

PRE & POST OP INSTRUCTIONS

- 1) **PLACE OF SURGERY:** _____
- 2) **DATE:** _____ **TIME:** _____
- 3) **REPORT TO ADMITTING AT:** _____
- 4) **LAB WORK TO BE PERFORMED AT:** _____
- 5) **DATE AND TIME OF LAB WORK:** _____

PREOPERATIVE INSTRUCTIONS

- 1) DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT THE NIGHT BEFORE OF THE MORNING OF YOUR SURGERY.
- 2) DO NOT SMOKE THE MORNING OF YOUR SURGERY.
- 3) TWO DAYS PRIOR TO YOUR SURGERY, SOAK YOUR FOOT OR FEET IN WARM SUDSY WATER FOR 20 MINUTES EACH NIGHT.
- 4) MAKE ARRANGEMENTS TO HAVE SOMEONE DRIVE YOU HOME AFTER THE SURGERY.

POSTOPERATIVE INSTRUCTIONS

- 1) THE FIRST DAY AFTER YOUR SURGERY TAKE YOUR PAIN MEDICATION AS FOLLOWS: _____ PILLS, EVERY FOUR HOURS BEGINNING AT _____ WHILE AWAKE. THEREAFTER, TAKE ONE PILL EVERY FOUR HOURS AS NEEDED FOR PAIN. IF YOU DO NOT HAVE ANY PAIN, DO NOT TAKE THE MEDICATION.
- 2) LIMIT YOUR WALKING UNTIL YOU ARE SEEN IN OUR OFFICE. YOU MAY WALK TO AND FROM THE DINNER TABLE AND THE RESTROOM. KEEP YOUR FEET ELEVATED AT ALL OTHER TIMES. ***WALK ONLY IN YOUR SURGICAL SHOE***.
- 3) ICE SHOULD BE APPLIED TO THE SOLE OF YOUR FOOT FOR THE FIRST 24 – 48 HOURS FOLLOWING SURGERY. WRAP YOUR FOOT IN A PLASTIC BAG TO KEEP THE DRESSING DRY.
- 4) DO NOT AT ANY TIME REMOVE YOUR DRESSING OR GET IT WET. DO NOT REMOVE YOUR SURGICAL SOCK. IF YOU NOTICE ANY EXTREME BLEEDING THROUGH THE SURGICAL SOCK YOU MAY WRAP EXTRA DRESSINGS AROUND THE EXTERIOR OF THE SOCK, BUT, **UNDER NO CIRCUMSTANCES SHOULD YOU REMOVE IT OR THIS WILL CONTAMINATE YOUR SURGICAL SITE.**
- 5) IF YOU EXPERIENCE EXTREME NAUSEA, VOMITING, OR PAIN LASTING MORE THAN 24 HOURS, PLEASE CONTACT OUR OFFICE.
- 6) MAKE ARRANGEMENTS TO HAVE SOMEONE DRIVE YOU TO THE OFFICE FOR YOUR FIRST POST OPERATIVE VISIT ON _____