



Patient's Guide to Recovery

St. Luke's Total Ankle Program

StLuke's
Orthopedic Care





Congratulations!

You have made the first step in recovery from your foot/ankle pain. We are pleased that you have chosen St. Luke's for your joint replacement surgery. We are committed to making your recovery a comfortable and successful one.

This manual is your guide and we urge you to read and refer to it frequently. It will provide you with a comprehensive overview of your upcoming experience.

Members of our team are dedicated to your well-being and satisfaction. Each attending surgeon is supported by a staff that may include physician assistants, orthopedic residents, anesthesiologists, nurses, physical/occupational therapists, care management staff and administrative personnel. The staff is here to serve you. Help us help you; any medical concern should be discussed with your surgeon and team of physicians. Your active participation in treatment is vital to your full recovery.

We welcome your comments and input to help improve our Total Ankle Program. On behalf of all of the members of our service, we hope that this educational booklet helps answer many of the questions regarding your condition, treatment and what to expect before and after your surgery.

Please feel free to contact your surgery scheduler if you have any questions or require additional information.

Sincerely,

William De Long, Jr., MD
Network Chairman, Orthopedic Surgery, St. Luke's University Health Network



Locations

St. Luke's Bone & Joint Institute

St. Luke's Orthopedic Care/Foot and Ankle Clinic

1534 Park Avenue, Suite 210

Quakertown, PA 18951

Phone: 484-526-1735

Fax: 215-538-7907

St. Luke's Anderson Campus – Medical Office Building

St. Luke's Orthopedic Care/Foot and Ankle Clinic

2200 St. Luke's Boulevard, Suite 100

Easton, PA 18045

Phone: 484-526-1735

Fax: 833-536-5292

St. Luke's Quakertown Campus 215-538-4500

Patient Care Manager 215-538-4722

Pastoral Care Ask Staff

Physical Therapy 267-424-8750

Care Management 215-538-4537

Pre-Admission Testing 215-538-4573

St. Luke's Anderson Campus 484-503-3000

Patient Care Manager 484-503-5102

Pastoral Care 484-526-4772

Physical Therapy 484-503-3060

Care Management 484-503-3000

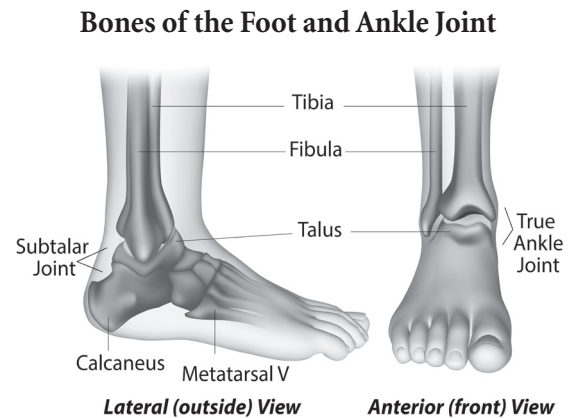
Pre-Admission Testing 484-503-0504


St Luke's
 Orthopedic Care
For appointments, call 484-526-1735.



A Closer Look at Total Ankle Replacement (TAR)

To understand TAR, you should be familiar with the structure of the bones of the foot and ankle joint. The ankle is known as a hinge joint. It allows up-and-down movement of the foot. The ankle joint is formed by three bones; the tibia and fibula of the leg, and the talus of the foot. The tibia and fibula are bound together by strong tibiofibular ligaments, producing a bracket shaped socket, which is covered in hyaline cartilage. A healthy ankle joint is able to withstand the stresses of supporting the body's weight, while standing, walking, or running.



Total Ankle Replacement

Severe arthritis of the ankle joint, as with other joints, is the result of progressive wearing down of the layer of articular cartilage that cushions the joint's moving surfaces, ultimately resulting in bone-on-bone grinding with joint motion. Multiple types of arthritis commonly affect the ankle including osteoarthritis, post-traumatic arthritis, and rheumatoid arthritis. This "end stage" arthritis results in pain, combined with loss of function and mobility – severely limiting normal activity. When this end stage is reached and non-operative options (such as medication, injections, and bracing) have been exhausted, total ankle replacement (TAR) may provide relief.

As part of your pre-surgery visit, your surgeon will explain your options in ankle replacement devices and determine the device best for you. Five most commonly used devices are pictured.



Inbone II Total Ankle



Vantage Ankle



Salto Talaris Anatomic Ankle



Infinity Ankle



S.T.A.R Ankle



Preparing for Surgery

- Complete the Pre-Admission Testing and Medical/Cardiac Clearance if ordered by the provider.
- Take medications as prescribed.
 - Some Medications, such as blood thinners, aspirin, and NSAIDS, should be stopped several days before surgery. You will receive special instructions regarding your medications from the Pre-Admission department.
- Surgery will not be performed on smokers. Discontinue all nicotine products at least six weeks prior to surgery.
 - You will be tested for nicotine 1 week before surgery.
- Discontinue over the counter vitamins/supplements with the exception of Vitamin D and calcium.
- Arrange for a capable caregiver to assist you following the surgery.

Day/Night Before Surgery

Notify your surgeon's office right way if you become sick with a fever, cough, or flu like symptoms, or develop a rash/wound near the ankle in the days leading up to your surgery. Do not shave any body part 24 hours prior to your surgery. Don't use any soap, body rinse, lotion, powder, deodorant, or perfume/ aftershave during or after the antiseptic showers. No eating or drinking after midnight prior to the surgery, unless otherwise instructed by the physician.

Things to Do

- Set up your home for single floor living. (i.e. minimize stairs, move bed to one floor with bathroom, etc.)
- Place clean sheets on your bed the night before surgery.
- Take two showers with antiseptic soap, one the night before the surgery and one the morning of the surgery, to decrease the amount of bacteria on your skin.
- You will receive a call on the day prior to your surgery with an arrival time. If your surgery is on a Monday you will receive a call on Friday.
 - If you have not received a call by 7pm the night/Friday before surgery, please call the main hospital number where you are having surgery. Request to speak with an operator and inform them you are calling to confirm an arrival time.
- You should not have anything to eat or drink after midnight the night before surgery. The exception will be medications you have been instructed to take with a sip of water.



Day of Surgery

DO NOT chew gum, eat or drink anything the day of surgery. You may take medications as instructed with a sip of water.

DO NOT wear make-up, nail polish or any jewelry when you arrive for your procedure.

DO NOT bring any money, credit cards, jewelry, medications or other valuables. The hospital cannot be responsible for the security of your personal property.

Things to Bring

- A legal picture identification (driver's license)
- Insurance cards
- A list of your current medications with dosages
- Non-slip, comfortable walking shoes
- Hearing aides, and eyeglasses, not contacts
- Loose fitting clothes
- Any rolling walker or knee-rolling scooter you may already have

Where to Report for Surgery

After traveling to the hospital, you and your family, or the person accompanying you, should report to the registration desk in the lobby of the hospital where your surgery is scheduled. The staff will then direct you to the appropriate location.

- St. Luke's Anderson Campus
1872 St. Luke's Boulevard
Easton, PA 18045
- St. Luke's Quakertown Campus
1023 Park Avenue
Quakertown, PA 18951



Your Hospital Stay Following Surgery

Length of Stay

The expected length of stay is one night, which means you can expect to go home on the day following your procedure. Prior to the day of your surgery please make arrangements for transportation after discharge the day following your procedure.

Managing Pain

- Pain management begins with you. Your care team's approach to pain management can help reduce your discomfort, which will speed up your recovery. Since no objective test exists to measure what you are feeling, you must help staff by describing the pain, pinpointing the location and judging its intensity. While it is reasonable to expect some discomfort following surgery, the current treatment options can reduce the level of pain most patients have.
- Pain control following surgery is an important part of your care. Our goal is to optimize comfort and function by managing your pain so you can participate in therapy and be an active part of your recovery after surgery.
- Every patient's experience is unique. You are the expert about how you feel. Be sure to tell a member of your health care team when you have pain. Keep in mind that your pain is more easily controlled if you do not allow it to become severe before taking pain medication.
- Some patients may have a single shot nerve block. The staff will give you instructions on how to take your pain medication prior to being discharged. Opioids may be prescribed to reduce the pain following the surgery. The most common side effects for opioids are nausea and vomiting, itching, sleepiness, and constipation.

St. Luke's Orthopedic Care Pain Medication Policy

- Pain after surgery will be managed using a variety of tools such as nerve blocks, non-medication treatments (ice/heat), opioid medications and non-opioid medications. This combination will allow you to safely transition off opioid medications as you continue to heal after surgery.
- Patients will only be prescribed narcotic medication **after surgery**. They will not be prescribed any narcotic medication before surgery.
- The maximum quantity of prescribed narcotic medication will cover a 7-day supply.



-
- Your healthcare team will determine what treatments and medications are appropriate and safe for you.
 - You will be required to sign a Narcotic Pain Medication Contract prior to your surgery.
 - Pain Management Specialists are available for consultation if needed.

Preventing Blood Clots

Patients who normally have ankle replacements will take aspirin (Ecotrin 325mg) twice a day for 6 weeks if they have not had a previous DVT or Lovenox 40mg daily. If you took anti-clotting drugs before the surgery, you will receive instructions from your provider on how to take them after the surgery.

Physical Therapy

Most patients won't need physical therapy after surgery. It all depends on the limitations after surgery. If you don't need physical therapy the staff will show you ways how to strengthen the ankle or foot on your own.



Guidelines for Recovering at Home

Please do not hesitate to contact your surgeon with any questions about your discharge instructions.

Care for the Surgical Site

There are several options for closing surgical site incisions. Some common forms of closure are staples, sutures, or internal sutures with external skin “glue”. The type of closure may vary based on the type of surgery and surgeon’s preference.

You will leave the hospital with a sterile dressing. Your physician will provide you with specific instructions on when your dressing will be changed. It may remain in place until your first post-op visit with the surgeon, or it may be removed and re-dressed by members of your care team.

If the dressing falls off after surgery prior to being removed by your healthcare team, apply a sterile gauze dressing over the incision and secure it with tape, unless otherwise instructed. Once the staples or sutures are removed, you will most likely keep the incision uncovered.

Please notify your surgeon if you notice any increasing redness, drainage or swelling at the surgical site.

Pain Medication

- Take your pain medication as prescribed.
- To control pain, take your pain medication **before** the pain gets severe.
- If your pain medication is not effective or you are experiencing unpleasant side effects such as slowed breathing, confusion, depression, increased pain, dizziness, constipation, nausea, or itching, do not hesitate to call your surgeon’s office for further instruction and assistance.
- If you are taking pain medication, do not drink alcoholic beverages or drive.
- It is important to notify your surgeon’s office if you require additional pain medications. It will take a few days to process your prescription, so call the surgeon’s office before your supply runs too low.
- If you experience discomfort during your ongoing physical therapy, take your pain medication at least **45 minutes before** your therapy sessions. This will allow enough time for the medication to take effect.



Preventing Infection

You play an important role in decreasing your risk for infection. Here are some things you can do before and after your surgery to reduce your chance of getting an infection. Quit smoking at least 6 weeks prior to the surgery. Make sure you talk to your provider about managing conditions that put you at an increased risk of infection such as diabetes or obesity. Also, keep your incision clean, dry, and covered until otherwise instructed by the surgeon. Do not shower or submerge your incision into water until cleared by the surgeon, usually 6 weeks after surgery. Call your surgeons office right away with any signs of infection such as fevers, increased redness, or increased drainage.

Activities of Daily Living

You should use your walker, crutches or kneeling scooter until your provider says otherwise. When you transition into a walking boot, the provider will give you instructions on how to strengthen the ankle. After a right total ankle replacement, driving will not be safe until weight-bearing is tolerated in a sneaker. This is usually around 14-16 weeks after surgery.

Lifestyle Change – Antibiotic Prophylaxis Prior to Dental Procedures

One hour prior to any dental procedure take 1000mg of amoxicillin to prevent implant infection. This is necessary for the rest of your life. If you are allergic to amoxicillin, you may take clydimycin.



Follow Up Care

Expect to have routine follow up visits at your surgeon's office. The follow up visits will be 3 weeks, 6 weeks, 6 months and annually for life. Your initial follow up visit should be scheduled for you when you schedule your surgery. These follow up visits are very important for a full recovery.

Frequently Asked Questions

- 1. How many days will I be in the hospital?**
Most people stay in the hospital for one night.
- 2. When can I drive?**
For a right total ankle replacement, driving may be resumed in 14-16 weeks after surgery. For a left total ankle replacement, driving can be resumed when off narcotic pain medication.
- 3. When can I take a shower?**
You can shower four to five days after your surgery. Just make sure your cast stays dry when showering. The incision cannot get wet for 6 weeks after surgery.
- 4. Will I have pain after surgery?**
Yes, you will certainly have some pain after surgery. The narcotics prescribed to you can help reduce the pain. The most important way to reduce pain is by keeping your foot and ankle elevated.
- 5. Will I need formal physical therapy?**
The cast will be worn for about three to six weeks. Normally around the third week you will transition into a walking boot. PT is occasionally but not regularly required.
- 6. How long will my recovery take?**
It takes a full year to recover from ankle replacement.

