

Craig Chike Akoh, MD

Phone: 630-978-3800 ♦ Fax: 630-862-3086

<https://www.akohmd.com/>

Nurse: Starlyn Nadeau, RN, BSN
630-978-3800 (option 3, then option 1)

Surgery Coordinator: Susan Forss 630-978-3800 (option 6)

<https://www.rushcopley.com/castleortho/>

PRE-OPERATIVE INSTRUCTIONS

General Information:

- Your surgery is with Dr. Akoh. Dates can change (although rare) depending on emergencies.
- Typical post operative visits are at the following intervals: 2-3 weeks post surgery, 6 weeks post surgery, 3 months post surgery, 6 months post surgery, and then on a yearly basis. However, this may change based on Dr. Akoh's recommendations. Appointments will be made by Susan Forss at the time she schedules your surgery.
- If you decide to rent or purchase a knee scooter/knee walker, then you should plan ahead for this. We can provide you with a prescription for this device, which may help with insurance coverage. Please make these requests prior to your surgery day so that you are prepared. **You will need to bring your assistive devices to Rush Copley Hospital or Castle Surgicenter on the day of surgery.**
- **#1 post-operative rule for surgery: ONCE YOU ARE OUT OF YOUR BRACE, CAST, AND/OR REMOVABLE BOOT, SWELLING MAY PERSIST FOR MANY MONTHS. YOU MIGHT ALSO EXPERIENCE A BLUISH DISCOLORATION OF YOUR LEG. THIS IS NORMAL AND PART OF THE USUAL POSTOPERATIVE EXPERIENCE.**

SMOKING:

- Smoking results in incomplete healing of fractures (broken bones) and joints that may have been fused. Smoking and nicotine also prevents bone healing. It also slows the healing of muscles and skin (soft tissue). Therefore, please do not have surgery if you continue to smoke. We reserve the right to cancel your surgery if we suspect that you are smoking. **DO NOT** use nicotine gum or other patches. Please find an alternative method to quit smoking before your surgery.

Pre-Operative Information:

- Surgery date and preoperative visits:
 - a. If you have medical problems, such as an abnormal EKG, history of BLOOD CLOT, ANEURYSM, and **any other heart condition**, please inform us so that we can get your medical clearance several weeks before the surgery. Please bring any important medical information, such as an EKG, chest x-ray, or echocardiogram, with you to ensure that your surgery will not be delayed.
 - b. Susan Forss will inform you of your preoperative appointments in the mail and by phone from our scheduling office.
 - c. **You may not eat or drink after midnight the night before surgery. If you do, your surgery will be cancelled.**
- Because bacteria can often enter any defect in the skin, it is important to avoid any cuts before surgery. Any breaks in the skin on the leg will often result in your surgery being postponed. Please avoid going on a very long walk the day prior to surgery or doing other activities that could lead to irritation of the skin, including yard work, extra athletic activity, or shaving. This could result in surgery cancellation.

- You **MUST** be fasting the day of your surgery. Therefore, please do not consume any food or beverages after midnight the night before surgery. The morning of surgery you may take your usual medications with a sip of water.
- It is important not to take anti-inflammatory medication like Ibuprofen, Motrin, Naproxen (Aleve), or Aspirin 7-10 days before surgery because they will make you bleed more than usual. Vitamin, E, Plavix and Coumadin also have the same effect. Stop Aspirin and Vitamin E two weeks before surgery. **YOUR MEDICAL DOCTOR SHOULD TELL YOU WHEN TO STOP COUMADIN OR PLAVIX.**
- If your surgery involves any bone healing, **please do not take anti-inflammatories for at least 6 weeks after surgery.** This can impede bone healing (ibuprofen, Aleve, Relafen, iodine). Tylenol is fine to take.

PREOPERATIVE BATHING INSTRUCTIONS:

- Before your surgery, bathe with Hibiclens (4% Chlorhexidene) as instructed below. This skin cleanser will help reduce the bacteria on your skin before surgery. To avoid irritating your eyes, do not apply Hibiclens above the level of your neck.
 - On the evening before AND the morning of surgery, bathe your entire body except the face and scalp, then rinse freely.
 - DO NOT apply to your face or scalp, as Hibiclens can irritate your eyes.
- **Purchasing information:** Hibiclens is available without a prescription at most retail pharmacies. There are also samples available through our clinic.

ADDITIONAL INSTRUCTIONS: PATIENTS HAVING FOOT/ANKLE SURGERY

In preparation for your upcoming surgery, we kindly request and advise the following:

- Notify our office if you are taking any of the following: Coumadin (warfarin); Persantine (dipyridamole); Pletal (cilostazol); Plavix (clopidogrel); Ticlid (ticlopidine); Agrylin (anagrelide); Aggrenox (dipyridamole and aspirin) or other blood thinners,.
- In addition, stop taking Vitamin E and herbal supplements.
- **Do not schedule any elective dental work for at least 6 months after surgery. If you had a knee or ankle replacement, you will need to take antibiotics before any future dental procedures. Your dentist or our office can prescribe these for you. An information sheet will be given to you to give to your dentist regarding these precautions.**

THREE RULES:

1. After surgery you will most likely be given the instructions “**KEEP YOUR TOES ABOVE YOUR NOSE.**” This means that you **MUST** have your feet elevated higher than your ear. Keeping your toes above your nose helps to heal the muscles and skin (soft tissues) by reducing swelling in your leg. This position also helps to prevent infection and deep venous thrombosis (blood clots).
2. In order to keep the blood circulating in your legs and in order to avoid deep vein thrombosis (blood clots), we ask patients to **GET UP ONCE AN HOUR** during the day. This means you should at least cross the room and come back. It does not mean you have to be up for long periods of time. In most cases we will not have people immediately put any weight on their operated body part. This is important to prevent loosening of metal or other devices holding the bones together. It also prevents irritation of the soft tissues which can lead to prolonged healing. When we say get up once an hour, please walk, hop or move with an assisted device. This is important!

3. **Do not do any excessive walking during the first few days after surgery.** Recovering from surgery is a full-time task for the patient. Postoperative care is important to avoid irritating the skin incision, which can lead to infection. Please do not plan activities or go out of town for several weeks after surgery. If you are unsure about your future activities, please schedule surgery only when you know it is acceptable for you. Scheduling surgery and then canceling the date, prevents other people from having surgery on that date as it takes time to line everything up accordingly. If you cancel your surgery the week of your planned surgery, we reserve the right to cancel all future surgical procedures.

THE DAY OF SURGERY:

- Arrival to the hospital or outpatient surgical center on time is imperative. If you arrive late, then your surgery will be cancelled. You MUST have a family member/friend bring you, stay with you throughout the DURATION of your surgery, and drive you home.
- You MUST be fasting the day of your surgery. Therefore, do not consume any food or beverage after midnight the night before surgery.

AFTER YOUR SURGERY:

- Bleeding through the bandage almost always occurs. Do not let this alarm you. Simply add more gauze or a towel, call us, and come in for a dressing change. If you think it is excessive, contact us immediately or go to the local emergency room.
- Do not get the bandage wet. Showering is possible with plastic protectors. Be very careful, as the bathroom can be wet and slippery. If you do get your dressing wet, it should be changed immediately. Please contact us.
- Do not ice foot.

DRESSING:

The purpose of the surgical dressing is to keep your wound and the surgical site protected from the environment. Most dressings contain splints, which help to hold your foot and ankle in a corrected position, and also allow the surgical site to heal properly.

If you have a drain in place, this will need to be removed in 1-3 days after surgery. The time for the drain to be pulled will be written on your discharge instruction sheet.

CAST INSTRUCTIONS:

You may or may not get a cast following surgery. If you do, pay close attention to the following:

- After application of a splint or cast, it is very important to elevate your leg for 24 to 72 hours. The injured area should be elevated well above the heart. Remember "Toes above your Nose". Rest and elevation greatly reduce pain and speed the healing process by minimizing early swelling.

CALL YOUR DOCTORS OFFICE OR VISIT LOCATION EMERGENCY ROOM IF YOU HAVE ANY OF THE FOLLOWING:

- Significant increased pain, which may be caused by swelling, and the feeling that the splint or cast is too tight
- Numbness and tingling in your hand or foot, which may be caused by too much pressure on the nerves
- Burning and stinging, which may be caused by too much pressure on the skin
- Excessive swelling below the cast, which may mean the cast is slowing your blood circulation
- Loss of active movement of toes requires request an urgent evaluation

- Loss of “capillary refill”. Pinch the tip of toes and blanch the skin. Release pressure and if the skin does not return pink then call the office immediately.

DO NOT GET YOUR CAST WET. Bacteria thrive in moist dark areas. We do not want this. If your cast becomes wet, return to the office and we will apply another one.

Activity:

- Because of your recent foot surgery, your activity level will decrease. You will need to **elevate your foot ABOVE the level of your heart for a minimum of four days.** The length of time necessary for the swelling to go down, and for your wounds to heal properly depends greatly on your efforts here. Elevation is extremely important to avoid compromising the blood supply to your foot. Remember when your foot is down it will swell, which will increase pain and slow healing. Wiggle your toes frequently if possible.
- If you go home with a regional block, (a type of anesthesia) the foot and leg will be numb. Think of ways to get into your house and around the house until the block wears off.
- Keep in mind that it may be a legal issue if you drive while in a cast or splint, especially when the splint is on the right foot. You may call the Department of Motor Vehicles to schedule a road test if you have adaptive equipment applied to your car.
- The amount of weight you are allowed to bear on your foot will be written on your discharge sheet filled out at the time of surgery. The following is an explanation of the possibilities:

Non-weight bearing:

- You are to put **NO** weight whatsoever on your foot. When using crutches or a walker, your foot should not touch the ground, except when you are standing. Then, it may rest on the ground. **If you are to be non-weight bearing, and you are not compliant, you could compromise the surgery.**
- *Some of our patients have been requesting prescriptions for a roll-a-bout knee scooter. BCBS and other insurances have been denying these claims, and you may either have to rent one or pay out of pocket to purchase one. Please ask for a prescription for your roll-a-bout at your clinic visit with Dr. Akoh or call his office to obtain one.*

Touch-down weight bearing:

- You will be able to bear minimal weight on your foot. You may touch it down on the ground for balance when you swing your leg through, but only for balance, pretend that there is an egg under your foot and you don't want to break it.

Partial weight bearing:

- You will be given a weight limit on your foot, either a percent of your total weight or a number of pounds. This is the amount of weight you are allowed to bear on your surgical foot.

Heel-only weight bearing:

- Usually, this order is given for use with a special shoe only, which will help you to put weight only on your heel. You may bear your body weight on your foot, as long as it is only borne on your heel.

Weight bearing as tolerated (WBAT)

- You may put your body weight on your foot as long as you have tolerable discomfort.