

POST OPERATIVE INSTRUCTIONS ANKLE SURGERY

(All of this information, and more helpful information, can be found on Dr. Roth's website at www.KEVINROTHMD.COM.)

DIET

- Start with clear liquids (jello, soup broth, Gatorade, etc.), crackers, white bread and other light foods
- Progress slowly to heavier foods as you tolerate the lighter foods without any nausea

WOUND CARE

- Your operative ankle will be in a plaster splint after surgery. This must be kept clean and dry until your follow up appointment with Dr. Roth.
- You may shower by placing a large garbage bag over your splint and Duct taping it to your skin above the splint – do not submerge your leg under water. **Do not try to merely put a rubber band at the top of the plastic bag as it will not create a tight enough seal and water will get down inside.**

MEDICATIONS

- It is important to know that there will be some pain after surgery – this is very normal. Unfortunately, there is no such thing as “painless surgery.” While pain can sometimes be a marker of something going wrong, in the context of surgery, it is usually completely normal. If you are concerned about the level of pain that you are experiencing, please call Dr. Roth's office and we can discuss with you and ask a few questions to confirm that your level of pain is normal and not a sign of something dangerous.
- Dr. Roth uses the pain scale from 0-10 to try to help recommend how many opiate pain pills to take, so try to be honest with yourself about your pain level. Remember, zero is no pain at all, and 10 is the *worst pain in the world*. When someone calls and says casually over the phone his or her pain is a level 9, this is typically an exaggeration, as a person in level 9 pain would be screaming in agony, and would likely be unable to make a phone call. Dr. Roth recommends not taking any opiates if your pain is in a 0-4 range. 0-4

pain is expected, it is normal, and it is just the price of having a surgery. If your pain rises above a 0-4, use the charts below for some recommendations of how to add in opiate medication to try to bring it down to the 0-4 range.

- You will usually have a nerve block which will last for 8-16 hours after surgery, or if you discussed with the anesthesiologist, you may have a nerve block that can last a few days. You will start to feel some tingling in your knee and your foot when the nerve block starts to wear off. This is the sign that the pain is soon to follow, so you want to start taking your pain medication at this time.
- Some animal laboratory data has suggested that NSAIDs (Advil, Aleve, ibuprofen, naproxen, meloxicam, diclofenac, Celebrex, etc.) can slow tendon healing to bone, but this has not been confirmed in human studies. Because of that animal data, some doctors recommend avoiding NSAIDs after tendon and bone surgery, however, there are other advantages of NSAIDs which likely outweigh the risks. Dr. Roth prefers to use NSAIDs after tendon and bone surgery to help patients get away from opiate medications, which have their own long list of side effects and risks. Unless you have other medical reasons for avoiding NSAIDs (GERD, stomach ulcer, kidney disease), Dr. Roth recommends taking NSAIDs as soon as possible after surgery and trying to wean away from opiate medications as soon as possible.
- You have been given a prescription at your preoperative visit for an opiate narcotic pain medication (Oxycodone, Percocet, Norco, Tramadol etc.). Pay attention to whether your medication has acetaminophen (Tylenol) in it as it will affect how you use the pain regimen charts below.
- **If you have a history of Obstructive Sleep Apnea (OSA), be sure to let Dr. Roth know as he may decide to change your post-operative pain regimen.**
- **If your narcotic pain medication has ACETAMINOPHEN in it (e.g. Norco, Percocet) then you CANNOT also take TYLENOL at the same time, which is the same medication.**
- Side effects of the pain medication include itching, nausea, vomiting, dry mouth, constipation, dizziness and lightheadedness. Taking the medication with food will decrease the risk of nausea. **To prevent constipation, it is recommended that you take a stool softener while taking the opiate. Colace can be purchased over the counter. Take one tab 2-3 times per day.**
- If taking the opiate medication causes you to experience itching without a rash, and without any swelling of the mouth or difficulty breathing, this is very common, and is not technically a true allergy. Options to manage this are to try to wean off the opiates and just take the Advil/Tylenol regimen described below, or to take Benadryl for the itching. However, understand

that the Benadryl typically does not manage the itching very well, and often just puts you to sleep so you aren't as bothered by the itching.

- Try to wean off of the narcotic pain medication as soon as possible. Using Dr. Roth's regimen below will help you transition away from the opiates as soon as possible.
- Dr. Roth's Suggested Post-Operative Pain Management Regimens

(Note that generic medications are exactly the same as brand name and can be substituted at lower cost and without any change in effectiveness.)

DR. ROTH'S SUGGESTED OVER-THE-COUNTER PAIN REGIMEN MODERATE PAIN	
<i>DO NOT take the Tylenol if your opiate has acetaminophen in it already (e.g. Percocet, Norco)</i>	
6 AM	600 mg Advil (ibuprofen) 1000 mg Tylenol (acetaminophen)
12 NOON	600 mg Advil (ibuprofen) 1000 mg Tylenol (acetaminophen)
6 PM	600 mg Advil (ibuprofen) 1000 mg Tylenol (acetaminophen)
12 AM (MIDNIGHT)	600 mg Advil (ibuprofen) 1000 mg Tylenol (acetaminophen)

DR. ROTH'S SUGGESTED OVER-THE-COUNTER PAIN REGIMEN SEVERE PAIN	
<i>DO NOT take the Tylenol if your opiate has acetaminophen in it already (e.g. Percocet, Norco)</i>	
6 AM	600 mg Advil (ibuprofen)
9 AM	1000 mg Tylenol (acetaminophen)
12 NOON	600 mg Advil (ibuprofen)
3 PM	1000 mg Tylenol (acetaminophen)
6 PM	600 mg Advil (ibuprofen)
9 PM	1000 mg Tylenol (acetaminophen)
12 AM (MIDNIGHT)	600 mg Advil (ibuprofen)
3 AM	1000 mg Tylenol (acetaminophen)

Note that this regimen is the same as the "Moderate Pain" regimen, however, it splits the Advil and the Tylenol so that they are taken at different times. In

this regimen, you are taking SOMETHING every 3 hours, so you are always on the “upswing” of one or the other medication. Just as one of the medications is wearing off, you are dosing yourself with the other medication.

IN ADDITION to the “Over-The-Counter” pain regimens above, the opiate you have been prescribed (typically oxycodone) can be added in AS NEEDED to supplement your pain and manage breakthrough moments of increased pain. You are encouraged to try to stop taking the opiate as soon as possible, and if you can manage without the opiate, please feel free to do so. At each moment that you are taking your other medications, try to assess your level of pain and take an oxycodone

SUGGESTED MODERATE PAIN REGIMEN - WITH OPIATE	
6 AM	600 mg Advil (ibuprofen) 1000 mg Tylenol (acetaminophen) + Pain Level 0-4: NO Oxycodone Pain Level 5-7: ONE Oxycodone Pain Level 8-10: TWO Oxycodone
12 PM (NOON)	600 mg Advil (ibuprofen) 1000 mg Tylenol (acetaminophen) + Pain Level 0-4: NO Oxycodone Pain Level 5-7: ONE Oxycodone Pain Level 8-10: TWO Oxycodone
6 PM	600 mg Advil (ibuprofen) 1000 mg Tylenol (acetaminophen) + Pain Level 0-4: NO Oxycodone Pain Level 5-7: ONE Oxycodone Pain Level 8-10: TWO Oxycodone
12 AM (MIDNIGHT)	600 mg Advil (ibuprofen) 1000 mg Tylenol (acetaminophen) + Pain Level 0-4: NO Oxycodone Pain Level 5-7: ONE Oxycodone Pain Level 8-10: TWO Oxycodone

SUGGESTED SEVERE PAIN REGIMEN - WITH OPIATE	
*** If you are following this regimen, and are consistently taking TWO oxycodone at EACH time point, please call Dr. Roth to let him know that you are requiring that level of pain relief. ***	
6 AM	600 mg Advil (ibuprofen) + Pain Level 0-4: NO Oxycodone Pain Level 5-7: ONE Oxycodone Pain Level 8-10: TWO Oxycodone
9 AM	1000 mg Tylenol (acetaminophen) + Pain Level 0-4: NO Oxycodone Pain Level 5-7: ONE Oxycodone Pain Level 8-10: TWO Oxycodone
12 NOON	600 mg Advil (ibuprofen) + Pain Level 0-4: NO Oxycodone Pain Level 5-7: ONE Oxycodone Pain Level 8-10: TWO Oxycodone
3 PM	1000 mg Tylenol (acetaminophen) + Pain Level 0-4: NO Oxycodone Pain Level 5-7: ONE Oxycodone Pain Level 8-10: TWO Oxycodone
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3 AM	1000 mg Tylenol (acetaminophen) + Pain Level 0-4: NO Oxycodone Pain Level 5-7: ONE Oxycodone Pain Level 8-10: TWO Oxycodone

Do NOT drive a car or operate any heavy machinery while you are taking narcotic pain medication (OxyCODONE, Oycontin, Norco, Percocet, Tylenol #3, etc.)

ACTIVITY

- Elevate the operative ankle to chest level whenever possible for the first two weeks after surgery to decrease swelling.
- Use crutches walk at all times. Do not put the splint down on the ground.
- Avoid long periods of sitting with the ankle below your waist or long periods of standing/walking for the first 7-10 days after surgery as these activities are likely to increase the swelling of your ankle.
- You may return to sedentary work / school 3-4 days after surgery if swelling and pain are tolerable and you are no longer taking narcotic pain medications.
- NO driving until discussed with Dr. Roth.
- DO NOT SMOKE cigarettes, smokeless tobacco, cigars, dip, chew, or any other tobacco product for at least 3 months after surgery if at all possible, as these will all **inhibit healing of the repair, increase the risk of infection**, and decrease the ability of the wound to heal.

SPLINT

- Plaster splint is to be worn at all times (day and night) and only to be removed by Dr. Roth. If you feel that the splint is too tight and you cannot get comfortable, call Dr. Roth's office to let him know and he will instruct you what to do.

ICE THERAPY

- Because you have a large splint on, icing the ankle is difficult, however, can still be helpful.
- Premade gel ice packs or bags of frozen vegetables are preferred to plastic bags of actual ice as **it is very important that the splint not get wet or it will disintegrate**.
- Ice for 20 minutes at a time. Try to do this three to four times per day.
- If you had a block at the time of surgery, your leg may be numb for up to 24 hours. It is particularly important during this time to be aware of the clock when you are icing as you will not feel the cold and frostbite is a real concern.

EXERCISE

- There is no exercise to do for the ankle immediately after surgery as you are in a splint.
- Formal physical therapy will begin after your first post-operative visit.
- It is a good idea to get up and walk around using the crutches and putting your weight on the non-operative extremity for a few minutes at least once every few hours while awake to minimize the risk of blood clots and other problems with prolonged bedrest.

EMERGENCIES

- During business hours, contact Sabrina in Dr. Roth's office at **510-267-4013**. If you are not getting through to Sabrina because she is busy in the office and not able to immediately answer the phone, contact the Webster Call Center at **800-943-8099** and they will track down Dr. Roth.
- For concerns that cannot be addressed during business hours, call the Webster Call Center at **800-943-8099**.
 - **For the first 48 hours after surgery, the call center will put you through directly to Dr. Roth's cell phone if you would like. Dr. Roth feels that it is very important that you have the opportunity to speak directly to your surgeon rather than to an "on-call" physician within the first 48 hours after surgery if you have concerns.** Because Dr. Roth is typically at home with his family during these times, he would appreciate the use of discretion when taking advantage of this service. If you feel you have a simple question that you would be comfortable with the on-call physician handling, please inform the call center.
- Please contact Dr. Roth's office immediately if any of the following are present, or for any other concerns:
 - Pain that is not controlled by the regimen described above
 - Pain that is unrelenting or getting worse over time rather than staying the same or improving
 - Numbness that lasts longer than 24 hours after surgery
 - Fever (greater than 101° - low grade fever is normal for the first few days after surgery)
 - Redness around the incisions
 - Continuous drainage or bleeding from the incision (some drainage is expected)
 - Difficulty breathing
 - Chest Pain
 - Light headedness or passing out
 - Uncontrollable nausea, vomiting
 - Color change in the operative extremity
 - Blistering of the skin
- If you have an emergency that requires immediate attention, proceed to the nearest Emergency Room.

FOLLOW-UP

- If you do not already have a follow-up appointment scheduled, please contact **Dorothy at (510) 267-4016** to arrange an appointment. Follow-up appointments are generally 7-10 days after surgery.