

SURGICAL PLANNING GUIDE



NORTH FLORIDA

FOOT & ANKLE SPECIALISTS

Gainesville: 6420 W Newberry Rd. #210 Gainesville FL, 32605

Lake City: 456 SE Baya Drive Lake City FL, 32025



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To our patients,

First, thank you for becoming part of our family and choosing us for your foot and ankle needs. We understand that the decision to have surgery is often difficult and that this event will likely have a major impact on you and your family or support system in the period surrounding your recovery. While there is no such thing as a "risk-free" procedure, we strive to do everything possible to ensure that your experience with us is a pleasant one and that you feel comfortable with your decision to pursue surgical intervention with us. While no surgeon can guarantee that every surgical procedure will work as planned, we can guarantee that we will do everything in our power to give you the best possible experience and chance to reach a maximal outcome. With that being said, it is important to note that you will also play a valuable role in your outcome. While we can educate you on what we feel is best for your condition, it is ultimately your responsibility to follow through with all instructions leading up to and following your surgery to obtain the best possible result.

We have assembled the following packet to help navigate you through your up-and-coming surgical period. The packet will include recommendations on exercises, nutrition, supplements, DME and how to conquer foot and ankle surgery. Please make sure you carefully read the following packet and keep it handy following your operation. Hopefully it will answer many of the questions you may have. If not, please do not hesitate to contact us with any questions. Just know that we are here to service you and to help you get through this event in your life. It is my hope to play an integral role in helping you find a "new" normal and preventing your condition from holding you back from the activities that you would typically enjoy. Again, we wish to express sincere appreciation for the confidence that you have placed in our practice with your choice to move forward with surgical intervention. It is our goal to help you regain your quality of life so that your feet continue to take you to new and exciting places.

Best wishes for a speedy recovery!

Sincerely, Dr. Joshua & Sarina Epstein



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Patient Name:

Procedure:

YOUR SURGERY IS SCHEDULED FOR: _____

Please arrive by: _____

*Please call the surgical center or hospital if you are running late. In some instances, we may need to reschedule your surgery due to schedule constraints.

LOCATION:

___ **North Florida Regional Medical Center:** 6500 W Newberry Rd., Gainesville, FL 32605 Ph: (352) 333.4000

___ **Lake City Medical Center:** 340 NW Commerce Dr., Lake City, FL 32055 Ph: (386) 719.9000

___ **North Florida Surgical Pavilion:** 6705 NW 10th Pl., Gainesville, FL 32605 Ph: (352) 333.4555

Do not eat or drink after midnight the night before your surgery, this includes chewing gum.

Post Op Appointment x 1 Week:

Post Op Appointment x 2 Weeks:



PATIENT SURGERY/PROCEDURE CHECKLIST

- ___ 1 WEEK FOLLOW UP APPOINTMENT SCHEDULED
- ___ 2 WEEK FOLLOW UP/SUTURE REMOVAL SCHEDULED
- ___ PCP SURGERY CLEARANCE COMPLETED (WITHIN 30 DAYS PRIOR TO SURGERY DATE)
- ___ PREOP APPOINTMENT COMPLETED (WITHIN 30 DAYS PRIOR TO SURGERY DATE)
- ___ LABS, XRAYS, EKG, STRESS TEST, OR OTHER TESTING COMPLETED (IF APPLICABLE)
- ___ READ/REVIEW/UNDERSTAND SURGICAL PACKET THAT HAS BEEN GIVEN TO YOU
- ___ CONSENT FOR SURGERY SIGNED
- ___ DISCONTINUE MEDICATIONS 7 DAYS PRIOR TO SURGERY (IF APPLICABLE)
- ___ MEDICATION HAS BEEN FILLED/PICKED UP FROM PHARMACY PRIOR TO SURGERY
- ___ DME (CRUTCHES, WALKER, CANE, KNEE SCOOTER, CAM BOOT, ORTHOTIC SHOES) ORDER/PICKED UP PRIOR TO SURGERY. **YOU MUST BRING WITH YOU TO THE HOSPITAL/FACILITY ON DAY OF YOUR SURGERY**
- ___ ARRANGE FOR A CAREGIVER TO STAY WITH YOU FOR AT LEAST 24 HOURS FOLLOWING YOUR SURGERY
- ___ NOTHING TO EAT OR DRINK AFTER MIDNIGHT PRIOR TO YOUR SURGERY DATE. IF MEDICATIONS ARE TO BE TAKEN THE MORNING OF SURGERY, TAKE WITH ONLY ENOUGH WATER TO SWALLOW MEDICATIONS
- ___ DRESS IN COMFORTABLE CLOTHES AND WEAR NON-SLIP SHOE ON THE DAY OF YOUR SURGERY
- ___ DRIVER TO TRANSPORT YOU TO AND FROM YOUR SURGERY. **YOU WILL NOT BE ABLE TO DRIVE YOURSELF**
- ___ BRING INSURANCE CARDS, PHOTO ID, AND PAYMENT METHOD WITH YOU TO THE HOSPITAL/FACILITY **(ALL OTHER PERSONAL BELONGINGS SHOULD BE LEFT AT HOME)**



WEIGHING THE RISKS AND BENEFITS OF SURGERY

Your foot and ankle surgeon has recommended surgery as the best treatment for your foot or ankle condition. Surgery becomes an option when conservative (non-surgical) methods have not adequately provided relief of pain, improvement of function, or correction of a deformity. Surgery may also be undertaken as a preventive measure to keep some conditions from worsening.

This information sheet is designed to help you understand the surgery that has been recommended for your condition. It describes what you need to do before and after your procedure to obtain the best results.

The major benefits of foot or ankle surgery are decreased pain and improved function. In some cases, surgery is also beneficial as a means to keep a condition from getting worse or causing other problems in the future.

As is true in all areas of surgery, any surgical procedure carries risks. The possible risks of foot and ankle surgery include, but are not limited to:

- Infection, possibly leading to antibiotic therapy, hospitalization or further surgery
- Damage to nerves, arteries, and veins in the surgical area
- Numbness
- Failure of bones to heal (non-union)
- Bone healing in an imperfect position (malunion)
- Failure of incision to heal or painful scars
- Incomplete correction of the problem
- Continued pain, especially when wearing shoes or walking
- Recurrence of the condition or need for additional surgery
- Loss of blood, gangrene and loss of the toes, foot, or leg
- Deep Vein Thrombosis (DVT) or Pulmonary Embolism (PE)
- Risks associated with anesthesia (to be explained by the anesthesiologist)
- Possible Stroke, heart attack or death

Patient's Signature

Print Patient's Name

Date



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PRE-OPERATIVE INFORMATION SHEET FOR FOOT AND ANKLE SURGERY

Scheduling Surgery

Your surgery can be scheduled through my Practice Manager, Nicole Wacha, who can be reached at **352.525.2779**. I operate in Gainesville or Lake City, depending on the day of the week. The ultimate date of your surgery requires coordination of both your schedule and our schedule, so please have a few dates in mind.

You will also need to schedule a follow-up appointment for your first two post-op visits (*typically within 1 week following your surgery and then again 2 weeks after your surgery*). This should be done at the same time you schedule your surgery.

Stop Smoking

If you are a smoker, this is the perfect time to give up the habit. In addition to decreasing capacity and causing other harmful effects, smoking constricts the blood vessels and therefore delays wound and bone healing after surgery and increases your risk of infection.

Preoperative Medical Clearance

Please schedule an appointment for a history and physical examination for pre-op clearance with your primary care physician or pre-operative clearance locations within 30 days of your scheduled surgery. If you have any history of heart or lung conditions, ask your doctor about any further testing that may be required (such as a stress test, EKG, ECT.) prior to your surgery. Review all medications with your primary care physician during your history and physical pre-op clearance appointment to ensure it is safe to discontinue certain medications that may cause additional bleeding during surgery. Please do not hesitate to contact our office if you have any questions about this.

Surgery Time

You will be called by the end of business day on the day before the surgery to confirm the time of the operation. Please note that the operative schedule is confirmed 1 day in advance by the hospital, and we may not have any specific information about surgery timing prior to that time. Inform our office if you become ill before your scheduled procedure, even if its just a cold or the flu. If for any reason you need to cancel your surgery, please call Nicole as soon as possible.

Travel

Do **NOT** plan any long-distance travel (driving or flying) for the first 6 weeks after surgery. This will minimize the risk of complications such as wound healing problems, swelling, and blood clots after surgery.



PRE-OPERATIVE INFORMATION CONTINUED

Disability, FMLA, Work Release Documents

If you have any paperwork that needs to be completed by our office for work releases, short term disability, or FMLA we ask that you please get that to us at least 2 weeks prior to your surgery date, as these forms often take time to process and obtain required information.

Prescriptions and Assistive Devices

Prescriptions for pain medication will be sent electronically to your pharmacy prior to surgery; this will be done at your pre-op appointment with our office. This allows for you to have the medication at home and ready for use when you arrive home after your surgery. These medications will only be needed following surgery, unless instructed otherwise. Please verify that our office has the name, location and phone number of your pharmacy on file. If you will require any assistive devices such as crutches, walkers, scooters, shower bags, cam boots, or orthotic shoes after your surgical procedure, these will be ordered at your pre-op visit with our office prior to surgery. Have your assistive devices prescription filled and ensure that you know how to use them. Remember to bring any assistive devices with you on the day of surgery. If you did not receive a prescription and will require one, please call our office so we can have this arranged for you.

Transportation

You must arrange for transportation to and from your surgical procedure. Regardless of the procedure performed, you will be required to have someone drive you home.

Prepare Your Home

While recovering from your surgery, your living quarters will ideally be on the first floor to avoid using stairs. For safety purposes, make sure throw rugs, foot stools, electric cords, and other items are kept out of the way to prevent tripping. Have extra pillows handy to prop up your leg. Also, arrange for help with household responsibilities and for someone to stay with you overnight following your procedure.

Questions

If you have any questions regarding your surgery, the suggested procedures, or your post-surgical period that were not answered during your pre-operative visit with us, please call the office prior to your surgery so that we can address them appropriately.

Food and Drink

Do not eat or drink after midnight the night before your surgery. There is a very high anesthetic risk if there is anything in your stomach. This includes chewing gum. If you eat or drink after midnight, your surgery may be cancelled - this is for your own safety.



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PRE-OPERATIVE MEDICATION INSTRUCTIONS

Discontinuing the medications listed below will help you avoid bleeding complications during your surgery:

ASPIRIN OR PRODUCTS CONTAINING ASPIRIN (7-14 Days): Alka-seltzer, Anaxin, Analgestine, APC or ASA, Ascription, Asperbuf, Aspercin, Aspergum, Aspirin, Aspirin Suppositories, Aspir-phen, Aspartab, Bayer, Buffdyne, Buffaprin, Congesprin, Coricidin, Darvon, Darvon Compound, Dristan, Duragesic, Ecotrin, Equagesic, Tabs, Excedrin, Feldene, Fiogestic, Fiorinal, 4 way cold tabs, Gelprin, Indocin, Liquiprin, Lortab, ASA tabs, Meprobamate, Midol, Motrin, Norgestic, Norwich Aspirin, Percobarb, Percodan, Robaxisl, Sine-Aid, Sine-off, SomaComp tabs, St. Joseph Products, Talwin compound, Tolectin, Triaminicin, Trigesic, Vanquish, Zorprin.

IBUPROFEN OR PRODUCTS CONTAINING IBUPROFEN (7-14 Days): Advil, Haltran, Ibuprofen, Medipren, Midol 200, Motrin, Muprin, Pepto-Bismol, Rufen.

OTHER NSAIDS (7-14 Days): Aleve, Celebrex, Ketoprofen, Naproxen, Orudis

COUMADIN, WARFARIN, PLAVIX, OR OTHER BLOOD THINNERS (7-14 Days): Discuss with your prescribing physician on when to discontinue this medication (usually 7 days before). You may have to use blood thinning shots until after the surgery when the medication can be started again.

MEDICATIONS FOR RHEUMATOID ARTHRITIS/ AUTO-IMMUNE CONDITIONS (14 Days): Contact your rheumatologist to discuss which medications are safe to take during the surgery period and which you should discontinue. Medications such as Humira and Enbrel (or other medications that end in "-ab") are generally stopped for at least 2 weeks before surgery and not started again until many weeks after surgery to limit risks of infection.

NUTRITIONAL SUPPLEMENTS (7-14 Days): Bilberry, Cayenne, Echinacea, Feverfew, Fish Oil caps, Garlic, Ginger, Gingko Biloba, Ginseng, Kava Kava, Valerian, Licorice root, Ma Huang, Melatonin, St. John's Wort, Vitamin E, Yohimbe.

Check the labels on any medications of supplements you plan to take in pill, capsule, or liquid form. Do not take anything containing acetylsalicylic acid or salicylates.

All other medications may be taken the morning of surgery with just enough water to swallow your medications. Tylenol may be taken up to 8 hours before surgery.



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INFORMED CONSENT AGREEMENT FOR SURGERY, SPECIAL DIAGNOSTIC, OR THERAPEUTIC PROCEDURES

1. I hereby request and authorize Dr. Epstein and/or assistant of his choice to perform on _____ the following surgery/ procedure _____
2. The Dr. has explained the nature of this surgery/procedure. I understand surgery may involve: a temporary or permanent removal of nail(s); the cutting of nail(s), skin, tendon, muscle, bone, blood vessels, nerves, or the temporary or permanent insertion of an implant, wire, or pin.
3. If, during the surgery/procedure, conditions arise calling for an addition to or different from the contemplated surgery/procedure, I hereby request and authorize the above-named podiatrist and/ assistant to take such action as deemed necessary in the exercise of professional judgement.
4. I consent to the administration of such anesthetics as the above named podiatrist and/or assistant deem advisable in the exercise of professional judgment, with the exception of _____.
5. I consent to the disposal of any tissue or parts which may be removed during surgery/procedure.
6. I understand possible complications with a surgery/procedure may arise, such as: post operative discomfort, pain, swelling, bleeding, drainage, scarring, infection, phlebitis, nerve damage, numbness, stiffness, looseness, delayed recovery, failure to heal, no recovery, no cure effected, recurrence of the ailment, development of new ailment, need for further treatment or surgery, allergic reactions, adverse drug reactions, amputations, paralysis, or possible death.
7. I understand that the likelihood of complications is greater if I suffer from certain conditions, such as diabetes, poor circulation, delayed healing, anemia, hemophilia or other blood disorders, or allergies. To the best of my knowledge, I suffer from no conditions which might increase the risk of surgery, except _____
8. I understand that the results of this surgery/procedure cannot and have not been guaranteed. I understand that my condition may not improve and could worsen.
9. The Dr. has explained alternative forms of the treatment and I understand this surgery/procedure is elective or optional. I could choose other more conservative forms of treatment, such as ultrasound, physical therapy, medication, shoe devices, special shoes.

I certify that I have read or have had read to me the contents of this form. I understand the basic nature of the surgery/procedure, the risks involved, and the alternative treatments available. I do not desire any further explanation. All blanks or statements regarding insertion or completion were filled in or crossed out before I signed this consent.

Patient/Guardian Name (Print)	Patient/Guardian Signature	Date
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Witness Name (Print)	Witness Signature	Date
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POST OPERATIVE INFORMATION

Pain Management: Expect to be in some degree of pain following surgery. The bones in your foot and/or ankle are being manipulated in the operating room to correct the problem, which will cause pain. In general, the pain subsides after 48hr - 72hr. up to a week after surgery, depending on the type of surgery. Your surgeon will be placing numbing medicine into your foot and/or ankle so you are more comfortable post-operatively. Since the numbing medicine will wear off between 2-12 hours after surgery, start taking the prescribed pain medications when you get home, before it wears off; **do not wait until you are in pain.** In general, our patients are discharged with one or two prescriptions for pain medication: a long-acting pain medication and/or short-acting pain medication. You will be discharged with enough pain medication to last until your first post-operative appointment. It is important that you take the pain medications as prescribed so that you will be as comfortable as possible.

Sample Pain Medication Schedule			
Taken every 8 hours together	(1) Ultram 50mg	(1) Tylenol 500mg	(1) Ibuprofen 800mg
Taken every 4-6 hours for severe pain	1-2 Percocet 5/325mg		
Taken every 12 hours	1 Gabapentin 100mg		

Drainage and Bleeding: Drainage and bleeding after surgery are normal. You may notice blood or drainage on the dressing or splint. It is OK to place extra gauze or an ACE wrap over the dressing, but do not take the entire dressing off. If the blood or drainage continues to drip and the dressing is saturated with wet blood after the first 24 hours, call our office. Keep your dressing dry and untouched until your post op appointment.

Numbness: Numbness in your foot and/or ankle after surgery is normal, as long as your toes are warm and are their usual color. A regional nerve block at your ankle causes the temporary numbness, which may last anywhere from a few hours to a few days.

Skin Itchiness: Skin itching may be a side effect of the antibiotics, pain medications, or anesthesia. Over the counter diphenhydramine (Benadryl) 25-50 mg may be used after checking with your PCP. If large, reddish welts, hives or a rash accompanies the itching, call our office for further instructions. If at any time, your mouth, tongue or eyes begin to swell, or if you have problems breathing, you must call 911 and proceed to the nearest Emergency Room.



POST OPERATIVE INFORMATION CONTINUED

Constipation: Narcotic pain medications and anesthesia can cause constipation. Over-the-counter stool softeners (e.g., Colace) can be taken daily to prevent constipation. If you fail to have a bowel movement in 2-3 days, over-the-counter laxatives (e.g., Correctol, Senokot) can be taken. Drinking plenty of water and eating fresh fruits and vegetables will also help. If you have not had a bowel movement five days after your surgery, contact our office for further instructions.

Urination: A Foley catheter may be placed into your urethra and bladder during surgery for urination. The catheter will be removed before you go home. If you are not able to urinate within 24 hours of your leaving the hospital, you must call the office. If the office is closed, page the on-call staff member for further instructions. Be sure you drink plenty of fluids.

Nausea and Vomiting: Anesthesia, pain medications, and antibiotics can cause nausea and vomiting. Eating bland foods, such as crackers, toast, rice, bananas, and clear liquids are the best options for nausea. Take prescribed medications with food.

Travel: Flying too soon after surgery may place you at risk for developing a blood clot in your leg. If you have travel plans that involve flying or long-distance travel riding in a car, please remember to consult with your surgeon.

**Call our office (352-525-2779) if you have any issues or
questions regarding the post operative course**



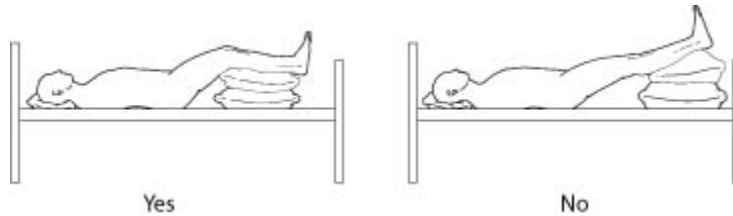
POST OPERATIVE CARE INSTRUCTIONS

Activity Restrictions After Surgery

To help you plan, here's what you can expect regarding activity restrictions after surgery:

Elevating Your Foot and Ankle After Surgery

To reduce swelling, your foot and ankle should be raised slightly above the level of your heart.



Icing

Swelling is also reduced by icing the operated area. Ice behind the knee for 20 minutes on followed by 20 minutes off.

Weight Bearing

Your instructions regarding weight bearing are as follows:

_____ *Non-Weight Bearing* - No weight can be placed on the operated extremity. An assistive device such as crutches or a walker will be necessary.

_____ *Partial-Weight Bearing* - You can place a portion of your weight on the operated extremity. Crutches, a cane, walker or knee scooter will be necessary.

_____ *Full-weight Bearing* - You can place all of your weight on the operated extremity with the prescribed protected devices.



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POST OPERATIVE CARE INSTRUCTIONS CONTINUED

Keep Incision Dry

You will need to keep your incision dry until your sutures have been removed. We have provided you with a shower bag to use over your surgical site to ensure the area is kept dry.

Possible Problems

Call our office (352-525-2779) immediately if any of the following potential problems occur:

- **Severe swelling or pain in the calf**
- **Excessive amounts of blood on the dressing**
- **Redness**
- **Toes, foot, and/or ankle that becomes cold or turns pale**
- **Blue or white toes or toenail beds**
- **Foul Odor from your surgical site**
- **Fever above 102 degrees - Check your temperature daily**
- **Severe pain that is not relieved with pain medication**

If you are unable to reach our office, please go to the emergency room.