



York and Scarborough
Teaching Hospitals
NHS Foundation Trust

Foot and Ankle Surgery

Information for patients, relatives and carers

① For more information, please contact:

York Hospital

Orthopaedic advice: 01904 726537

Appointments: 01904 726627 / 01904 726325

Plaster room: 01904 726523

Scarborough Hospital

Orthopaedic Outpatients Department

Telephone: 01723 342021

Alternatively, please see your appointment letter or
discharge paperwork

Contents	Page
Introduction	3
Surgical treatment	4
What are the alternatives to having an operation?	5
What are the benefits of having an operation?	5
What are the risks involved in foot and ankle surgery? ..	6
What happens before my surgery?	8
Will I be awake or asleep for the surgery?	9
What does the operation involve?	10
What happens after the operation?	11
How do I care for my foot once I am at home?	12
Who should I contact if I have any questions or problems after going home?	14
Tell us what you think of this leaflet	15
Teaching, training and research	15
Patient Advice and Liaison Service (PALS)	15
Leaflets in alternative languages or formats	16

Introduction

Please read this booklet fully as it contains information to help you decide if you wish to go ahead with surgery.

Surgical treatment

After consultation with the orthopaedic team, you have decided to proceed with surgery. Surgery is advised for pain or deformity, where alternative treatment options have failed or are unsuitable.

Please make sure you have discussed non-surgical options with the orthopaedic team.

What are the alternatives to having an operation?

The alternatives are:

- painkillers/injections
- Accommodative footwear. Custom made footwear can be considered in some cases
- An insole (orthotic)
- Physiotherapy
- Continue with non-operative treatment

What are the benefits of having an operation?

Surgery is usually offered to alleviate pain or improve function after failure of non-operative treatment. The benefits of having an operation should be explained during the consent process.

It can take up to one year to obtain the maximum benefit from your surgery.

What are the risks involved in foot and ankle surgery?

Any operation can potentially lead to complications. Your surgical team will discuss this with you before surgery. Some examples are:

- Bleeding: significant bleeding requiring blood transfusion is rare. The majority of surgery is performed with a tourniquet (a tight band used to reduce blood flow to the site of surgery).
- You may notice bleeding through your dressing or plaster after the tourniquet is removed
- Delayed wound healing: occasionally wounds can be slow to heal, which can lead to a longer recovery time.
- Chronic pain
- Prominent or painful/sensitive scar
- Infection: usually this only affects the skin (superficial); rarely this can be deep requiring further treatment in hospital.
- “Non-union” or “mal-union” of the bones. When they either do not heal, or heal in an undesirable shape/alignment. This occasionally results in more surgery.

- Over or under-correction of any deformity: this can, if it occurs, be uncomfortable and require further therapy or surgery.
- Joint stiffness: this can occur after a period of immobilisation and sometimes can even be permanent.
- Metalwork failure or irritation: this can usually be treated by removing the metalwork at an appropriate time.
- Recurrence of deformity: sometimes the problem can reoccur.
- Nerve or vascular injury: numbness or weakness can sometimes occur following surgery. This normally resolves but may be permanent.
- Blood clot in the legs, lungs, heart or brain (deep vein thrombosis – DVT, pulmonary embolus – PE, heart attack – MI, stroke - CVA): depending on the surgery and your risk factors, you may be prescribed an anti-clotting agent.

What happens before my surgery?

Before your surgery, we will undertake a pre-operative assessment. This may be a form for you to complete, or you may be invited to a pre-assessment clinic. If you are having an urgent operation the health check will be completed by your doctors and nurses on the ward.

For further information regarding coming into hospital, please see the information leaflet 'What you need to know when coming into hospital for surgery'.

Will I be awake or asleep for the surgery?

You will be assessed by an anaesthetist who will discuss and explain the anaesthetic.

Foot and ankle surgery is usually performed under a general anaesthetic. This means you will be asleep for the operation.

Sometimes a spinal or regional anaesthetic is given instead, which means you will be awake for the operation but unable to feel the area being operated on. Often, a spinal anaesthetic will also be accompanied by some sedation, so you need not be aware of the operation if you do not wish. There is a separate leaflet available with more information about spinal anaesthetics if you are interested, or if we feel it is more appropriate for you to have a spinal anaesthetic.

For some surgery, you may also have local anaesthetic injected around the nerves that supply the area on which we are operating. This may be either into the surgical site itself or around the nerves further up your leg. We can give this to you before you have general anaesthetic or after you are asleep. These techniques help with pain relief immediately after your surgery, and may make your foot and ankle numb for some after afterwards, perhaps up to 24 hours. You will have to take care of your foot during this time as although you may not feel it, you can still injure the foot during this time.

What does the operation involve?

A nurse will ensure you are safely prepared for your operation. They will then escort you to theatre; you will walk or if necessary be taken in a wheelchair.

In a reception area, a theatre nurse will again check that all details are correct. From here you will be taken into the anaesthetic room, where you will be given your anaesthetic.

Operation times can vary, but often take between 30 minutes to one and a half hours. You will then be taken into the recovery area where a nurse will remain with you until you have safely recovered from the anaesthetic.

When you wake up you may have a 'drip' in your arm giving you intravenous fluids or drugs. You may also have a mask on your face, to supply you with oxygen to breathe.

Once safely recovered from your anaesthetic, a nurse will collect you and escort you back to the ward. Your blood pressure, pulse, temperature, breathing and circulation will be recorded. These observations will continue throughout the rest of the day or night as necessary. You will also be given any pain relief you may need.

Occasionally if you have had a spinal anaesthetic, you may experience some difficulty controlling your bladder at first. This is not uncommon and usually settles quickly on its own. We will help you to go to the toilet as and when required.

What happens after the operation?

It is likely you will be able to leave hospital the same day as your surgery, but on occasion, it may be necessary to stay in hospital for up to a few days.

A large, bulky bandage will often be on the site of surgery for the first one to two weeks. You may also be given a flat post-operative shoe, heel-walking shoe, walking boot/cast or a form of plaster cast.

If you have had surgery to the ankle or heel area and have one of the above, you may not be able put weight on that leg for six weeks. You will have a walking aid to help.

A physiotherapist will assess your mobility and teach you to use an appropriate walking aid if needed e.g. crutches or a walking frame. You will also be shown how to go up and down stairs safely before you are discharged.

Once you are safely up and about and the ward staff and doctors are happy with your recovery, you will be allowed to go home. We will give you a supply of pain relieving medication to take home with you and an appointment to come back to the outpatient clinic.

You will not be able to drive and therefore will need to arrange transport home after surgery.

How do I care for my foot once I am at home?

Once at home you must continue to keep your foot elevated. This will help to reduce the swelling and pain, whilst allowing your wounds to heal. You may move around as needed to go to the toilet and get around your home.

It is very important to avoid allowing your dressing, cast or wounds to get wet whilst they heal. Please contact us immediately using the contact details on the front cover or your discharge paperwork should this occur.

You may notice some bleeding through the bandage or plaster cast after your operation, this is not uncommon and is not something you should worry unduly about. If this continues or is a large amount, then please contact the ward you were discharged from.

Keeping your foot routinely elevated in the weeks following your operation will help to minimise any bleeding, bruising and importantly, swelling.

Your toenails should be nice and pink, if they change colour to dusky pink or blue this could mean that the bandage or plaster cast is too tight. This may happen when you put your foot to the ground to move about, but should return to a normal pink once you have raised your foot again. If you are worried about the circulation to your toes, contact the hospital. If you do not have a plaster cast on your foot, you can help your circulation by gently moving your ankle up and down.

You will have an appointment at the dressing clinic or with your local practice nurse to check your wound between 7 to 14 days after your surgery. This is also the appropriate time for the removal of any stitches or clips you may have. If you have a plaster cast this may be changed in the plaster room at the hospital.

You will usually have a further appointment six to eight weeks after your operation. If your cast, post op shoe or walking boot is to be removed, you should bring a soft, wide shoe (like a trainer) to this appointment to wear home. For some procedures, this final appointment will be 10 to 12 weeks after surgery.

If you have an external pin in place this will usually be removed in clinic at the six-week appointment after your operation. This is normally not painful and very quick!

You should expect your complete recovery to take anything up to 12 months.

Who should I contact if I have any questions or problems after going home?

If you have any further questions or problems, please refer to the contact details on your discharge paperwork.

Alternatively, please see contact details on the front cover.

Tell us what you think of this leaflet

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact:

Ward Sister, Ward 29, The York Hospital, Wigginton Road, York, YO31 8HE or telephone 01904 726029.

Teaching, training and research

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

Patient Advice and Liaison Service (PALS)

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email yhs-tr.patientexperienceteam@nhs.net.

An answer phone is available out of hours.

Leaflets in alternative languages or formats

If you would like this information in a different format, including braille or easy read, or translated into a different language, please speak to a member of staff in the ward or department providing your care.

Patient Information Leaflets can be accessed via the Trust's Patient Information Leaflet website:
www.yorkhospitals.nhs.uk/your-visit/patient-information-leaflets/

Owner	Lisa Farley, Senior Orthopaedic Practitioner
Date first issued	October 2006
Review Date	October 2027
Version	3 (issued October 2024)
Approved by	Orthopaedic MDT
Document Reference	PIL 419 v3
© 2024 York and Scarborough Teaching Hospitals NHS Foundation Trust. All Rights reserved.	