

Understanding Foot Surgery

Does your foot hurt a lot, making it hard for you to walk? Sometimes nonsurgical treatment can help. But for certain problems, surgery by a foot doctor (podiatrist) may be your best option. The goals of foot surgery are to relieve pain, restore function, and improve the way your foot looks and feels. Read this booklet to learn more about your foot problem and how surgery may help.

Relieve Pain

You can't run away from foot pain. Feet that hurt can make you feel tired, irritable, and less active. A painful foot may also be a symptom of a problem that needs prompt treatment. In many cases, foot surgery can correct your problem and relieve the pain.

Restore Function

If your feet aren't doing their job, it's hard for you to do yours. When walking becomes a problem, your work, family, and social life can be affected. But you don't have to live with foot pain. Foot surgery can be done at almost any age. And in most cases, it can restore the use of your feet.

Improve Appearance and Comfort

If your feet have an unusual shape, you may feel self-conscious about how they look. Buying shoes to fit you comfortably can also be hard. Foot surgery can often improve the way your feet look and feel. You may also have a wider selection of shoes to choose from after foot surgery.



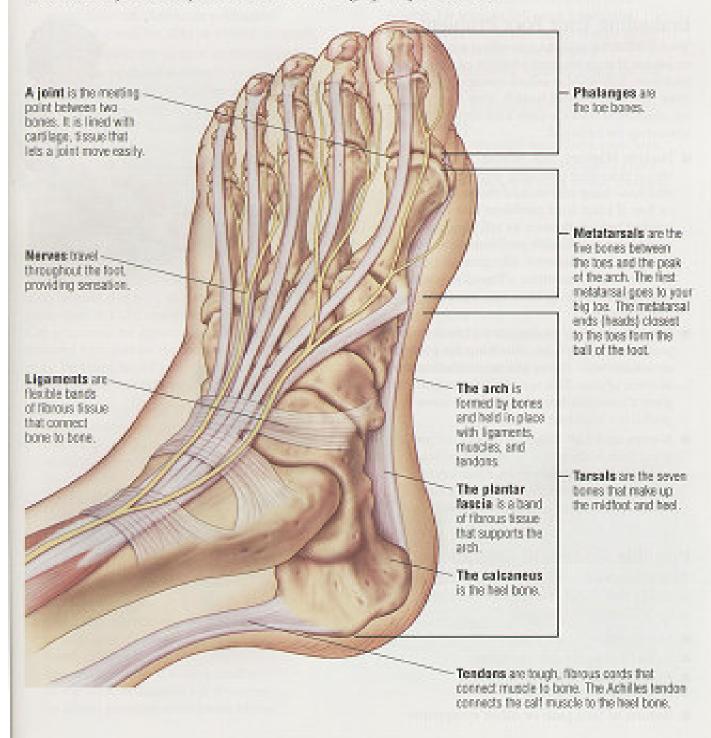
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Learning About the Foot

Your feet are made up of soft tissue and bones. Healthy feet help give you the support you need to move. But when you have a foot problem, the soft tissue and bones can be affected. So it may be helpful to learn how your feet work. That way you can better understand your foot problem and how surgery may correct it.



Before Your Foot Surgery

Your medical evaluation helps your podiatrist find out if surgery is right for you. If it is, you will be told about your procedure and any possible risks. Your podiatrist will also tell you how to prepare for surgery, and where it will be done.

Evaluating Your Foot Problem

Your podiatrist will do a medical evaluation to assess the cause and severity of your foot problem. You will be asked questions about your feet and overall health. Your feet will be examined. Also, x-rays and certain lab tests may be ordered.

- Health History. Talk to your podiatrist about your foot problem, any symptoms, and how long you've had them. Tell him or her if your foot problem has been treated before. Be sure to tell your podiatrist about any health problems you may have, such as diabetes, allergies, or heart disease. Also, mention all medications you take including over-the-counter medications.
- Foot Exam. Your podiatrist will examine your feet and ankles, checking for pain or tenderness. He or she may also look at your shoes. The wear patterns on your shoes can help show if you have problems walking.
- X-rays and Lab Tests. A foot or an ankle x-ray can help show how severe your bone or joint problem is. Also, certain lab tests may be ordered, such as fungal cultures, and blood and urine tests.

Possible Risks and Complications

Your podiatrist can discuss with you any possible risks and complications of foot surgery. They may include:

- Infection
- Slow healing of skin or bone
- Limited motion due to scarring or swelling
- Return of foot pain or other symptoms





Preparing for Foot Surgery

When preparing for surgery, review the checklist on the back of this booklet with your podiatrist. Also, be sure to do the following:

- If you work, you may have to take some time off. Ask your podiatrist when you will be able to return to work.
- If you smoke, try to quit as instructed.
- Ask your podiatrist whether you should stop taking aspirin or other medications.
- If you are prescribed any medications before surgery, be sure to take them as advised.
- Do not eat or drink anything after the midnight before your surgery, or as instructed.

- If you have a sudden change in your health, be sure to tell your podiatrist. Even a cold or flu can affect the healing process and delay your surgery.
- Ask your podiatrist what to bring on the day of surgery.
- Arrange for someone to drive you home after surgery.
- Stock up on enough food for a few days.
- Ask a friend or a family member to help you at home for a few days while you heal.

Surgical Settings

Your podiatrist can tell you where your surgery will be done. You will also be told the type of anesthesia you'll be given during surgery to stay pain-free. A local anesthetic may be used to numb the area of your foot. Or, you may be given a local anesthetic with sedatives to keep you relaxed but awake during surgery. In some cases, general anesthesia may be used to let you sleep through the surgery. Your podiatrist can check off the information below that tells you about your surgical setting.

- Office. Many outpatient (same-day) surgeries can be done in your podiatrist's office. You can return home the same day. You may be given a local anesthetic.
- Same-Day Surgery Facility. This surgery center handles more involved outpatient procedures. You will stay there for a few hours, and return home later that day. You may be given a local arcesthetic and sedatives, or general anosthesia alone.
- Hospital. Some surgeries may need to be done in a hospital. Your stay there can be for one or more days. You may receive a local anesthetic along with sedatives. Or you may be given general anesthesia alone.



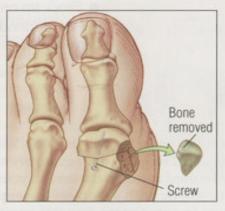
Bunions

A bunion is a bony bump. It is most often found near the joint at the base of the big toe. Bunions often run in families. They may cause pain, swelling, and skin irritation. Wearing tight shoes doesn't cause bunions, but it can make them worse. Bunions vary from mild to severe and can be treated in many ways. Some common treatments are shown below.

☐ Mild Bunions

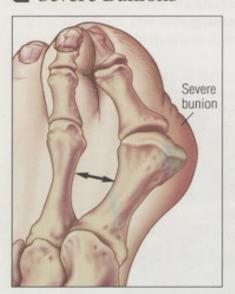


When the distance between the first and second metatarsal bones is greater than normal, the big toe may turn toward the other toes. A mild bunion may then form, causing foot pain and swelling.

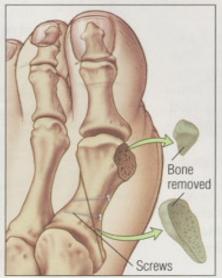


Head Osteotomy. The first metatarsal bone is cut. Its head is moved closer to the second metatarsal bone. A screw or pin can be used to hold the first metatarsal bone in position. The bony bump is also removed. To protect your foot, you will need to wear a surgical shoe for a few weeks.

☐ Severe Bunions



A bunion becomes severe when the distance between the first and second metatarsal bones is greater than that of a mild bunion. The big toe turns toward the other toes, making them buckle. Increased foot pain and swelling may result.

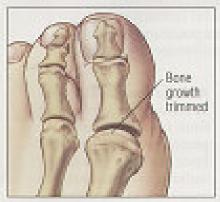


Base Osteotomy. With this procedure a wedge of bone is removed from the first metatarsal bone. The bone is moved closer to the second metatarsal bone and held together with screws. The bony bump is also removed. To heal right, your foot may be placed in a cast. You may be asked not to bear weight on this foot for several weeks.

Degenerative Joint Disease (Arthritis)



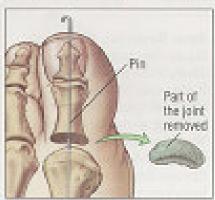
Arthritis often occurs in the joint of a big toe. This bone growth may cause pain and stiffness in the joint. Left untreated, arthritis can break down the cartilage and destroy the joint. Your treatment options depend on how damaged your joint is.



Cheilectomy. This is done when the arthritic joint and cartilage can be saved. Bone growth caused by the arthritis is trimmed. To protect your foot, you will need to wear a surgical shoe for several weeks. Once the foot heals, joint movement is restored.



□ Fusion. When the affected joint cannot be repaired, fusion may be done. First, the cartilage and some bone on both sides of the joint are removed. Then, the big toe and metatarsal bones are held together with staples or screws. Your foot may be placed in a cast. While you heal, you will be asked not to bear weight on this foot. You may also need crutches for several weeks. Because the joint has been removed, your toe will be less flexible.

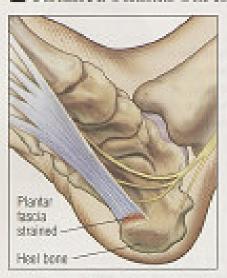


□ Arthroplasty. During surgery, bone growth caused by the arthritis is trimmed, and part of the joint is removed. A pin can be used to align the bones and to keep them from touching. The pin is removed after several weeks. In some cases, the entire joint may be replaced with an implant. After surgery, you may be able to walk in a day or two. You may have to wear a splint or a surgical shoe for several weeks. When healed, the bones become connected with scar tissue. This lets your toe move.

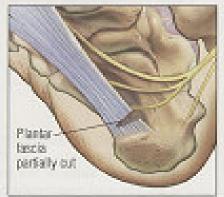
Heel Problems and Bone Spurs

Some heel problems can result from poor foot mechanics. If your foot moves incorrectly, the ligaments and tendons can become strained, causing pain and swelling. Also, a **bone spur** (an extra bone growth) can form. Some spurs can occur when two bones press against each other. Bone spurs can make walking and wearing shoes painful. Here are some common heel problems and bone spurs and their treatment.

Strained Plantar Fascia



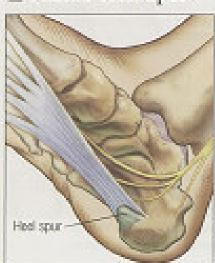
The plantar fascia runs from the heel to the ball of the foot. A foot that flattens too much or too little as you move may strain the plantar fascia. The bottom of your foot may hurt when you stand up after resting, or after prolonged movement.



Plantar Fascia Release.

To release the plantar fascia from tension, it can be partially cut near the heel bone. To keep you from walking on your foot, you may have to use crutches for a few weeks. As you heal, fibrous tissue fills the space between the heel bone and the plantar fascia.

□ Plantar Heel Spur



A heel spur may form when the plantar fascia tags on the heel bone. The heel spur can then cause painful walking, Also, a nerve may sometimes become trapped. This can also cause or increase foot pain and swelling.



Spur Removal. The plantar fascia first may be released. Then, if the nerve is trapped, it also can be released. If the heel spur affects your walking, it may be removed. You may need crutches for a few weeks. As you heal, fibrous tissue will grow between the heel bone and the plantar fascia.

Spur on the Back of the Heel



The Achilles tendon connects your calf muscle to the heel bone at the back of your foot. A tight Achilles tendon may cause a spur to form on the heel bone. Shoes can press and rub on the back of your foot, causing irritation.

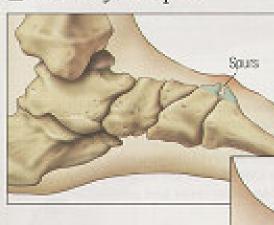


Sours

removed

Spur Removal. The heel spur is removed, and the Achilles tendon is repositioned. Your foot will be placed in a cast. To keep you from bearing weight on this foot, you will need crutches for several weeks.

□ Midfoot Joint Spur



Spurs may grow on top of any of the midfoot joints. They often occur where a metatarsal bone joins a tarsal bone. These spurs may form a bump on the top of the foot. You may feel pain when wearing shoes.

Spur Removal. To get rid of the bump, the spur is removed on both sides of the joint. You can bear weight on your foot right after surgery. You will need to wear a surgical shoe for a few weeks.

Other Forefoot Problems

Tight shoes and high heels can put extra pressure on the ball of your foot, causing neuromas and calluses. A neuroma is an inflamed nerve. It can cause pain, numbness, or burning, A plantar call us is a buildup of bard skin on the ball of the foot. The callus may feel like a stone in your shoe.

□ Neuroma



When two metatansal bones are squeezed together. they may pinch the nerve that runs between them. The pinched nerve can become swollen and painful. This often occurs at the base of the third and the fourth toes. Standing or walking for a while can increase the pain.



Neuroma Removal, The enlarged partion of the inflamed nerve is removed. Most often, you can bear weight on your foot right. away You may have to wear a surgical shoe for a few works. When healed, a small area may feel. nume, where part of the nerve was laken out.

Plantar Callus

When one metatarsal bone is longer or lower than the others, it presses on the skin beneath, forming a callus. Wearing shoes with thin sales. and high heels can also put extra pressure on the ball of your foot. As a result, the callus may cause foot pain and imitation. callus. Bone out and alligned

Oblique Osteotomy. The affected metatansal bone is: cut and aligned with the other metatarsals. Screws. or pins may be used to hold the bone in position. To help you heat, you will have to wear a surgical. shoe for a few weeks. The plantar callus goes away. on its own over time.

After Your Surgery

Following surgery, you may have some foot pain. And your foot is likely to be stitched and bandaged. To relieve any pain and care for your incision, follow your podiatrist's instructions. Be sure to see him or her as advised. Your podiatrist can then check your foot to make sure it is healing correctly.

Relieving Pain

Pain is usually most severe the second and third days after surgery. To reduce swelling and relieve pain, apply an ice pack on or around the affected area. Be sure also to keep your foot raised above heart level. And take your medications as directed. It is normal to feel some pain when you start walking again. Call your podiatrist if pain is constant or increases.



When you bathe, cover your foot with a special shower beg to keep it dry and to avoid infection.



To lessen pain and swelling, elevate your toot above heart level whenever you're sitting, resting, or sleeping.

Caring for Your Incision

You need to care for your incision. This means keeping it clean and dry. Getting your incision wet can lead to infection. Be sure to keep your affected foot out of the shower or tub. Your podiatrist may give you a special waterproof "sleeve" or bag to put over your foot. If your incision gets wet, contact your podiatrist. Also, tell him or her if you see any changes in your incision, such as redness or swelling.

When to Call Your Podiatrist

Call your podiatrist if you have any of the following:

- · Pain that's not relieved by medication
- Cold and blue toes (signs of a blood flow problem)
- Fever, increased swelling, and redness near the incision (signs of an infection)
- Excessive bleeding
- A painful, warm, and swollen calif.

To Help You Heal

To help the bone heal properly, you may need to wear a cast. If you do, always keep it dry. Your podiatrist will tell you whether you can bear weight on your foot while it heals. He or she may also prescribe a surgical shoe for you to wear.

Casts

A cast is sometimes needed after foot surgery to help the bone heal right. When you wear a cast, your foot stays in place during the healing process. Some casts are weight-bearing, while others are not. Your affected bone is strong enough for weight-bearing in about 6 weeks. But the bone takes about 6 months to regain normal strength.

Weight-bearing

Bearing weight and walking can improve blood flow and promote healing. Your podiatrist may also tell you to use a cane, crutches, or a walker. That way, you can keep all or part of your weight off your foot. It also gives you support as you walk. You will be shown how to use these walking aids properly. But don't overuse your foot. If you do, you may have a harder time healing after surgery. So, be sure to follow your podiatrist's instructions.

Surgical Shoes

A surgical shoe can protect the foot as it heals. Your podiatrist will tell you when you can start wearing your own shoe again.





You may need crutches to help you move around. You may gradually work up to bearing more weight on your loot.

On the Road to Recovery

To speed your recovery and help regain foot strength, you may need physical therapy. This may include special exercises, stretching, and other treatments. Also, your podiatrist can tell you when it's OK to return to work. Your foot may need support even after it heals. If so, wear custom-made shoe inserts as instructed.

Physical Therapy

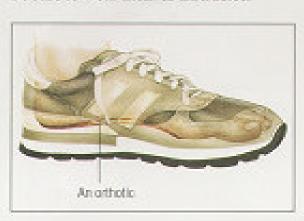
To help you regain foot strength your podiatrist may suggest physical therapy. It can help restore your foot movement and function. Physical therapy involves special exercises, stretching, and manipulation of joints and tissue. A whirlpool, ultrasound, or other treatments may also be used.

Returning to Work

How soon you can return to work depends on the surgery you had and how active your job is. Most often, you can return to a desk job sooner than to work that requires more walking or standing. Your podiatrist can give you more details.

Orthotics

Your podiatrist may also prescribe orthotics. These are custom-made shoe inserts. They help support the feet and improve their function. Once the inserts are made, your podiatrist fits them into your shoes. It may take some time to get used to the inserts. Be sure to wear them as instructed.





You may return to work as your foot strength improves.

Your Surgical Checklist

Use the checklist below to help remind you what to do before and after surgery. Ask your podiatrist to check the boxes that apply to you. After your surgery, see your podiatrist as advised. Doing so will help your foot heal properly.

Before Surgery □ Have any tests as directed. □ Take your medications as instructed:	After Surgery □ Note the date and time of your first follow-up visit:
☐ Check with your healthcare provider before taking any other medications.	□ Note your podiatrist's phone number:
☐ Try to quit smoking as directed.	☐ Take your medications as directed:
☐ Do not eat or drink anything after the midnight before surgery, or as instructed.	☐ Keep your foot elevated above heart level as directed:
☐ Bring crutches, a cane, or a walker on the day of your surgery if you have them.	
☐ Arrange for someone to drive you home after surgery.	 Keep your incision clean and dry as instructed. Call your podiatrist if it gets wet.
☐ Have ice or a cold pack handy at home.	
☐ Ask your doctor to write down when you can return to work:	□ Keep your cast dry. If it gets wet, call your podiatrist.
	☐ Limit activity and weight-bearing as directed:
	☐ Use an ice pack as instructed:

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