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POST-OPERATIVE INSTRUCTIONS

Patient Name _____ Date ___

	per care during the post-operative period is an integral part of your surgical treatment program. It is imperative that these ructions are followed to insure the proper healing and to obtain the best results.
1.	Go directly home and keep your feet elevated on the way.
2.	Elevate your feet at least as high as your hip by supporting your feet and legs with pillows.
3.	Bedding may be kept from irritating the surgical site by use of a cardboard box to cradle the covers over the feet.
4.	Apply an ice bag covered with a towel just above, but not on, the surgical site for 30 to 40 minutes on, then 15 minutes off. Continue to repeat this cycle for 24 to 48 hours, during waking hours only.
5.	Limited swelling is expected. Occasionally skin may take on a bruised appearance. This is not cause for alarm.
6.	Keep your bandage/cast clean and dry DO NOT remove the bandages or inspect the wound. A small amount of blood on the bandage is normal.
7.	Exercise your legs frequently by bending your knees and rotating your ankles 4-5 times a day for 30 seconds. This will stiulate circulation and speed healing.
8.	Have prescriptions filled and take medications as directed. If medication causes stomach upset, headache, rash or other abnormal reactions, discontinue use and call the doctor .
9.	Always wear your post-op shoe for all walking. If instructed, use walker, crutch or cane.
10.	Limit your activity.
11.	Get plenty of rest with your feet elevated. Drink plenty of fluids and eat regular, well balanced meals. However, do not prepare the meals yourself. Have someone else do this for you, so you can stay off your foot as much as possible.
12.	If you have any problems or concerns, you can call the office anytime. There is a doctor on call 24 hours a day. Call the office immediately if the following occur: • your toes appear white in color, or are cool to the touch • the bandages become overly stained with blood or drainage. • you bump or injure your foot • you develop a fever above 100 degrees • you get your dressings wet • you get nauseous or vomit after taking medication(s)
13.	Call the office to confirm or make your follow-up appointment.
14.	Additional instructions:
l ha	ve read and fully understand the above instructions.
Pati	ent Signature Date
Nurs	se Signure Date