

Nottingham Podiatric Surgery

Essential Preoperative Information for Patients

Department of Podiatric Surgery



Advice to patients

Please take time to read this booklet well before your planned foot operation. You might want to discuss it with a relative or carer. It is your responsibility to ask, if you feel you need more information about your foot condition or any proposed treatment.

This booklet is divided into three sections.

Section 1. Questions and Answers about Podiatric Surgery

Section 2. Things to consider before having a foot operation

Section 3. Risks and complications following foot surgery

Section 1

Questions & Answers - about Podiatric Surgery and Foot Surgery

1. What is the purpose of this booklet?

This booklet has been designed by a working party of podiatric surgeons. It is intended to provide you with additional information about your proposed treatment and assist you in making an informed choice. Information specific to your own planned operation will be provided separately.

2. Who is responsible for my care?

Your treatment / surgery will be undertaken or supervised by a podiatric surgeon who is a Fellow of the College of Podiatry. Podiatric surgeons are not registered medical practitioners (medical doctors), but are non-medical specialists in the surgical and non-surgical management of problems of the foot and associated structures.

Titles:

The podiatric surgery team may consist of several different

professionals including nurses, operating department practitioners, health care assistants and various grades of podiatrist all dedicated to the success of your surgery. For your assistance the common titles are explained below.

Podiatrist:

A podiatrist has studied for three years to obtain a degree in podiatric medicine and registration with the Health and Care Professions Council. Podiatrists are independent clinicians, qualified to diagnose and treat foot problems. Podiatrists may specialise in particular areas of work e.g. the care of the diabetic patient or sports medicine. With the exception of nail surgery, podiatrists undertake the treatment of foot problems by non-invasive methods (until recently podiatrists were known as chiropodists).

Trainee in Podiatric Surgery:

A podiatrist who has studied for a further two or three years to complete an MSc degree in the theory of podiatric surgery and is now undertaking a formal surgical training programme under the supervision of a consultant Tutor. *If you do not wish to have a trainee participate in your care; please notify a member of staff. Making this request will NOT in anyway disadvantage you.*

Specialist Registrar in Podiatric Surgery:

A podiatric surgeon who has gained his / her Podiatric Surgical Fellowship (qualification in the practice of podiatric surgery) and is working as part of a continued training programme towards completion of the three year post Fellowship specialist training period.

Podiatric Surgeon:

A podiatric surgeon is a non-medically qualified specialist in the diagnosis and treatment of foot problems by both surgical and non-surgical methods. A podiatric surgeon has completed the training process and may have their own caseload (A podiatric surgeon is to feet, very much like a dentist is to teeth).

Consultant Podiatric Surgeon:

After some years of practice within a Health Service Department of Podiatric Surgery, a podiatric surgeon may be appointed as a consultant i.e. the lead clinician appointed by an NHS Trust to provide a podiatric surgery service.

3. Does the Department employ trainees?

Yes, the department is a training centre, approved by the College of Podiatry. Training clinicians is essential for the future care of patients.

4. Do I have a choice with regard to my anaesthetic for foot surgery?

Foot surgery can be undertaken using a number of types of anaesthetic, these are:

- ✓ Local anaesthetic (Most common)
- ✓ Local anaesthetic + sedation
- ✓ Spinal anaesthetic
- ✓ General anaesthetic

Not all of these types of anaesthetic may be suitable for you and not all are offered in all centres. You should discuss your preferences with one of the team during your visits to the department. ***The Department of Podiatric Surgery at Park House works exclusively under local anaesthetic.***

Local Anaesthetic

Local anaesthetic is by injection into the toe, foot, ankle, or near the knee (depending on the area to be made numb). This means you can be awake during your operation, though your foot will be numb and the operation will be screened away from you. You will be able to listen to music or read whilst your operation is done.

Many patients choose to have their foot operation using a local anaesthetic. Local anaesthesia has the benefits of avoiding the drowsiness or nausea associated with the other alternatives. Local anaesthetics are extremely safe drugs, however as with any drug, there is a risk associated with their use (e.g. toxicity or allergic reactions).

Local Anaesthetic with Sedation

Sedation normally requires an anaesthetist to be present to administer a sedative through a small needle placed in a vein in the back of the hand. Sedation usually has the benefit for anxious patients of preventing them remembering the operation. You will not be able to eat or drink for approximately 6-8 hours prior to your surgery.

Spinal Anaesthetic

This requires an anaesthetist to administer a local anaesthetic through a needle into the small of your back to numb the nerves from the waist down to the toes. Sedation may also be used.

General Anaesthetic

This requires an anaesthetist to administer, and you are put to sleep. You will still be given a local anaesthetic to avoid excessive post-surgery pain when you wake-up (this local anaesthetic is performed once you are asleep). Some patients can feel sick when they wake-up. The medical risks of general anaesthetic are slightly greater than with a local anaesthetic. You will not be able to eat or drink for approximately 6-8 hours prior to your surgery.

5. Can I eat and drink as usual before my operation?

If your surgery is going to be undertaken using a local anaesthetic only, then you are able to eat and drink as normal. If your surgery is planned under general anaesthetic / sedation then you should not eat or drink for six hours prior to your operation. If you have any questions about this, please speak to one of the podiatric surgery team.

6. What will I wear on my foot after my operation?

We provide most patients with a special postoperative shoe after their foot surgery which will accommodate the bandages.

7. Will I be in a cast after surgery or have to use crutches?

This will depend on the type of operation you have had. You will be told beforehand if crutches or a cast are required following your operation. You will be shown how to safely use crutches if these are necessary.

8. What do I need to do before I come in for my operation?

- Check your appointment letter to make sure you know what time to arrive and where to go.
- Cut your toenails and clean under the nails well the day before surgery.
- Remove all nail polish.
- Remove jewellery except for your wedding ring (if you have one).
- Wear loose clothing as a large dressing will be applied after the operation.
- You may bring along a personal music player with headphones
- Please make sure you arrange transport to and from the day-surgery unit. You must have a fit and responsible adult to stay with for at least the first night of your operation.
- You should arrange the recommended period of rest for after your operation as advised by your podiatric surgeon.
- If you are under 16yrs of age you must have a parent or legal guardian accompany you to all your appointments.
- If you will need to take your regular pre-prescribed medication during your time in the department, or may have need of an inhaler or angina spray or EpiPen; please remember to bring these with you.

- If you have been advised to arrange any tablets / medicines by your podiatric surgeon remember to obtain these prior to your operation. If you have been asked to obtain these from your own doctor please arrange this well in advance.
- Take any prescribed medicines as normal unless you have been told differently.
- Read any additional information you may be given regarding your admission for surgery.

9 What will happen on the day of my operation?

- You will be asked to come in to the day-surgery unit on the day of your operation.
- When you arrive you will be welcomed by one of the team who will escort you to the admission area where you may be asked to change into a theatre gown.
- The copy of your consent form, held as part of your patient record, will be checked by one of the podiatric surgery team and the proposed operation will be fully re-explained. This is an opportunity for you to ask further questions.
- You may be asked further questions about your general health and have your blood pressure checked.
- The operation site will be clearly marked.
If you are going to be provided with crutches after your surgery, you will be shown how to use these either before or after your operation.
- A local anaesthetic will be given before you are taken into theatre.
- When the team is ready, you will be transferred into the operating theatre for your surgery.
- Your foot will be cleaned with surgical scrub and sterile sheets will be placed around the area.
- Your local anaesthetic will be re-checked to make sure the appropriate area of foot is numb.
- A tourniquet (like a blood pressure cuff around your ankle) may be used during your operation. This may be

uncomfortable for a short while until you ankle tissues adjust, but most people find it quite acceptable after about 5 minutes.

- After your operation your foot will be bandaged up carefully and you will be transferred back to a recovery area.

10 What will happen after I have my operation?

- You will be transferred from theatre to a recovery area. One of the team will make sure that you are comfortable and check your dressing.
- It is usual for you to be monitored for about 15-30 minutes after your operation, this varies depending on what operation(s) you have had done and the type of anaesthetic. You may be offered a drink and something to eat.
- A special post-operative shoe or boot (or sometimes a cast) will be applied to the foot.
- One of the team will check you are pain-free, read through and explain your postoperative instructions, including any contact numbers to use in case of a problem.
- You will be discharged home with your escort (who must be a responsible adult).

11 Can I go home the same day?

Most foot surgery can be done as a “day case operation” which means that you are able to go home the same day. You will need a fit and responsible adult to stay with you for at least the first night after your operation. All surgery at Park House is day case.

12 What happens if I have a problem after my operation?

You will be provided with an advice sheet to take home after your operation detailing your postoperative instructions, and useful information including any contact numbers to use in case of a problem.

13 Will I need to take time off work after my surgery?

Yes, you are advised to rest after surgery. The amount of time required varies according to the type of operation and your own circumstances. Please refer to the specific operation information leaflet provided by your podiatric surgeon or ask one of the clinic staff.

14 Will I have to come back to clinic after my surgery?

The arrangements for follow-up after podiatric surgery will vary depending on your actual treatment but you will be informed of what to expect before your operation. In most cases you will be reviewed by one of the podiatric surgery team following your operation.

Section 2

THINGS TO CONSIDER BEFORE HAVING A FOOT OPERATION

This information booklet is not intended to worry you, but is instead provided to ensure that you are fully informed about the problems that can arise following surgery. The intention of any podiatric treatment/operation is to reduce your problem foot pain/deformity, however it is an unfortunate fact that all treatments/operations carry risks. Patients seldom have problems following podiatric surgery and most are pleased with their result. It is hoped that by providing as much information as possible, all your pre-surgery questions will have been answered, however if you have additional questions please do not hesitate to ask a member of the team.

When considering whether or not to have an operation, you need to carefully compare your level of pain/discomfort, its impact on your quality of life (normal domestic/work/sporting activity), against the likely risks as well as intended benefits from any proposed surgery.

Activity

You will be required to rest after your operation. How much rest and how much activity you are allowed to undertake will be discussed with you before and after your surgery. Postoperative recovery times vary between patients. For an indication of this please refer to the specific operation information leaflet provided by your podiatric surgeon or ask one of the clinic staff.

Alcohol Consumption

You are advised to avoid alcohol after your foot surgery, whilst on medication. Alcohol may interact with one or more of your medicines in addition to increasing the risk of falls postoperatively.

Being awake during the operation

If you have elected to have your operation under local anaesthetic you will be awake during your operation. You will not be allowed to see any of the procedure during the operation and you will not feel any pain. Your foot / leg will be tested before you enter theatre to ensure you are pain free. We check this again once you are in theatre. In the rare event you feel any discomfort you simply need to notify the nurse and we will be able to deal with this immediately. This is a rare event and most patients are able to chat to one of the team or listen to their music whilst the operation is being performed.

Crutches

Some operations will require you to use crutches post-operatively. You will be made aware of this before your surgery and you will be instructed on their safe use. If you think you will have difficulty in using crutches please let one of the team know, so that alternative walking aids can be arranged.

Driving

Do not drive after foot surgery, until confidently back in normal footwear otherwise you may damage the operation site and it may invalidate your insurance and be an offence under the Road Traffic Act.

Failure of the operation

Many patients wish to know the overall success rates of individual operations. Sometimes we are able to provide this information based on our own audit data. Sometimes however, where it is a more unusual operation figures may be based on those from the literature. On average at least 80-90 patients out of 100 are pleased with the result of their surgery. The number would depend on the type / complexity of the operation and health of the patient. The important point to note is that despite the very best efforts of the team we cannot guarantee outcomes. This is true of any patient undergoing any surgery. In some operations (e.g. bunion surgery) full correction of deformity may not be achieved although symptoms are usually improved. All operations carry risks and patients must accept this before electing to proceed with surgery

Numbers of Operations Performed

In most cases your Consultant podiatric surgeon will have performed a large number of the same operation for which you have been scheduled. In some circumstances however the consultant may have only performed a very small number of such operations. This might be because your condition is rarely encountered or your operation is not something that is commonly required to be performed. *Your consultant will be able to explain his/her level of experience before you agree to your operation.*

On-call availability

An on-call service is provided for the early post operative period. Contact telephone numbers for this service will be provided when you are discharged from the day-surgery unit.

Oral Contraceptive medication

Certain (oestrogen containing) oral contraceptive medications are associated with a slightly increased risk of thrombosis. You may wish to discuss the implications of this with one of the podiatric surgery team or your own GP. Stopping oral contraceptives means you are at risk of pregnancy unless alternative contraceptive measures are taken.

Postoperative pain

It is difficult to predict how much pain you will suffer after the operation as this is variable between patients. Generally, the first night is the worse night but advances with local anaesthetics and pain medication means that this can be managed if not avoided. Most people find they have mild to moderate pain after their surgery. The level of pain varies between individuals according to pain threshold and what medications patients are able to take. You will be provided with instructions on what to do should you have any problems immediately after your surgery. You may be advised to take medicines after your operation to help control postoperative pain.

Rest

You are strongly advised to rest after your surgery. Resting with your foot elevated and regular use of an ice pack over the ankle will greatly reduce pain and swelling.

Smoking

If you smoke a member of the team will recommend that you stop smoking prior to your operation. Smoking has the following adverse effects in relation to surgery:

- Delays wound healing
- Is associated with failure of bones to heal or fuse ['knot together']. This complication is 2.7 times more common in smokers.
- Is associated with increased risk of thrombosis

Uneventful Recovery

The vast majority of patients who undergo foot surgery under the care of a podiatric surgeon have an uneventful experience and are pleased with the result of their surgery. This booklet is designed to make sure that patients are fully aware of the potential for complications despite their low frequency. Some patients may feel more anxious being provided with this information but it is hoped that the number is low.

Section 3

RISKS AND COMPLICATIONS FOLLOWING FOOT SURGERY

Altered Walking Pattern

Foot surgery may affect the way you walk. Following foot surgery, patients naturally favour the other foot. This is usually temporary, until the foot settles and you become accustomed to walking normally again. Sometimes we provide a foot splint to help with symptoms.

Avascular Necrosis

This is where part of the bone loses its blood supply. This may occur after an operation or even from simple trauma. The bone may 'weaken' and change shape. Usually the blood supply will return to the bone with time. Sometimes the bone is damaged resulting in problems such as secondary arthritis. This is a very rare occurrence.

Bleeding

There will be some bleeding postoperatively but the majority of this is controlled during the operation. Infrequently, a small collection of blood in the deeper tissues may form. This occurs less than 1% of the time and can be dealt with and generally settles without problems.

Complex Regional Pain Syndrome

This is a rare condition, which may occur even after even minor injury and is not always associated with surgery. Persistent / chronic pain develops as well as swelling / colour changes and changes to bones of the affected limb. Treatment requires early diagnosis and referral to a pain specialist. Complete resolution of the condition may not always be possible. This is not a predictable event and fortunately uncommon (approximately 3 in 4000).

Death

This is extremely rare and most unlikely to happen, but as with all surgical procedures it remains a remote possibility e.g. as a result of an anaphylactic shock (severe allergic reaction) to an injection. The podiatric surgery team is trained, and the department equipped, to deal with clinical emergencies.

Delayed healing

Although you will be given an estimate as to how long the recovery process will take; delays in healing of the soft tissue or bone can occur. Generally, the soft tissue will heal although bone sometimes does not heal properly (see Non-Union). You should remember that the information you have been given is a guide and you should allow for this when planning your recovery.

Deterioration of symptoms

The vast majority of patients undergoing foot surgery have less discomfort following their operation. Occasionally however, some patients have no improvement of symptoms and more rarely, some patients have more discomfort. It is for this reason that foot surgery for cosmetic reasons is not recommended. It is always possible to have a straighter toe or foot which hurts more.

Fixation problems

If we have to utilise metal work (pins / screws / plates / implants) these are normally left in place. In about 10% of patients we may have to remove these if they work loose or cause irritation to the surrounding tissues. Once the bone has healed the metalwork is not required.

Infection

Infection rates are estimated at less than 2% of all surgeries. If infection does develop it is generally superficial, usually treated with antibiotics and resolves very easily. However, although uncommon, infection can get deeper into the bone which is a much more serious complication. This may require a period of hospitalisation, possibly further surgery and a longer course

of antibiotics. In rare instances, the infected bone may need removing which could affect your foot permanently. Any infection has the potential to be fatal and foot surgery is no exception. Fortunately, this is extremely rare.

Joint stiffness

Surgery near joints e.g. bunion surgery can lead to some joint stiffness. The immobilisation following surgery and healing of the deep tissues near to the joint may be the underlying cause. We will usually give you some gentle exercises to minimise this risk.

Keloids

Keloids are large unsightly scars which are raised up and may extend beyond the margins of the original wound. This is a rare type of scar. Patients will often have a history of poor scar formation / keloids. We know that certain ethnic backgrounds may predispose to this type of scar e.g. Afro-Caribbean. In patients who have a history of 'keloids' we need to weigh-up very carefully the real risk of 'keloid' developing after surgery. There are some things we can try to minimise the risk but they are not 100% effective. These measures include:

- Use of corticosteroid injections prior to surgery
- Careful incision planning
- Use of zinc creams postoperatively

Loss of sensation

It is possible for you to lose some sensation around or away from the surgical site after surgery. Great care is taken to avoid damage to nerves and it is rare for a major nerve to be damaged. If nerve damage does occur it is more often the tiny nerves to the skin which may leave an area of skin with reduced or altered sensation. This may recover with time and is not usually of a major consequence.

Loss of tissue / part of foot / limb

This would be a very rare complication for the vast majority of

patients having foot surgery. However it is possible for injury to blood vessels and or serious infection to lead to loss of tissue which can involve some or all of the foot. The risk of this for healthy patients would be much less than 1%.

Metatarsalgia (discomfort under the ball of the foot)

Foot surgery may alter the pressure under the forefoot causing discomfort (or making existing discomfort worse). This may need to be treated with shoe inserts and rarely by further surgery.

Non-Union

This term refers to the situation where bone fails to fuse (join) together as planned. The percentage risk varies greatly depending on the bone or joint in question e.g. Bunion surgery risk is less than 1% and major joint fusion such as talo-navicular joint (big joint near ankle) risk is higher around 10% - 20%
If this situation occurs we may:

- Allow more time for the bones to knit together
- Re-operate on the bone / joint using a graft of bone from another part of your foot / body
- Do nothing if there are no symptoms as a result

Recurrence of the original problem

It is possible for a problem to recur postoperatively for a number of operations. For example a bunion corrected and looking perfect at 2 weeks postoperatively may deteriorate over time. Recurrence varies greatly for individual operations.

Scars

All surgery will create scars. Great care is taken to minimise the scar you will have by carefully placing the incision and taking great care during your operation. Some people will have a discomfort, nerve entrapment or thickening of the scar. This is uncommon, generally short term and, if it does happen, often relates to postoperative infection or to a predisposition to problem scars (see also Keloids). The vast majority of patients

have minimal cosmetic defect from their scars. If you have any concerns please speak with one of the team for further advice.

Secondary Arthritis

Some operations, generally joint fusions, lead to an increased risk of arthritis developing in adjacent joints. This is termed “secondary arthritis”. Fusion operations are generally performed to deal with pain from arthritis or because of instability in the foot. This can place more stress on adjacent joints increasing the risk of secondary arthritis.

Shoe difficulty

Although every effort is made to give as good a result as possible, you may still have difficulty with shoes and, in rare cases have less shoe choice after the operation.

Smoking

Smoking has the following adverse effects in relation to surgery:

- Delays wound healing
- Is associated with failure of bones to fuse [‘knit together’]
- Is associated with increased risk of thrombosis

Swelling

Swelling is always present after surgery as it is part of the normal healing process. Swelling may be minimised by following the post-operative instructions issued to you by the team. Some patients experience prolonged swelling of the foot after surgery (5-10%). Smaller operations usually give rise to minimal swelling whereas larger operations may be associated with greater swelling for longer duration. In a few cases, swelling may be present long term but this is usually painless although can affect shoe fit.

Thrombosis

A thrombosis is a clot which most often forms in veins of the lower legs e.g. 'Deep Vein Thrombosis'. Clots can also occur in the lungs (Pulmonary Embolism). Risk factors for thrombosis include:

- Previous history of thrombosis
- Family history of thrombosis
- Individual predisposition
- Smoking
- Certain drugs (e.g. some types of oral contraceptives and HRT)
- Damage to vessels and tissue (e.g. surgery)
- Varicose veins
- Immobilisation

The post foot surgery thrombosis risk has been calculated at approximately 0.5%, however the more risk factors you possess the greater the chance of a clot forming. In patients with a history of clots, medicines and stockings to help reduce the risk of further clots following your surgery will be arranged. We will assess your individual risk of a clot and will recommend appropriate measures. We will also provide advice on how to spot a potential clot following your operation.

It is hoped that this booklet has answered all of your questions about your proposed operation. If you feel there is anything else you need to know, please do not hesitate to contact the podiatric surgery team.

PLEASE CONTACT YOUR DEPARTMENT OF PODIATRIC SURGERY IF YOU NEED ANY FURTHER INFORMATION OR ADVICE

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