

Preparation for foot surgery

Although foot surgery is not generally considered major surgery, postoperative problems or complications can occur and they can cause significant difficulties as it is not always as easy to rest the foot as other parts of the body. The frequency of complications can be reduced in a number of ways and we need to work together to ensure that everything possible is done to ensure a quick and problem-free recovery. It is not possible to eliminate all risk of complications but some can be avoided-We hope by reading this sheet that we can work together towards this goal.

Before admission to hospital it is important that you keep your body and foot in the best possible condition prior surgery.

General Factors

Most patients are seen a week or two before the expected date of surgery, for us to examine your feet and to make sure that you understand all that may happen to you and what you might expect from your surgery.

If you have any general health problems, tell me about them and if possible get your GP to check you over a few weeks before surgery. You should certainly check in with your GP if you have any significant medical problems or conditions such as asthma, breathing disorders, heart disease or blood pressure.

Smoking

Any patient considering surgery should try and give up smoking before having a general anaesthetic. The risk of complications after surgery is greatly increased by smoking and smokers run the risk of problems such as wound breakdown, wound infection, thrombosis and non-union of bony operations.

The risk of complications and failure is so high after certain operations that you should discuss this with me and we may advise on alternative options which may offer less risk. If you wish to give up smoking your GP or local clinic can offer you help and advice on stopping smoking.

The Oral Contraceptive Pill

The risk of thrombosis and pulmonary embolism is substantially raised in women taking oestrogen-containing oral contraceptive pills, even low dose oestrogen preparations. You should stop the pill a minimum of 4 weeks prior to elective surgery, and preferably 6 weeks before.

If you do not know whether the pill you are on contains oestrogen, ask your doctor or clinic that prescribed it. You should also see them to get advice on preventing pregnancy whilst not taking the pill.

Hormone Replacement Therapy (HRT)

HRT contains lower levels of oestrogen than the oral contraceptive. There is some controversy as to whether HRT increases the risk of DVT.

It is recommended that you stop HRT for two weeks prior to your operation date, providing the effects of stopping the HRT are not too unpleasant. If however these effects are too unpleasant, then an alternative way of reducing risk is to take soluble aspirin 75mg once per day (with or after food). This should start the day before surgery and continue until you are fully mobile.

Chiropody/podiatry

If you are having chiropody or podiatry treatment, it is important that you tell your podiatrist that you will be having surgery. Your last treatment should be one week before the date of surgery at the latest. Do not resume any treatment after surgery without consulting your surgeon.

Athlete's Foot

If you suffer with athlete's foot, you should try and have this cleared up before any surgery. It is acceptable to use antifungal treatment regularly but do not let your foot get too moist from excess use. Treat your socks and footwear with antifungal powder, to prevent reinfection. Ask your GP or pharmacist for advice if you need help treating the infection.

Understanding your operation.

It is important that you understand what having surgery involves, what your recovery may entail and the potential problems or complications after surgery.

For most operations we have explanatory leaflets and they will aid in the process of consent. It is essential that you understand what is involved in surgery before signing your consent form and you should not proceed with surgery if you are unsure or confused.

If you feel that you do not understand the operation, then you must let your nurse or family doctor know or contact Mr Butler's or Mr Parson's secretary and arrange a further appointment to discuss surgery prior to the event.

If you have a problem or are worried after surgery, then you must let your GP know who will contact us and we will endeavour to see you urgently. If it is an emergency then we advise you to attend the Accident and Emergency Department and let them know that you have had surgery recently.