Sharp Podiatric
MEDICINE + SURGERY
John Sharp, DPM | Marc House, DPM

Sky Ridge Medical Center, Aspen Building
10103 Ridgegate Pkwy., Suite 309
Lone Tree, Colorado 80124
Office: 303.662.1600 | Fax: 303.662.1008

SURGICAL HANDBOOK

Please read this packet carefully. It contains important information. Call the office in 2-3 days prior to your scheduled date to confirm the time of surgery as it may vary. Your surgery is scheduled at one of the following locations:

Sky Ridge Medical Center (Main Hospital OR)
Sky Ridge Surgical Center
Castle Rock Surgical Center

Dr. Sharp is an investor at Sky Ridge Surgical Center and Castle Rock Surgical Center.
Dr. House is an investor at Sky Ridge Surgical Center.
Please be patient with the surgery center schedule. We strive to be on time but unforeseen circumstances arise that can delay your surgery. Please bring a book or electronic media in case your surgery is delayed.
You may not drive home after your surgery. Please bring somebody who will assist as a driver the day of surgery. But please limit the number of people who will accompany you.
Please bring your insurance card, and a picture ID and any financial obligations due at the time of service. Please bring a current list of medications and allergies. This will facilitate the admitting process.
You should arrive at the surgery center no less than one hour prior to surgery to allow for the admitting process and preoperative preparation. You will be asked to review and sign a surgical consent form, which acknowledges your permission for the facility and physician to perform the procedure and to care for you as well as the risks and complications of surgery. If the patient is a minor this form must be signed by a legal guardian. Expect to stay at the surgery center for 45-60 min. after your procedure to allow for anesthesia to wear off and to remain under observation by the anesthesiologist and a recovery room nurse. After surgery; please expect to feel drowsy and do not drive a car or operate machinery, sign important papers, make important decisions, or use alcoholic beverages.

Family history of Blood clots or adverse anesthesia reactions; please tell the office if you or your family have ever had a blood clot, pulmonary embolism, or unusual anesthesia reaction. Also please notify the office if your family or direct relative has ever been diagnosed with a blood clot or was tested positive for a genetic mutation or a coagulation protein. These are called coagulopathies.

FMA paperwork in short-term disability forms: Please provide us with the necessary paperwork as far ahead of your scheduled surgery as possible, and give us an idea of when you expect to return to work. For expectations of your recovery, ask your surgeon.
Medical equipment; you will be asked to use some type of assisted immobilizing device. This may consist of a pneumatic cast or surgical shoe and is usually provided by the office during the pre-surgical consultation. Bring the surgical shoe or the removable pneumatic cast to the surgical center.

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If you were asked to be non-weight bearing, please bring the crutches, leg caddy/roll-about, walker, or wheelchair to the surgical center as you will need this device after surgery. Crutches are rented or sold at most drug stores. Third Wheel Orthopedics and Total Orthopedics supply roll about walkers or leg caddies. www.thirdwheelortho.com

Handicap parking sticker: This can be provided by the office.
The night before surgery: Wash and shave the hair from the foot and ankle to have surgery. Remove all nail polish and please cut nails. The morning of surgery you may shower as normal. If you are to receive a popliteal block, we will apply an adhesive covering to the back and outside of your knee and thigh. Shaving your leg hair saves unwanted pain at the first post-operative visit

Please pick up your prescribed medications from the pharmacy at least 4 days before your surgery. Normally four prescriptions are given prior to surgery this includes doxycycline, an antibiotic that should be started 3 full days before surgery. The fourth day should be the day of surgery. Percocet and Dilaudid are pain medications. They should never be taken together. Percocet is utilized for moderate pain and Dilaudid is utilized for severe pain. Both medications commonly cause nausea and should never be taken on an empty stomach. Scopolamine is a patch that is applied behind the ear 24 hours prior to surgery. It is utilized to help reduce chance of nausea from anesthesia and pain medications. Please keep the patch in place for 3 full days.

Food: Do not eat or drink the day of surgery starting at midnight the night before your surgical date. Please do not eat heavy fried or greasy food the night before surgery.

Usual Medications: Take your usual medications the day and night before surgery. Take all usual morning medications with the smallest sip of the water at the earliest possible time, the morning of surgery: -Diabetics: The exception is with insulin. If you take insulin, please take half of your normal insulin dose the morning of surgery. If you do not take insulin and use oral diabetic medication (metformin, Actos, Avandia, Gylburide, Glipizide), please do not take this oral pill the morning of surgery.

-**Blood thinning medications: Please hold Aspirin 10 days before surgery. Warfarin/ Coumadin, Plavix, also must be stopped 10 days before**. Please ask about a Lovenox bridge if needed. This is a temporary injectable medication that helps to reduce the risk of clotting disorders and reduces bleeding. Omega 3 and fish oils, along with Ibuprofen, Advil, Aleve, and other anti-inflammatory medications (NSAIDS) also thin the blood and create more bleeding and should be discontinued 10 days prior to surgery. Please restart usual anticoagulation medication 24 hours after surgery.

-**Herbal supplements and Vitamins**: Phentermine and other diet supplements must be stopped 14 days prior to surgery.

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-Vitamin D and sunlight is a necessity of bone healing. Labs will be drawn to measure your level which may be low. 2000 international units each day is normally recommended through the 4th week of healing. 20-30 minutes of sunlight is recommended daily. Low Vitamin D may result in the postponement of surgery.

Smoking: Smoking inhibits circulation and bone healing. Stopping or decreasing smoking as far ahead of surgery as possible, will minimize postoperative complications, decrease the chance of infection, and will optimize healing and fusion. Please keep in mind there is a documented 10-20% decreased fusion rate in smokers.

Alcohol: Please decrease your alcohol intake 2 weeks prior to surgery. Alcohol decreases coagulation and increases bleeding. You should consume no more than 1-2 alcoholic beverages per day 2 weeks prior surgery

Sleep apnea: Sleep apnea is a risk factor and is exacerbated by anesthesia, especially in the immediate postoperative period. If you use a CPAP machine, please bring it to surgery with you.

Type of anesthesia: IV conscious sedation and inhalation general anesthetics are the 2 main types of anesthesia that you may receive. In both circumstances we utilize local anesthesia to achieve a numbing effect to the area that is having surgery. This numbing effect may last several hours after the surgery and sometimes until the next day. Numbness lasting from the incision may occur and can be expected. A return to normal sensation may take several weeks. Smaller cases generally receive mild sedation and local anesthesia. Longer or more technically advanced cases may require full general anesthesia with a breathing tube.
A popliteal nerve block: Your surgeon may have recommended a nerve block. This consists of adding local anesthesia behind your knee on the affected surgical leg. It is purely for pain relief and comfort. This will be performed 30 min. prior to surgery and will last 24-72 hours after surgery. A catheter with a local anesthetic reservoir (On Q Ball) may be utilized to extend the local anesthesia effect. This will be removed 3 days after the surgery during your first postoperative visit.

Preoperative medical clearance: If you have a past medical history of heart or lung problems, significant high blood pressure, are over the age of 60, or have major medical issues; you may need preoperative clearance. This is usually performed by your primary care physician or may be performed by a cardiologist or the preadmission testing department at the hospital. Testing usually consists of labs, EKG, and a history and physical. This is usually performed a few weeks prior to the surgery. All labs must be performed within one month of the surgery. Coordination and notice for preoperative clearance will be done by your surgeon's office.

Physical therapy: In some circumstances postoperative physical therapy will be needed after your procedure. The timing of the therapy will be coordinated with your physician and is dependent upon your home or work location and insurance.

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Braces and splints: Included in the postoperative therapy protocol may be a request to use a device while at rest or during sleeping hours. This may consist of a night splint, a bunion splint, or a Darco digital toe splint. A Body Armor hallux dorsiflexion splint may also be needed to help splint the affected area in the corrected position during healing. This device will be dispensed by the office and should be started no later than the third postoperative day. It is generally utilized between 2 and 4 weeks after the surgery.

Icing: Ice and cold decreases the inflammatory response and swelling. This significantly decreases postoperative discomfort and enhances healing. The most important period for icing is within the first 48 hours after surgery. Icing should be performed as close to the incision site as possible. Preferably: 20 min. of cooling with a rewarming for 20 min. is optimal. Patients with circulatory disorders such as Raynaud's phenomenon or peripheral vascular disease are at increased risk for frostbite. Therefore please be judicious with the use of ice and only use ice during non-sleeping hours. Cold therapy units have a higher association with frostbite.

Postoperative activity: During the first 2-3 days, the majority of bleeding and inflammation occur. Lowering activity during this period will help to enhance the healing and decrease the amount of discomfort and swelling. Most patient's plan too much activity during the first few days after surgery therefore making it difficult to

manage swelling. Please do not plan laborious activity during the first 3-5 days after surgery and keep activity low. Moving the affected extremity at the toes and ankle helps to enhance re-absorption of excess fluid into the body. Motion also decreases the risk for blood clots. Movement of the extremity while at rest and off the foot is optimal. Excessive ambulation on the foot will prolong healing and exacerbate pain and swelling. Do not be surprised if bleeding occurs through the bandage. Simply reinforce the bandage in this situation. In some circumstances with excess bleeding, you may be asked to change the bandage. However bleeding is rarely a complication or serious health threat.
Remaining vertical for extended periods of time such as standing, will worsen swelling and edema. This will create pain and pressure in the foot. As healing progresses the ability to stand on the foot will be extended. After the first 3-5 days the foot is acutely sensitive to the amount of standing. Even with use of crutches, gravity still makes it difficult for fluid to return back into the body. Therefore please be sensitive and aware of the relationship of standing upright and the effect and the amount of fluid in the foot.

Postoperative ambulation: Please ask your surgeon or staff about your specific surgery as the post op instructions varies greatly. It may require complete non-weight bearing for up to 6 weeks. This is normally accomplished with crutches or a mechanical scooter, such as a leg caddy or roll-about walker. Other surgeries allow minimal weight-bearing with a removable pneumatic walking cast boot. Even though weight bearing is sometimes permitted, minimal walking is strongly advised. The recommended amount of upright movement is normally 10 min. per hour during the first week. It then increases roughly 5 min. per hour per week.

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Normally after 4-6 weeks of healing, activities to tolerance is generally recommended. At 8 weeks higher impact athletic activities are permitted for most cases. Physical therapy is usually started after the 6th week. Please understand that if a bone cut with screws, plates, or pins were utilized; recuperation necessitates more immobilization and longer healing.
Please understand the fine line between keeping the joint mobile and flexible (to decrease the risk for blood clots and stiffness with movement) and immobility (to allow healing and decrease pain and pressure) - is a difficult balance. Use common sense, good judgement and error on the side of being safe and conservative.

Showering is difficult. Please make arrangements ahead of time as you must keep the incision sites dry. Most patients use a plastic bag over a towel that is wrapped around the foot. The towel is important as most bags leak. Many drugstores (Walgreens) have pre-fitted shower protectors that work nicely. In you need to remain off the foot; you may consider a shower stool.

Driving is another consideration that must be planned. Most patients stop their pain medications between the 3rd and the 5th day. You should not drive while on pain medications as this may be construed as impairment. The same is true of the surgical shoe or cast boot. Both should be removed while driving and light pressure on the foot while managing the brake or gas pedal is permitted. But again please be conservative and use common sense as driving during the immediate post op period is a risk.
Common Postoperative Problems

Excessive pain: Acute pain normally lasts for the first 3 days at a level that may be high. More pronounced pain is many times due to excessive congestion, swelling, or bleeding. This produces excessive pressure internally that results in higher than expected levels of pain. Low activity, keeping the extremity elevated, and using ice greatly reduces pain caused by excessive volume or congestion in the affected extremity. Loosening the bandage helps to reduce pressure and pain. Removing the Ace wrap and applying ice will also help. One rare complication, called compartment syndrome, exists when the pressure exceeds tissue viability. This must be treated immediately.

Swelling: Standing too long is very common and leads to increased pain, slower healing and risks damaging the surgery site. Use the compression hose provided and limit the amount of weight bearing.

Nausea and vomiting: Pain medication or anesthesia generally creates nausea and vomiting. Nausea is exacerbated by poor hydration and an empty stomach. Please do not take pain medication on an empty stomach. You may have been given a scopolamine patch preoperatively that should help to reduce nausea. If nausea or uncontrolled vomiting persists please call the office for stronger medication.

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Constipation is also caused by narcotic pain medication or poor hydration. Dulcolax, Colace, or milk of magnesia generally relieves this problem. Hydration also helps.

Gout attacks are common after surgery and may be more subtle than usual flares.
Urinary retention is also a problem that results in difficulty in urination. An enlarged prostate is a common exacerbating problem. If urination is not possible with a full bladder after 6-8 hours from surgery, an emergency room visit may be needed for catheter placement.

Bleeding; the dressing that covers the wound is absorbent and designed to help wick fluid away from the wound. The original dressing should be kept in place for 3 days but it excessive bleeding occurs then you may be asked to change the dressing per the instructions.
Infection occurs consistently but in less than 10% of cases and or normally treated with oral antibiotics. These are normally not detectable until several days after the surgery. Signs and symptoms include fever greater than 100°, redness, heat, fever and chills, nausea and vomiting. A red discoloration generally appears as a sunburn or streak that ascends up the ankle. This is obviously a serious situation and necessitates immediate attention.

Blood clots; blood clots also appears consistently and can occur after any injury or surgery. It affects the lower extremity more often and can occur with certain inherited family clotting disorders other medical conditions. Larger surgeries also create more bleeding and the potential for blood clots. Prevention includes the use of medication and range of motion. Performing ankle joint pump exercises and moving the toes consistently reduces stagnation of blood and helps to return flow back into the body. Devices such as TED hose and compression pumps are utilized to help reduce clotting risk. Signs and symptoms include swelling, pain, and redness that can ascend into the thigh and knee. Blood clots that move into the body can be fatal and therefore seeking immediate medical care is paramount.

Chest pain, shortness of breath or coughing up blood will necessitate immediate emergency room treatment. Other symptoms that necessitate immediate care include: excessive swelling or numbness that continues to worsen and is out of proportion with the level of surgery, unrelenting pain, fever or chills, excessive redness around the incision site, continuous bleeding or drainage from the wound, difficulty breathing, inability to urinate, excessive nausea or vomiting, or calf pain.

Medical equipment; you will be asked to use some type of assisted immobilizing device. This may consist of a pneumatic cast or surgical shoe and is usually provided by the office during the pre-surgical consultation. Bring the surgical shoe or the removable pneumatic cast to the surgical center. If you were asked to be non-weight

bearing, please bring the crutches, leg caddy/roll-about, walker, or wheelchair to the surgical center as you will need this device after surgery. Crutches are rented or sold at most drug

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stores. Third Wheel Orthopedics and Total Orthopedics supply roll about walkers or leg caddies. www.thirdwheelortho.com

Returning to work: Your return to work varies greatly and depends upon the surgery type and the individual occupational needs. Normally the more technically difficult and extensive the surgery, the more time needed at home away from work. However desk jobs can be started earlier than jobs that require extended walking or standing. Please check with your physician and staff for coordination to return back to work. If an early return to work is absolutely needed then crutches may be utilized. We advise at least one week off from work and longer if possible. Remember that the swelling and pain usually resolve greatly around the 5th day. Standing upright for extended time frames, even with crutches, will cause the pain and swelling to worsen.

Pain medication: Please take medication as directed and as needed. Usually 1-2 narcotic tablets are used every 4-6 hours for the first 3-5 days. Most pain medications contain Tylenol/acetaminophen. Do not exceed 4000 mg of acetaminophen or Tylenol in a 24-hour period. Never drink alcoholic beverages while taking narcotics. Ibuprofen (Advil, Motrin) may be used to enhance the anti-inflammatory and pain relieving effects and these will not interfere with the narcotic medication and will help with pain and swelling. Do not exceed 2400 mg of ibuprofen in a 24-hour period. Please eat food and stay well hydrated during this period as both medications can create nausea. If you are taking daily blood thinning medications, you cannot take anti-inflammatory medications at the same time. Do not take pain medications on an empty stomach. It is also common for pain medications to create dizziness or light-headedness. *Nausea, vomiting, itching, constipation, and difficulty urinating are common side effects and will subside once the medication is discontinued*. Refill of pain medication must be done during regular business hours. Please plan ahead and estimate your pain medication needs. Some medications cannot be called in by phone.

Financial arrangements: Billing is normally separated into several different services. This includes surgeon's fee, the surgery center facility fee, and the anesthesiologist fee. Sometimes a pathologist, radiologist, surgical assistant, or laboratory fee may also be billed. Some surgery centers estimate your portion of the cost in advance upon arrival to the surgery center. You may be asked to pay a portion of the payment which commonly consists of co-pays, deductible, co-insurance.