

Pre-Operative Instructions from Your Surgeon

[] Lesley Richey-Smith, DPM

Patient Name: _____ DOB: _____

Date/Time of Surgery: _____ : _____ : _____ Arrival time: _____ : _____

Location of Your Surgery & Contact Information:

- Wise Health at Argyle 940-293-2885
 - Wise Health at Parkway 817-502-7300
 - Wise Health in Decatur 940-627-5921
 - Medical City Denton 940-384-3535
 - Texas Health Presbyterian of Denton 940-898-7000
 - Peak Health Surgicare Coppell 751 Plaza Dr, Coppell, TX 75019
1. **Do NOT eat or drink anything after midnight prior to your surgery.**
 2. If you get sick prior to your procedure, notify your surgeon immediately
 3. Ensure you have notified your surgeon of all blood thinners you may be taking on a regular basis (Aspirin, Coumadin/Warfarin, Plavix, etc.)
 4. Take ONLY the medication specified by your doctor the morning of your surgery, this should be discussed at your pre-op visit. If you use an inhaler, bring it with you the day of surgery.
 5. Ensure you have transportation to and from the hospital. You may NOT drive yourself home!
 6. Fill post operative prescriptions ahead of time for convenience.
 7. Read your post op instruction sheet before and after your surgery.
 8. Wear loose fitting comfortable clothing to the hospital/surgery center.
 9. Ensure that you have your first post op appointment scheduled.
(date: _____, time: _____)
 10. Blood clots (DVT) can occur after a surgical procedure and/or after periods of immobility. Some patients are at higher risk than others. Please familiarize yourself with the signs and symptoms of a Deep Vein Thrombosis (DVT). You should call your doctor, call 911, or go to your nearest emergency room if you experience the following: calf pain, swelling and/or redness of the calf, fever, chest pain, shortness of breath.

Signature: _____

Witness: _____

Post-Operative Instructions

Proper care during the post-operative period is an integral part of your surgical treatment program. It is imperative that these instructions are followed to allow you to achieve the best results possible,

1. Go directly home and keep your feet elevated on the way home.
2. Elevate your feet to a level about six inches above your hip by supporting your feet and legs with pillows.
3. Apply an ice bag covered with a towel to the top of your dressing or behind your knee for 30 minutes on and 30 minutes off. Do not apply ice continuously through the night.
4. Swelling is to be expected. Occasionally, bruising occurs surrounding the surgical area- this is no cause for alarm.
5. Keep your bandages clean and dry. **DO NOT** remove the bandages or inspect the surgical site. A small amount of blood on the bandage is normal.
6. Cover the bandages with a plastic bag and hang your foot outside the tub while bathing. You may purchase a cast cover from CVS or Walgreens to allow you to keep the bandage dry while taking a shower. If your dressing should become wet, call our office and we will arrange to change the dressing.
7. Wear your surgical shoe or boot at all times of the day and night; **DO NOT** walk around without it on.
8. Exercise your leg frequently by bending your knee to stimulate circulation and speed healing.
9. Have your prescriptions filled and take medication as directed. If medications cause stomach upset, headache, rash or other discomfort, discontinue use and **CALL THE DOCTOR!**
10. Curtail the use of alcoholic beverages and smoking.
11. Ambulating instructions: _____ You may walk around as tolerated in your post op shoe
_____ You must remain non-weight bearing right/left foot.
12. You should get plenty of rest with your foot elevated, drink plenty of water and eat a well-balanced diet.
13. If you should have any other problems or concerns you can call the office anytime. There is a doctor on call 24 hours a day. Call the office immediately if the bandages become overly blood stained, your medications do not stop the discomfort, you bump or injure the surgical site, you develop fever, or you get your dressing wet.

Office Phone # 940-268-3839

I have read and fully understand the above instructions.

Signature: _____ Date: _____

Witness: _____ Date: _____

What You Need to Know About Opioid Pain Medicines

This guide is for you! Keep this guide and the Medication Guide that comes with your medicine so you can better understand what you need to know about your opioid pain medicine. Go over this information with your healthcare provider. Then, ask your healthcare provider about anything that you do not understand.

What are opioids?

Opioids are strong prescription medicines that are used to manage severe pain.

What are the serious risks of using opioids?

- Opioids have serious risks of addiction and overdose.
- **Too much opioid medicine in your body can cause your breathing to stop – which could lead to death.** This risk is greater for people taking other medicines that make you feel sleepy or people with sleep apnea.
- **Addiction** is when you crave drugs (like opioid pain medicines) because they make you feel good in some way. You keep taking the drug even though you know it is not a good idea and bad things are happening to you. Addiction is a brain disease that may require ongoing treatment.

Risk Factors for Opioid Abuse:

- You have:
 - » a history of addiction
 - » a family history of addiction
- You take medicines to treat mental health problems
- You are under the age of 65 (although anyone can abuse opioid medicines)
- You can get addicted to opioids even though you take them exactly as prescribed, especially if taken for a long time.
- If you think you might be addicted, talk to your healthcare provider right away.
- If you take an opioid medicine for more than a few days, your body becomes physically “dependent.” This is normal and it means your body has gotten used to the medicine. You must taper off the opioid medicine (slowly take less medicine) when you no longer need it to avoid withdrawal symptoms.

How can I take opioid pain medicine safely?

- Tell your healthcare provider about **all** the medicines you are taking, including vitamins, herbal supplements, and other over-the-counter medicines.
- Read the Medication Guide that comes with your prescription.

- Take your opioid medicine exactly as prescribed.
- Do not cut, break, chew, crush, or dissolve your medicine. If you cannot swallow your medicine whole, talk to your healthcare provider.
- When your healthcare provider gives you the prescription, ask:
 - » How long should I take it?
 - » What should I do if I need to taper off the opioid medicine (slowly take less medicine)?
- Call your healthcare provider if the opioid medicine is not controlling your pain. Do not increase the dose on your own.
- **Do not share or give your opioid medicine to anyone else.** Your healthcare provider selected this opioid and the dose just for **you**. A dose that is okay for you could cause an overdose and death for someone else. Also, it is against the law.
 - Store your opioid medicine in a safe place where it cannot be reached by children or stolen by family or visitors to your home. Many teenagers like to experiment with pain medicines. Use a lock-box to keep your opioid medicine safe. Keep track of the amount of medicine you have.
- Do not operate heavy machinery until you know how your opioid medicine affects you. Your opioid medicine can make you sleepy, dizzy, or lightheaded.



What should I avoid taking while I am taking opioids?

Unless prescribed by your healthcare provider, you should avoid taking alcohol or any of the following medicines with an opioid because it may cause you to stop breathing, which can lead to death:

- Alcohol: Do not drink any kind of alcohol while you are taking opioid medicines.
- Benzodiazepines (like Valium or Xanax)
- Muscle relaxants (like Soma or Flexeril)
- Sleep medicines (like Ambien or Lunesta)
- Other prescription opioid medicines

What other options are there to help with my pain?

Opioids are not the only thing that can help you control your pain. Ask your healthcare provider if your pain might be helped with a non-opioid medication, physical therapy, exercise, rest, acupuncture, types of behavioral therapy, or patient self-help techniques.

What is naloxone?

- Naloxone is a medicine that treats opioid overdose. It is sprayed inside your nose or injected into your body.
- Use naloxone if you have it and call 911 or go to the emergency room right away if:
 - You or someone else has taken an opioid medicine and is having trouble breathing, is short of breath, or is unusually sleepy
 - A child has accidentally taken the opioid medicine or you think they might have
- Giving naloxone to a person, even a child, who has not taken an opioid medicine will not hurt them.

Where can I get naloxone?

- There are some naloxone products that are designed for people to use in their home.
- Naloxone is available in pharmacies. Ask your healthcare provider about how you can get naloxone. In some states, you may not need a prescription.
- When you get your naloxone from the pharmacy, read the Patient Information on how to use naloxone and ask the pharmacist if anything is unclear.
- Tell your family about your naloxone and keep it in a place where you or your family can get to it in an emergency.

Naloxone is never a substitute for emergency medical care. Always call 911 or go to the emergency room if you've used or given naloxone.

When you no longer need your opioid medicine, dispose of it as quickly as possible. The Food and Drug Administration recommends that most opioid medicines be promptly flushed down the toilet when no longer needed, unless a drug take-back option is immediately available. A list of the opioid medicines that can be flushed down the toilet is found here: <https://www.fda.gov/drugdisposal>

What things should I know about the specific opioid medicine that I am taking?

- Your healthcare provider has prescribed _____ for you. Read the Medication Guide for this medicine, which is information provided by your pharmacy.
- Remember this other important information about your opioid medicine:

Dosing instructions: _____

Any specific interactions with your medicines: _____

What if I have more questions?

- Read the Medication Guide that comes with your opioid medicine prescription for more specific information about your medicine.
- Talk to your healthcare provider or pharmacist and ask them any questions you may have.
- Visit: www.fda.gov/opioids for more information about opioid medicines.

Deep Vein Thrombosis (DVT) Prevention Program

Your surgeon has identified that your health history contains certain risk factors that have been associated with Deep Vein Thrombosis (DVT). In order to help prevent the development of this condition post-surgically, your physician has prescribed a mechanical DVT prophylaxis (preventative) unit with intermittent limb compression (an SCD).

What is DVT?

DVT is a condition that occurs when a blood clot forms in a vein located deep inside your body. Deep vein blood clots typically form in your thigh or lower leg. The decrease in activity and movement during and after surgery increases the risks of developing DVT.

How does a mechanical DVT prophylaxis unit with intermittent limb compression (SCD) help?

The SCD will promote improved circulation (blood flow) through your limbs. Blood normally flows quickly through veins and does not usually become solid (clot). Blood flow in leg veins is helped along by leg movements, because muscle action squeezes the veins. The prescribed mechanical device will act as a temporary replacement for usual activity.

How often should I use the SCD?

You will receive the SCD as a 30 day rental. It is recommended that you use the SCD a **minimum of 2 hours** every day until you are fully mobile.

The active mode, where the device inflates and gently compresses the legs, will run for about 15 minutes each time you press the power button. Therefore, you should use it a minimum of 4 cycles **per leg** per day. You may choose to do so in one continuous session if you will be awake but inactive for a long period of time, or break up the treatment throughout the day.

There is no risk of "over-use" of the device. Increased active use of the SCD (with the compression on), especially during long periods of inactivity, may continue to lower your risk of DVT.

Is there a best time of day to use the SCD?

It may be helpful to use the SCD in the morning after waking to promote blood flow in limbs that have been inactive for an extended period. Throughout the day, any time you will be inactive for a prolonged period of time (such as watching television, reading a book, etc.) is a good time to consider using the SCD.

Is it painful?

The SCD therapy is fairly gentle and may even be pleasant, like a light leg massage. If the therapy becomes painful, or you notice unusual swelling in your legs, contact your doctor immediately.

I also received a Breg Kodiak Polar Cube. What is this for?

This machine is used to relieve pain and reduce swelling, similar to the way ice is used following an injury, but without the mess of melting ice cubes. This device has been prescribed *as needed* for additional pain relief.

How do I use this Cold Therapy?

Please make sure to carefully read all of the manufacturer's instructions on set-up and use of the machine. Once you are familiar with its operations, the therapy may be applied in 30-minute intervals (30 minutes on and 30 minutes off) as needed for pain.

Is there a best time to use the cold therapy?

This therapy is prescribed as needed. However, many patients find it helpful to use following periods of activity. It has been reported that most patients use it for up to 4 hours a day for 3 to 4 weeks following surgery.

When should I not use the cold therapy?

Do not use this therapy:

- Directly on the skin. Always be sure there is a protective layer over the skin, such as a surgical bandage or light clothing.
- While sleeping. It is possible that the machine may get cold enough to damage the skin.
- If you have any signs of irritation to the skin, such as blisters or increased swelling.

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