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ANKLE ARTHROSCOPY POST-OPERATIVE GUIDELINES

INITIAL SURGICAL DRESSING

A gauze dressing will be covered by a padded cast called a splint. Caution is used to avoid sliding when the cast is resting on a hard floor surface. The dressing will be removed on your first post-operative appointment in the office. Keep the dressing/splint clean and dry. You may notice bleeding or drainage on your bandage. This is not unusual. Do not remove the bandage. You may apply another bandage over if necessary. If bleeding is excessive, call the Surgeon on call.

BED REST, ELEVATION, AND WEIGHTBEARING

Bed rest is prescribed for at least three days after operation. During the period of bed rest, the feet are elevated above the level of the heart. Weightbearing on the ball of the foot is allowed after the first 24 hours only when absolutely necessary. Continue elevating the foot/feet when at rest as often as possible; this will help decrease swelling and pain. It is better to be up frequently for short periods of time rather than being up fewer for longer periods of time and this will increase swelling and pain. Confinement to the house for the first week is recommended.

PAIN MANAGEMENT

Local anesthetic and often a nerve block is used to anesthetize or numb the surgical area. This will numb the pain for approximately 4-24 hours after surgery.

Oral pain medication is prescribed, and given to the patient before surgery. Fill the prescriptions as soon as possible and begin taking them as directed for the first three days, as

this tends to be the most painful period. Then the pain medication can be scaled back as pain lessens. If pain is intolerable during the first 24 to 48 hours: Phone the surgeon on call

CRUTCHES/WALKER/CANE

Crutches or a walker are usually used for the first two weeks. A walker is recommended if one is not feeling secure with the crutches. After using the crutches, a period of using a cane may be useful while transitioning to full weightbearing.

BANDAGES AND CASTS

First week (days 0-6): The bandage will be covered by a splint.

Second week (days 7-13): Soft bandage will be applied and a removable walker boot is applied and used at all times with the help of a walking aid.

Third week (days 14-20): Sutures will be removed and a soft dressing applied. Continue use of walking boot with walking aid as needed.

After the third week the walking boot can be transitioned out of and into normal shoes as swelling and pain allow.

SHOWERING AND DRIVING

While a cast is in place, keep it dry when showering. This can be done with a cast bag or trash bags secured with duct tape or a thick rubber band. The ankle can get wet 24 hours after the sutures are removed.

Driving is usually not safe for about 4-6 weeks after operation if the right foot is operated upon. If the left foot is operated upon, driving is usually practical at two to three weeks.

REHABILITATIVE EXERCISES

First week (days 0 - 6): Tighten the muscles of the foot and leg without excessive deliberate motion in the toes or ankle. Tighten the muscles for 20 seconds, relax briefly and repeat. A "set" of isometric contractions is 5. Do a set each hour until the cast is discontinued.

Second week: (days 7-13) Gentle range of motion, moving the ankle up and down, and tracing the alphabet using the great toe as if it were a writing instrument. These exercises should be done without applying weight to the foot and ankle. Do this 4-5 times per day.

Third week (days 14 - 20): Continue range of motion exercises and gradually begin to weight bear. Formal physical therapy may begin at this stage.

Fourth week (days 21-27): Progress out of the walking boot and weight bear as tolerated. Increase activity as weightbearing as tolerated.

SKIN CARE

Beginning when the cast is taken off, soften the skin with Vaseline, vitamin E ointment or a thick hand lotion like Curel. Avoid the surgical sites until they are completely healed and there is no drainage. Do 2 or 3 times a day.