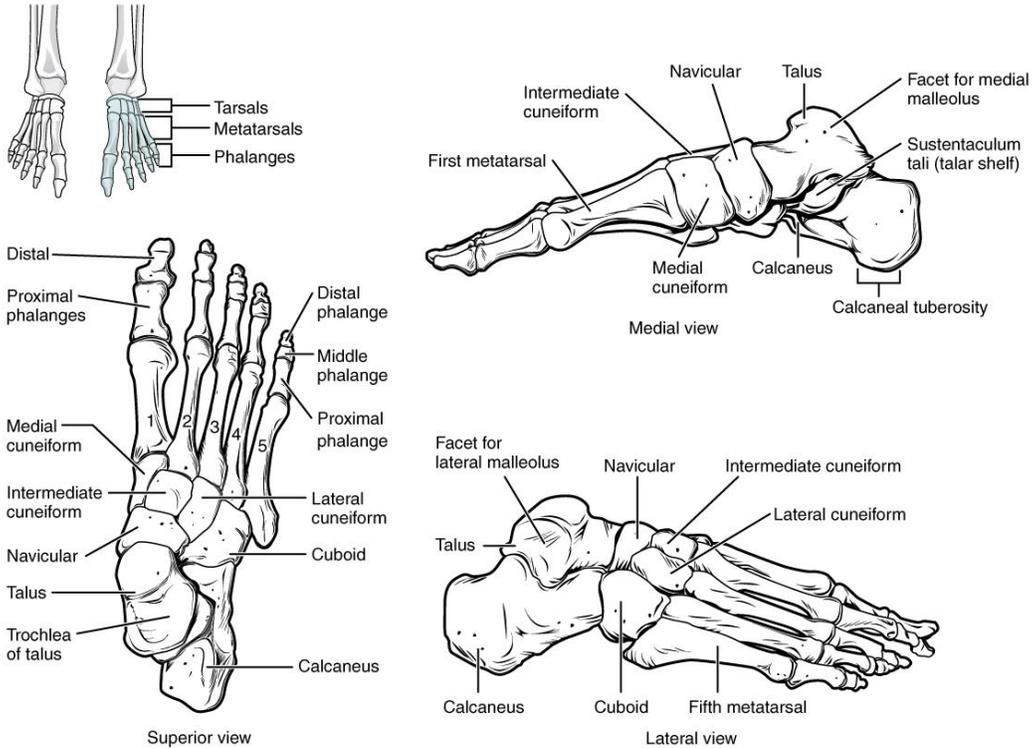
Case Manager (Discharge Planner)

The case manager works closely with your surgeon to decide about your hospital discharge plan **if you are admitted** for an overnight stay. This person arranges any of your home health needs including setting up home physical and occupational therapy, as well as home nursing, if this service is needed. They make sure all of the equipment you need at home is ordered, such as knee scooter, crutches, bedside commode. They can also help answer questions about what services your insurance covers. Unfortunately, only in rare circumstances do foot and ankle surgeries gain you entrance into a rehab facility.

Registered Nurses, Certified Medical Assistants, and Patient Care Technicians

Nurses and medical assistants work with you in the hospital and in the clinic. They follow your surgeon's instructions regarding your care. They can teach you about your surgery, medications, and your care after surgery.

Bone Anatomy of the Foot and Ankle



So, you are having surgery, what's next?

Having surgery is a major decision and can take some time to come to terms with. Here you will find information on the process before surgery all the way up to the day of.

While at your doctor's appointment

Sign consent and fill out an anesthesia questionnaire once you decide to have surgery. The doctor will have you fill out research forms as well. You should have received this packet as well as a bottle of surgical scrub. You will receive a call from the surgery scheduler within a week of signing the consent.

Things to keep in mind after you have left

Keep in mind that your surgery could be scheduled as much as 3 months out. There are multiple factors that create this wait time, they include:

- MUSC limits the hours that the doctors have in the OR
- Dr. Gross and Dr. Scott see and operate on both simple and complex patients from across the country
- The complexity of your procedure

Even if your procedure should only take 15 minutes it does not mean we can squeeze you in earlier given certain time constraints. Every surgery, no matter how long, takes 2 hours of prep from the staff. We will do everything we can to get you the earliest surgery appointment. If you would like, you can let the surgery scheduler know you would like to be put on a waiting list. This does not guarantee an earlier date but you could help.

When you get the call from the surgery scheduler

They will set the surgery date and 1st post-op visit; the surgery time isn't determined until the day before surgery. Please let us know if there is a preference and if you want to be placed on a cancellation list.

You will get a call from the OR nurse who will tell you what time to arrive at the hospital for check-in and go over pre-op instructions ie. what meds to take/not to take, answer questions about scrub, etc.

The surgery letter that the scheduler mails you will confirm surgery date, location, and when to expect the call with arrival time. It also gives a # to call if you haven't heard from anyone by 4pm the day before surgery.

You must have someone stay at the hospital the entire time you are there for surgery...someone **over 18** who can be responsible for you at least overnight. (you cannot take a cab or Uber)

Paperwork needed

If you have had a previous surgery on this foot/ankle please contact the previous surgeon or podiatrist to obtain the operative report from them. You can have that faxed to 843-792-7794.

Depending on your job, you could be out of work for some time. Do not forget to fax your FMLA or disability work to 843-792-3674. There is a \$25.00 charge to have your paperwork released back to you or your place of employment. The paperwork will be completed within 2 weeks of you turning it in to us. **Please be patient as we are taking great care of many patients at the same time.**

Surgery Clearance

You will fill out an anesthesia questionnaire to determine if you need additional labs, tests, or a visit with our anesthesia team before surgery.

If you need clearance from your other physicians (cardiovascular, anesthesia, rheumatology etc...) please have written confirmation from those doctors as soon as possible and fax to 843-792-7794.

Setting Expectations for Surgery

The goal of surgery for both patients and surgeons is to improve a patient's mobility, function, and decrease a patient's pain. It is our privilege to be able to take care of you and to help you in this journey. **Surgical expectations** are what a patient believes they will achieve in terms of outcomes after surgery. However, sometimes a patient's expectations can sometimes be far greater than the typical improvement patients experience after various surgeries.

Research shows that patients with anxiety or depression have higher expectations before surgery. These patients also have greater levels of pre-operative pain and a worse quality of life and function. There is a direct relationship between pain and depression (this road is two ways) in orthopedic literature. There is also evidence to suggest depression can increase the risk for post-operative infections.

Studies consistently show that patients with depression and anxiety have worse outcomes (pain and function) after surgery than those without these struggles. Surgery likely can provide great relief for patients, but the improvements are often somewhat less than patients without these problems. Not having expectations met does not mean that a patient has not improved from surgery. Many patients with anxiety and depression still have large improvements in their pain and function after surgery, and many are very happy that they underwent surgery and are happy with their outcome after surgery.

Surgery is close

1 week to go

- Please have a strategy to get back into your home after surgery since you will not be able to walk on one leg for at least 24 hours.
- Please obtain ambulatory assistive devices like a knee scooter or knee walker (list of providers at end of packet)
- **Practice using your assistive device**
- Stop any medications that increase the risk of bleeding. These include medications containing anti-inflammatory substances such as Aspirin, all NSAIDs (Celebrex, Advil, Motrin, Aleve, Advil, fish oils, herbs and supplements)
- If you take Coumadin, Plavix, Xarelto, Pradaxa, Eliquis, or other blood thinning medications, follow the instructions given to you by the doctor that provided them to stop them. Please let us know if you do take them.
- **Please let us know if you have ever had a blood clot**

The day before surgery

- You will receive a call between 2:00 and 4:00pm to let you know what time to come to the hospital. If your surgery is on a Monday, you will get a call the Friday before. It is important that you arrive on time to the hospital (generally 2 hours beforehand). If you are late, it may cause a cancellation of your surgery.
- If you do not receive a call by 4:00pm, please call 843-792-8803 for instructions.
- Use the antiseptic scrub (see directions in this packet)
- Do not eat or drink anything after midnight the day before surgery. This can also lead to surgery cancellation if ignored.

Important Skin Preparation Before Surgery

Bacteria and germs normally live on skin and do not usually cause a problem. However, they may contribute to an infection after surgery. Bathing with special antiseptic soap before surgery reduces the amount of bacteria on skin and will lower your risk of infection after surgery. The name of the special soap is Chlorhexidine Gluconate Scrub(CHG). If you did not receive the special soap from your doctor you can use an antibacterial soap.

- **Do not** use CHG soap if you may be allergic to CHG (chlorhexidine gluconate).
- **Do not** use CHG soap on genitalia (private parts).
- **Do not** use CHG soap on open wounds, sores or cuts.
- **Do not** use CHG soap near your eyes, ears or mouth. If it contacts these areas, rinse out immediately and thoroughly with water.
- **Do not** shave or remove any hair at or around the area of your surgery.
- If rash, redness, itching or any other symptoms occur, stop use immediately. If rash persists or worsens, contact your physician.
- Keep this product away from children. If swallowed, seek medical attention immediately or call a poison control center right away.
- This product is for your use only. **Do not** give it to anyone else.

It is important to take two showers or baths with the special CHG soap.

The night before surgery AND the morning of surgery:

Please shower or bathe the night before and the morning of your surgery. You will use half of the bottle of special CHG soap for each shower or bath. If it is not possible to shower or bathe completely, it is still important to attempt to wash your body, especially the area of your surgery, the best you can using the special CHG soap.

1. Using your regular shampoo, wash and rinse your hair.
2. Using your regular soap, wash and rinse your face and genitalia (private parts).

3. Using the CHG Scrub soap:

- Use half (1/2) of the CHG soap for your shower or bath the night before surgery and the other half for your morning shower or bath.
- Apply the CHG soap on a clean, wet washcloth and lather your *entire body* from the neck down to your toes.
- Pay special attention to the area where you will be having surgery and wash this area for three minutes. If your surgery is above your neck or on your head, only use the special CGH soap on your body, **do not** use on your face, head or hair.
- It is important for the CHG soap to remain on your skin for three minutes so turn the shower off for three minutes and avoid rinsing.
- After three minutes, rinse the soap lather off your body. After rinsing **do not** use regular soap on your body.
- Dry yourself with a clean towel.
- **Do not** apply any powders, deodorants, lotions, creams, hair products, or make-up.

Dress in clean sleepwear or clothes.

The day of surgery

- Follow antiseptic bathing directions
- Don't forget to brush your teeth
- Do not wear jewelry, body piercings, make up, or contact lenses
- Take your morning medications (no pain meds) with a small sip of water unless you were directed otherwise by your physician.

What to bring to the hospital

- Driver's license or photo ID
- Insurance and prescription drug cards
- Advanced directive, living will, Medical PoA (If you have them)
- Current list of medications, including any you stopped taking in preparation for surgery

PLEASE CALL IF:

- You develop a cold, sore throat, fever, flu, infection, rash of any kind, any symptoms of COVID
- Have burning pain with urination and have not been treated for infection.

- Have a gout flare up
- Have redness, swelling, skin rash, open wound that has not previously been seen by your foot and ankle surgeon.

How to obtain ambulatory aides

WHEELCHAIRS:

Most insurance companies do not consider the use of a wheel chair medically necessary for foot and ankle procedures. Please let us know as soon as possible if you think you will need a wheelchair. This process takes weeks, if not longer, to complete.

KNEE SCOOTERS: Ask clinical staff if you would like to obtain a knee scooter.

The staff will provide you with an order for the knee scooter. You will then contact your insurance company to see if they would pay for it.

IMPORTANT- most insurance companies **will not** cover knee scooters. If that is the case there are companies that rent them or you can purchase one on Amazon starting at \$150.00.

Durable Medical Equipment (DME) Companies are listed at the end of this packet.

Shower chair, bedside commode, crutches- Please ask us at check-in if you would like a Rx at the hospital to provide you with a prescription for these items (crutches can be given to you at the hospital). If you are admitted, you can be set up with Home Health services.

Common symptoms after surgery

While everyone's surgery outcome is individual in nature, some symptoms can be common. If you are experiencing something you are uncomfortable, please feel free to call 843-792-0111 or 843-792-2300 and ask for the resident on call.

Tight splint due to swelling

Cramping

Numbness

Tingling

Abnormally large amount of pain once nerve block wears off

Pins- Green tip falling off. NO NEED TO WORRY OR REPLACE

Procedures and Rehab Protocols

Please note it takes up to one year for swelling to go away in the toe, foot, or ankle. This is to be expected.

FOREFOOT

Bunion Correction

Day 0 to 2 weeks	Heel weight bearing in post op shoe
2 wks to 6 weeks	Stable toe spacer WB in short boot
6-12 weeks	Transition to shoe continue toe spacer in closed toe shoe until 3 months Its OK to ride a bike at 6 weeks, but no running for 12 weeks

1st MTP Fusion

Day 0 to 2 weeks	Heel WB on crutches
2-6 weeks	WBAT in short boot
6-8 weeks	WBAT in athletic shoes, no high impact exercise for 12 weeks

Hammertoe correction

Day 0 to 14	WB in post-op shoe
2-6 weeks	WBAT in post-op shoe or short boot. Initiate passive PF stretching of involved MP joints, utilize dressing or Budin splint if toes are cocking.
6- weeks	Pull pin, Transition to regular shoe as swelling allows

Plantar Plate Reconstruction

Day 0 to 2 weeks	Heel WB in post-op shoe
2-6 weeks	WBAT in post-op shoe or short boot. Initiate passive PF stretching of involved MP joints, utilize dressing or Budin splint if toes are cocking.
6- weeks	Transition to regular shoe as swelling allows

Cheilectomy

Day 0 to 14	WBAT in post-op shoe
2-4 weeks	Start PT
4 weeks	Transition to regular shoe as swelling permits

Jones Fracture

Day 0 to 14	NWB splint
2-4 weeks	PWB in CAM boot
4-6 weeks	WBAT in a CAM boot

MIDFOOT

Lapiplasty/Lapidus

Day 0 to 14	CAM boot NWB
2 - 6 weeks	WBAT in a CAM boot
6-10 weeks	Wean out of boot, WBAT, increase activity, possible PT

TMT/Midfoot fusion

Day 0 to 14	Splint, NWB
2 - 6 weeks	Non-weight bearing cast
6-10 weeks	NWB boot
10 – 12 weeks	Wean out of boot, WBAT, increase activity, possible PT
12 weeks	No restrictions

Lisfranc ORIF

Day 0 to 14	Splint, NWB
2 - 6 weeks	Non-weight bearing cast
6-10 weeks	Boot, progressive weight bearing
10 weeks – 12 weeks	Wean out of boot, WBAT, increase activity, possible PT, Poss arch support
12 weeks	Begin running/jumping activities
5-6 months	Consider hardware removal

Flatfoot reconstruction or Cavovarus foot reconstruction

Day 0 to 14	Splint, NWB, Neutral flex, slight inversion
2 - 6 weeks	Non-weight bearing cast
6 – 12 weeks	Boot, progressive weight bearing, start PT
10 to 12 weeks	Wean out of boot, WBAT, increase activity

HINDFOOT

ORIF calcaneus/talus

Day 0 to 14	Splint, NWB
2 - 6 wks	NWB in cast or CAM boot
6- 8 to 12 wks	Boot, ankle ROM, progressive weight bearing, start PT
12 - 16 wks	Wean out of boot, WBAT, increase activity, no running/jumping
16 weeks	Increase activity to tolerance

Subtalar fusion

Day 0 to 14	Splint, NWB
2 - 6 wks	Non-weight bearing cast
6 - 10 wks	Boot, ankle ROM, Progressive WB
10 - 16 wks	Wean out of boot, WBAT, increase activity, possible PT, no running/jumping
16 weeks	Increase activity to tolerance

Triple/double fusion

Day 0 to 14	Splint, NWB
2 - 6 wks	Non-weight bearing cast
6 - 10 wks	Boot, ankle ROM, NWB
10 - 16 wks	Wean out of boot, WBAT, increase activity, possible PT, no running/jumping
16 weeks	Increase activity to tolerance

Achilles repair/ Insertional Achilles Reconstruction

Day 0 to 14	Plantarflexion splint, NWB, consider leaving stitches in 3-4 wks
2 - 4 wks	WB in 2 heel lifts & initiate gentle ankle ROM
4 - 8 wks	Boot with 2 heel lifts, progressive weight bearing; peel off layer every 2-3days with goal of being WBAT flat in boot at 6 wks post-op; maintain boot until 8 wks post-op; start PT protocol at 6 wks
8 - 12 wks	Wean out of boot, WBAT
12 - 16 wks	increase activity level; no running/jumping
16 wks	Begin higher impact activity (running/jumping)

ANKLE

Arthroscopic debridement, synovectomy, &/or exostectomy

Day 0 to 14	NWB boot
2 - 4 wks	WBAT in boot; ankle ROM exercises
4 - 6 wks	Wean out of boot

6 - 10 wks	Increase activity, PT for ankle ROM if needed, no running/jumping
10 wks	Continue increasing activity to tolerance

OCD debridement/microfracture

Day 0 to 4 weeks	Splint, NWB
4 - 6 wks	WBAT in boot; NWB ankle ROM exercises out of boot
6 - 8 wks	Wean out of boot, WB ankle ROM exercises
8 - 12 wks	Increase activity, PT for ankle ROM if needed, no running/jumping
12 weeks	Continue increasing activity to tolerance

Brostrom or Peroneal Repair/Reconstruction

Day 0 to 14	Splint, NWB
2 - 4 wks	WBAT in boot (Gross) or cast (Scott)
4 - 6 wks	WBAT in boot, ankle ROM
6 - 12 wks	Wean out of boot, ASO ankle brace, PT for ankle ROM/strengthening, no running/jumping
12 wks	Continue increasing activity to tolerance

Bridle procedure or Tibialis anterior repair/reconstruction

Day 0 to 14	Splint, NWB
2 to 6 wks	WBAT in SLWC
6 to 10 wks	Progressive WB in boot; ankle ROM exercises
10 to 16 wks	Wean out of boot, ASO ankle brace if needed, PT for ankle ROM/ strengthening, no running/jumping
16 wks	Continue increasing activity to tolerance

Ankle fusion

Day 0 to 14	Splint, NWB
2 to 6 wks	NWB in SLC
6 to 12 wks	Start progressive WB in boot if XR looks good
12 to 16 wks	Wean out of boot if XR shows good fusion, ASO ankle brace if needed for additional support
16 wks	Increase activity as tolerated

Total Ankle Replacement

Day 0 to 14	Splint, NWB
2 to 6 wks	WB in CAM boot or cast
6 to 8 wks	Start ankle ROM exercises, start PT, wean out of boot
12 wks	Increase activity as tolerated

Total Talus Replacement

Day 0 to 14	Splint, NWB
2 to 2 wks	NWB in boot, start ankle ROM exercises
4 to 8 wks	WBAT in a boot, PT for ankle ROM
8 to 12 wks	Wean out of boot

Ankle ORIF (protocol may vary based on type of ankle fx. Important to take into account type of fracture, quality of fixation, and degree of healing)

Day 0 to 14	Splint, NWB
2 to 6 wks	NWB in SLC or boot
6 to 10 wks	Start progressive WB in boot if XR looks good
10 to 14 wks	Wean out of boot, ASO brace if needed, PT for ankle ROM/strengthening if needed
14 wks	Increase activity as tolerated

Frame

Day 0 to 14d	TDWB for transfers
2 to 6 wks	WBAT in frame
6 to 12 wks	WBAT

Abbreviations:

NWB: non-weight bearing

WBAT: weight bearing as tolerated

WB: weight bearing

SLWC: Short leg walking cast

SLC: short leg cast

List of DME providers in Charleston

Floyd's Brace
648 St. Andrew's Blvd
Charleston, SC
(843) 573-9430

ABC medical
6185 Rivers Ave. Ste. F
North Charleston, SC 29406
Phone- (843)767-0580
Fax-(843)767-0510

Herbert's Mobility
930 Ashley River Rd # B
Charleston, SC 29407
(843) 571-1515

TriMed
1011 Lake Hunter Circle
Mt. Pleasant, SC 29464
(843) 971-8941

List of DME providers in Columbia

Hawthorne Pharmacy & Medical Equipment
2854 Sunset Boulevard
West Columbia, SC 29169
Tel: 803-794-7990
Fax: 803-739-0893

List of DME providers in Myrtle Beach

InCare Medical Equipment
4711 Highway 17 S., Bypass South
Myrtle Beach, SC 29577-6693
Phone: (843) 293-2122

List of DME providers in Beaufort

Beaufort Medical Equipment Inc.
2127 Boundary St, Ste 5
Beaufort, SC 29902

Phone: (843) 379-2800

List of online scooter rental websites

www.bencormedical.com (South Carolina local, one of the cheapest)

<https://kneewalkercentral.com>

www.iwalk-free.com

Check Facebook marketplace, craigslist, or other retailers to compare prices.

Ice wrap for pain management (ONLY ICE IF BLOCK IS NO LONGER WORKING)

An ice machine circulates cold water through a pad. The cold water works the same way an ice pack works, but a lot easier to maintain. The unit requires water to be refilled about once a week, depending on how much you use the machine. This can be obtained through **TriMed in Mount Pleasant**.

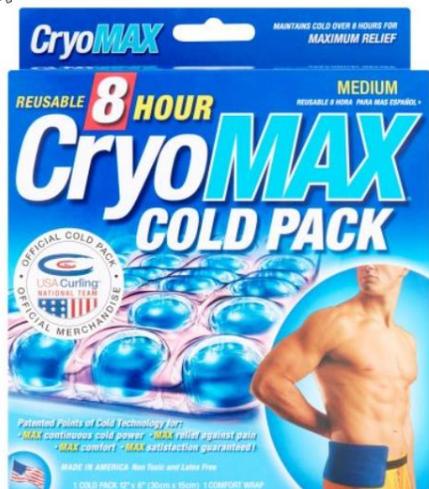
The ice machine makes a big difference with pain management in the different stages of recovery.

Ice pack:

Something like a bag of peas or CryoMax cold pack can help reduce swelling and pain.

The CryoMax (can be bought at Walgreens/Walmart) remains cold for a good 4 hours, much longer than the traditional ice packs or even ice in a zip lock bag.

.



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Cast Protector

Please remember that casts or splints, no matter far from the surgical date cannot get wet. Please use this to cover your cast or splint or incision before the first post-operative visits.



Roll over image to zoom in



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Pepper
Extract

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+ Mineral
Complex

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HMB

and more...



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Healing


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Level
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Reduce Risk
of


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Oxidative
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For optimal results, enjoy one scoop of mend™ Repair & Recover daily after injury or one week prior to surgery and continuing for a minimum of 5 weeks post. Simply mix one scoop of our mend™ Repair & Recover with water, sports drink, juice or your favorite smoothie recipe. Visit mend.me for more recipes or get creative with your own!



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