



Ankle Surgery Post-Op Discharge Instructions

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Ankle Surgery Post-Op Discharge Instructions

What to Expect: It is normal to feel tired and washed out after surgery. Rest is important, but walking (with crutches) is also important to prevent problems and to regain your strength and energy. Pace yourself according to how you feel. Rest when you feel tired.

You may have a sore throat if you have had general anesthesia. This is normal and will go away in 1-2 days. If you have a nerve block, the local anesthetic may keep your ankle numb for up to 24 hours. Your ankle can remain painful and swollen for several weeks time, depending on the problem you have and the amount of surgery that was done.

You should elevate your ankle higher than the level of your pelvis and heart as often as possible to minimize the swelling and improve pain.

You were given a TED compression stocking on your nonoperative leg that should be worn at all times until your follow-up visit. You can remove it for showering and to wash it.

Elevation:

You should elevate your ankle as often as possible to minimize the swelling and reduce pain. Elevation is most important in the first 72 hours after surgery. Keep the ankle elevated above the knee, and above the level of your heart.

Pain Management: You can expect to have pain for the first week or so after surgery. The pain is often worse at night. You will be given a prescription for pain medication upon discharge from the hospital. This will be sent electronically to the pharmacy on file. Elevation of the ankle above the level of your heart can help with pain and swelling.

If you are recovering from ankle fracture surgery (broken ankle): you should not take anti-inflammatory medications (NSAIDs) such as ibuprofen or naproxen (advil/aleve) as they may impair bone healing.

If you had other type of ankle surgery not for a fracture (broken ankle): you may take over-the-counter ibuprofen 600mg (3 pills of the standard 200mg pill) every 8 hours as needed for pain. Do not take any other NSAIDs while taking ibuprofen. Take the ibuprofen with food as it may cause stomach discomfort. Do not take ibuprofen if you have a history of stomach ulcers.

You should take the narcotic pain medication as directed for moderate to severe pain. You should take your pain medication with food. If you cannot tolerate this pain medication because of nausea or itching, please call the office. You should call the office for a refill several days before you run out of pain medication. **Refilling your new prescription may take 2-3 business days.** Narcotics will not be refilled by the on-call physician after hours or on weekends.

For mild pain, you may take acetaminophen (Tylenol). (However remember that medications such as Percocet, Vicodin, and Tylenol #3 contain acetaminophen and you should not take more than 3000 mg of acetaminophen daily.)

Pain medication can cause constipation. To make it easier to have a bowel movement you should drink extra fluids, eat foods high in fiber, or take a stool softener such as colace. Pain medications can also cause itching of the skin. For mild itching you can take Benadryl.

Do not drive, drink alcohol or make important decisions while taking narcotic pain medication. Please call your doctor if the pain medication is not working.

Treatment of Nausea: If you received a Scopolamine patch (behind your ear) in the hospital, leave it in place for 24 hours. Be sure to wash your hands immediately after taking it off.

If you are nauseous or vomiting limit your intake to clear liquids only, and advance diet as tolerated. If still nauseous or vomiting after 12 hours, please call the office.

Dressing: Keep your dressing and splint clean and dry. Do not remove the dressing or splint.

Icing: You may apply ice bags on the splint to help with pain and to control swelling. Ice should be applied 30 minutes at a time every hour or two. Remember to keep the splint and dressing dry. Icing is most important in the first 72 hours, although many people find that continuing it lessens their postoperative pain weeks after surgery.

Blood Clot (DVT) Prevention: If you were given a prescription for Aspirin, you should take it daily for 4 weeks. You may obtain this medication over the counter at the pharmacy. (Do not take if you have a history of stomach ulcers, bleeding disorders or allergy to aspirin).

You should pump your non-operative ankle up and down several times an hour to keep the blood circulating in your leg. Don't lie in bed or on the couch for hours and hours at a time. It's good to move around (with the help of crutches) to get the blood flowing in your legs.

Weightbearing and Crutches:

You should use the crutches at all times. You should not put any weight on your operative leg.

What Activities am I allowed to do at Home:

You should plan on taking some time off from work or school. You can resume work when the pain and swelling subside (this can be a few weeks or more depending on what type of work you do and the procedure that was done)

You should drink lots of fluids, and eat light foods at first like toast, crackers, soup and ginger ale.

Avoid smoking or caffeinated drinks as they impair healing.

Postoperative Visit: You should have a follow up appointment scheduled. If you do not, you should call the office the day after your surgery to schedule your post-operative visit.

When to Call: If you have any trouble breathing or are having chest pain, you should dial 911 right away.

For any of the following danger signs, you should call your doctor's office: fever above 100.6 (after the first day or two – a slight fever can be normal the first day), redness or drainage from the incision, numbness, tingling, or discoloration of the toes, if you have severe pain not relieved by pain medication, or if the numbness/tingling returns after the nerve block has worn off.