

PRE-OPERATIVE INSTRUCTIONS

1. Your surgery is scheduled at
on: _____.
2. You are not to eat after mid-night before your surgery.
3. You should have your prescriptions filled and obtain your crutches or walker before surgery (if prescribed by your doctor).
4. If you tend to have swelling your feet, make sure to decreased your salt and liquid consumption and take diuretics and keep your foot elevated before surgery.
5. If you are taking aspirin for a problem with your heart you should stop the aspirin three weeks prior to the surgery to prevent bleeding problems, you should discuss this with your medical doctor.
6. If you are taking coumadin in order to thin your blood you should discuss with your medical doctor the need to stop it a day or two before surgery and the amount to take when you resume it the day after surgery.
7. If you are taking blood pressure medication you need to take that the night before surgery or the morning of surgery with a sip of water but have nothing else to drink.
8. If you take insulin before surgery, you are to take $\frac{1}{2}$ your usual dose in the morning on the day of surgery.
9. If you smoke it is advisable for you to decrease the smoking as much as possible as this will help you go through the post-op period a little more safely.
10. Arrange to have someone drive you home following surgery.
11. If you are under 18, a legal guardian or parent must sign an authorization for surgery.
12. Other _____

Patient's signature

Date

POST-Subtalar Arthroereisis SURGICAL INSTRUCTIONS

THE AMOUNT OF DISCOMFORT AND SWELLING VARY FROM PATIENT TO PATIENT, THEREFORE, PLEASE FOLLOW THESE INSTRUCTIONS:

1. While returning home from surgery sit sideways in the back seat of the car with the surgical foot elevated.
2. Remain quiet and off your feet for the first 3-5 days. Place a pillow under the calf of your leg so the surgical foot is elevated. It is important to walk as little as possible during this time.
3. Place an ice bag over the surgical area 15 minutes out of every hour. This should be continued for several weeks following surgery. Ice will significantly decrease post-op pain and inflammation.
4. Remove the dressings after 3 days and apply a Band-Aid, change twice daily.
5. **DO NOT** use hot water bags or electric heating pads on your foot this will increase your pain.
6. Keep the operative area completely dry. If the bandage accidentally gets wet, dry immediately with an absorbent towel and call this office.
7. Your bandages may become somewhat bloody, should this occur do not become alarmed. However, if there is active and persistent bleeding, call this office.
8. Keeping the foot elevated can help throbbing. If the throbbing persists and the pain medication does not help the throbbing, call the office.
9. Nausea and light-headedness sometimes occurs due to the medication. If this happens, stop taking the pain pills and give the office a call. Make sure to eat prior to taking pain medication.
10. Follow a light diet and abstain from the use of alcoholic beverages while taking medications. Do not eat salty foods or drink lots of fluid this will increase your swelling.
11. Bend knee and rotate foot and ankle several times during the day.
12. Limit walking to a minimum. Stay off your feet as much as possible. Use the crutches or a walker if provided or told to by your doctor. The more you are on your foot the more pain you will experience.
13. Should you bump or otherwise injure your foot or the surgical site in any way, notify this office immediately.
14. If temperature goes over 101° F, call the office.
15. **Your next appointment (5 to 7 days after surgery) is:** _____
16. Should you incur any other problems not discussed in these instructions, please telephone immediately until you reach the Doctor or a member of his office staff:

17. You should take your pain medication before you have pain. If your pain medication is not working for you or if it is making you nauseated call your doctor.

I hereby certify by my signature that the above instructions were fully explained to me, that to the best of my ability I will endeavor to follow such instructions and should any problems arise, I will contact my doctor's office immediately.

Signature _____ Date _____