

Preparing for non-weight bearing following foot or ankle surgery

Physiotherapy Department



Patient information leaflet

Preparing for non-weight bearing following foot or ankle Surgery

Patients name: _____

Physiotherapist: _____

Occupational Therapist: _____

Date: _____

Orthopaedic Department: _____

Who is this booklet for?

This booklet is for pre-operative patients designed to help you prepare for your time of restricted weight bearing following your upcoming foot or ankle surgery. Please read this booklet carefully and ask your pre-assessment nurse, physiotherapist or occupational therapist if you are unsure about any information or instructions.

Why have foot or ankle surgery?

Many conditions affecting the foot can produce discomfort, which can limit mobility. Sometimes the structure and mechanics of your feet or ankles change (for a number of reasons) and surgery may be required to address these. Surgery is usually only considered when all conservative measures have been exhausted.

Foot and ankle surgery is performed to reduce pain, improve deformity and increase function and not for cosmetic purposes. Each individual is unique and every procedure is different.

Is there any alternative treatment?

Non operative treatment may include physiotherapy, corticosteroid injections or orthotics such as insoles.

Restricted weight-bearing following surgery

The operation you are due to have will mean that for a period of time you will either be:

- **Non Weight Bearing (NWB)**

You are not allowed to put any weight through the operated foot.

- **Touch Weight Bearing (TWB)**

No weight is allowed through your operated foot but you are allowed to gently touch your toes to the floor in order to keep your balance.

What can I expect prior to surgery?

The Occupational Therapist and/or Physiotherapist may be in contact with you prior to your admission to establish your current functional ability, home set-up and how you will manage mobilising around your home after surgery.

How to prepare for a safe and quick discharge from hospital

- Consider bringing a bed down stairs.
- Move frequently used items to places that are easily accessible.
- Arrange for someone to stay with you if you live alone or are the main carer for your partner.
- Arrange for someone to help with everyday tasks such as preparing food, shopping, cooking and cleaning.
- Consider hiring a wheelchair from local Red Cross.

Your stay in hospital

You may stay in hospital for 1 to 3 nights after your surgery, and you will need someone to escort you home.

You will need to bring in a flat sturdy shoe (preferably with laces), to wear on the non-operated foot following surgery and also to bring in day clothes, nightwear and toiletries.

Please bring any regular medication you are taking (at least 2 weeks supply and their original containers) along with a copy of your repeat prescription request forms from your GP surgery if you have them.

Please also bring any medications which you were asked to stop taking before the procedure, as you may need to restart these whilst in hospital.

Please let us know if there have been any changes to your regular medications between your pre-assessment visit and the day of surgery.

The operation

The operation is usually performed under a general anaesthetic. However, a local anaesthetic may be used in conjunction with a sedative and your anaesthetist will discuss this with you prior to surgery.

What can I expect after my surgery?

Your foot will either have a bandage, full cast (plaster all the way around the foot) or a backslab (only half a plaster and bandage). Your foot should be elevated to reduce bleeding, swelling and pain.

How to manage on discharge

Getting around non-weight bearing or touch weight bearing after surgery with walking aids can be very hard work, causing fatigue and shortness of breath. The distance you will be able to mobilise will consequently be limited during this time. You may need a Zimmer frame rather than crutches and will be reliant on your arms to assist you which can cause increased tiredness. In order for you to conserve your energy we recommend only essential journeys are made throughout the day, such as getting to the toilet or getting food/ drinks. You may need to consider using a chair to rest as you mobilise longer distances around your home, for example placing a chair in the hallway between your living room and kitchen.

Normal daily activities such as washing, dressing, cooking or shopping are very difficult and unsafe when standing and balancing on one leg.

Stairs or steps can also be very difficult after surgery when you are NWB/TWB. You should consider bringing a bed downstairs, and this is advised especially if you do not have any banisters or hand rails on your stairs. We do not recommend sleeping on sofas or sofa beds as they can be low and difficult to get up from. If the bed is going to be positioned in a room with a gas fire, we strongly recommend that you obtain a carbon monoxide monitor and that any gas appliances in/near this room have been serviced in the last 12 months.

If you are unable to manage the stairs safely and you are unable to bring a bed downstairs, you may have to go up and down the stairs on your bottom. This can be difficult for many patients as you will need the strength and flexibility to get down to the floor and up off the floor during this manoeuvre.

How will I be able to get around?

You will be informed of your weight bearing status by your doctor or physiotherapist following the surgery.

Instructions will be given on the correct and safe use of walking aids by your physiotherapist.

The length of time that you will have restricted weight bearing can vary with each procedure. You will need to wait until seen by the doctor in your follow up clinic appointment for any change to your weight bearing status.

Physiotherapy

Your Physiotherapist will show you how to mobilise safely either before or after your operation. You will practice with either a Zimmer frame or two elbow crutches depending on which is safest and easiest for you.

Your Physiotherapist will teach you any exercises as per your surgeons' instructions.

You will also be taught exercises for your non-operated leg to maintain the movement and strength of your other joints.

If you have stairs at home your Physiotherapist will instruct you, if appropriate, on the safe and correct method, and will practise this with you before your discharge.

If you are TWB you may be required to wear a post op shoe to protect the dressings and keep them clean. These will be provided by your nurse or physiotherapist and must be worn until instructed.

Occupational Therapy

You may be seen on the ward by an Occupational Therapist to assess your functional ability. The Occupational Therapist will advise appropriate techniques to assist you to be independent. Dressing aids can be purchased from the Occupational Therapist. It is normally advisable to strip wash on discharge as it is unsafe to get in/out the bath/shower if you are NWB/TWB.

Kitchen tasks will be discussed but remember you will be unable to carry items from room to room. Sitting in your kitchen may be easier initially.

Your Occupational Therapist may assess your ability to transfer. If a pre-operative visit has not been conducted by the Occupational Therapist, the therapist may ask you to provide the furniture heights of your bed, armchair and toilet at home. This will be useful to make sure that you are able to get on/off these heights at home. Please bring them with you.

Discharge advice

Elevation

It is normal to have a degree of post-operative bruising and swelling for a number of weeks following surgery. It is important to try to minimise the swelling because if your foot becomes swollen, your dressing/cast will become tight, restricting circulation.

If able, wiggle your toes up and down at regular intervals throughout the day, as this helps increase blood flow and aids circulation.

When you are sitting in a chair resting, it is best to keep the foot elevated on a stool, at a height above your hip. Use a pillow to elevate the foot if lying down on a bed. This is to decrease any swelling in your foot and ankle.

Rest

Listen to your body, it will tell you if you have overdone things. Rest and elevate your foot to decrease the swelling and save your energy for essential tasks. This will improve circulation and promote wound healing.

Work

Returning to work will depend on the nature of your operation, duration of restricted weight bearing and the type of work that you are required to do. You can normally return to work when you feel you are able to carry out your job without causing further damage to your foot; it is advisable to make this decision alongside discussion and guidance from your doctor.

You may have to find alternative ways of getting to work if you normally drive or take public transport.

Driving

You will not be able to drive until the doctor informs you it is safe to do so. This will be dependant on the nature of your procedure. You should notify your insurance company of the procedure that has been undertaken to ensure your cover is valid.

Dressing care

Your dressing/plaster cast must remain intact until your outpatient visit. You must avoid taking a bath as the wound site must be kept dry and clean. Ask your nurse or Occupational Therapist for advice about protective waterproof measures that can be applied to the operated area. Please avoid poking objects inside your cast or dressings as this can cause sores to develop.

Will I require follow up appointments?

You will be given a date for your follow up clinic appointment with your doctor before your discharge.

Are there any possible risks/complications of surgery?

Infection: as with all invasive procedures there is a risk of infection, more so in those patients who are diabetic, suffer from rheumatoid disorders or those who smoke.

Scarring: any type of surgery will leave a scar, occasionally this will be painful, inflamed or have increased sensitivity.

Nerve damage: results in numbness and tingling. This is often as a result of nerve bruising or injury during surgery. Such damage is seldom permanent and the sensation usually returns over a period of time.

Failure of the bone to unite: this may occur in operations where the bone is fused. Some people heal slower than others; those who smoke are at greater risk of this occurring.

If you develop pain in your calf or chest, or your wound becomes red, swollen, hot and/or oozing, or you experience worsening pins and needles or persisting numbness of the foot/toes please contact your GP urgently, or come to the Accident and Emergency department at the hospital.

Further information

- British Red Cross (for equipment/ Wheelchair hire) Godalming (Main Surrey branch): **01483 429238**

Reference source

NHS Choices

- www.nhs.uk

Contact details

Once you have returned home if you have any further questions or concerns please telephone the ward. They will do their best to help you or direct you.

Royal Surrey County Hospital: **01483 571122**

Physiotherapy Department: **01483 464153**

Occupational Therapy Department: **01483 571122 ext 4766**

This booklet is intended as a guide and a reminder. Each patient's individual needs vary and so you will be guided personally through your rehabilitation.

PALS and Advocacy contact details

Contact details of independent advocacy services can be provided by our Patient Advice and Liaison Service (PALS) who are located on the right hand side as you enter the main reception area. PALS are also your first point of contact for health related issues, questions or concerns surrounding RSCH patient services.

Telephone: 01483 402757

Email: rsc-tr.pals@nhs.net

Opening hours: 9.00am–3.00pm, Monday to Friday

If you would like information documents in large print, on tape or in another language or form please contact PALS.

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