

PATIENT HANDBOOK AND JOURNAL

FOOT AND ANKLE SURGERY

The Orthopedic Institute



Of North Texas, P.A.

"The Pursuit of Orthopedic Excellence"

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PERSONAL ITEMS

PERSONAL ITEMS TO BRING FOR YOUR HOSPITAL STAY, AND WHAT NOT TO BRING:

Remember that your preparation for surgery begins in the Pre-op area of the hospital, not in your hospital room. Below are some suggestions of things that you will want to consider bringing and other items that will be better left at home so that they do not get lost during your stay.

Personal items that you bring will need to be left with your family member or in the car until you are taken to your hospital room following surgery.

WHAT TO BRING TO USE DURING YOUR PREPARATION FOR SURGERY:

Glasses, dentures, hearing aids that you will need during your preparation while you review your medical history and sign consent forms.

If you use a CPAP machine for sleep apnea bring that with you.

WHAT TO BRING, HOWEVER LEAVE WITH YOUR FAMILY MEMBER OR IN THE CAR UNTIL AFTER SURGERY:

- »»Change of clothes/underwear, in a small bag or suitcase
- »»Personal toiletries
- »»Cell phone
- »»Special pillow
- »»Walker (you won't need this until you are discharged from the hospital)

WHAT NOT TO BRING, BEST LEFT AT HOME:

- »»Jewelry
- »»Valuables
- »»Wallet
- »»Extra glasses/hearing aids/dentures
- »»Large suitcases

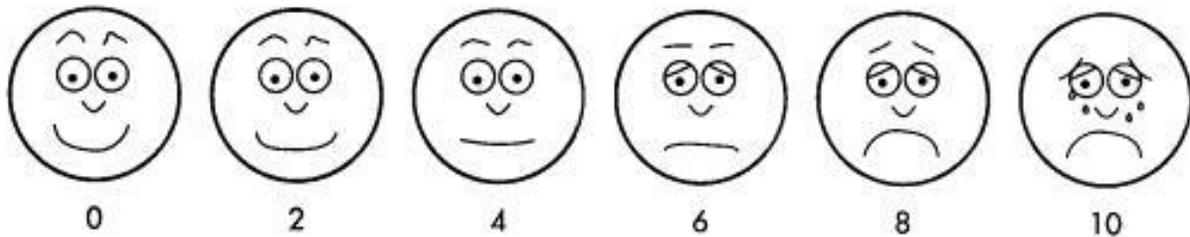


PAIN MANAGEMENT

- »»To help your nurses assess your pain level they will ask you to rate your pain on the scale below. The nurses will also assess your sedation level (how sleepy are you), and watch your vital signs.
- »»At the first sign of pain ask for pain medication.
- »»If you are worried about taking your pain medication, talk with your nurses about it.
- »»Be sure to talk with your doctor at your post op visit about different ways to manage your pain. Your care coach can play a role with some of the following distractions that may be helpful:
- »»Watch TV, play computer games, read, listen to a book tape, rest, ice therapy, compression and elevation.

PAIN ASSESSMENT SCALE

The Wong-Baker Faces Pain Rating scale is the standard pain scale used at hospitals and surgery centers and is a 0-10 scale. A score of 0 means “no pain” and a score of 10 means “worst pain”. We need your help and involvement to manage your pain in the right way.



Very happy, No hurt	Hurts just a little bit	Hurts a little more	Hurts even more	Hurts a whole lot	Hurts as much as you can imagine (don't have to be crying to feel this much pain)
Nada de Dolor	Poquito Dolor	Poquito Mas de Dolor	Mas Dolor Dolor	Mucho Dolor	Peor Dolor

AFTER SURGERY

The prescriptions given to you for your surgery are intended to be used in the effort to limit the amount of narcotic pain medication you will need. In addition to the narcotic pain medicine (i.e. Oxycodone, Hydrocodone, Percocet, Norco), you will be given a prescription for Tramadol. If you are given a prescription for Oxycodone IR, we recommend using Tylenol. Tylenol is considered a potentiator. This means that the Tylenol will make the other pain medicine work better and last longer reducing the overall amount of narcotic pain medicine you will require.

SMOKING & NICOTINE USE CESSATION



SMOKING

If you smoke, or use any nicotine products, we strongly encourage you to stop three weeks before your Total Joint surgery. Examples of products that contain nicotine are: cigarettes, chewing tobacco, snuff, cigars, nicotine gum, pipes, pot. Stopping these will decrease the chances of lung problems and speed up your recovery and healing. The entire hospital campus and all health facilities are Tobacco Free, which means tobacco use of any kind is prohibited indoors or outdoors.

FACTS:

- »»Tobacco is the single most avoidable cause of premature death worldwide.
- »»There are more than 50 million smokers in this country, and approximately 800 billion cigarettes are smoked each year. Over 500,000 deaths per year in the United States alone can be attributed to smoking. 1 in 5 deaths are due to smoking! Smoking cigarettes kills more Americans than alcohol, car accidents, suicide, AIDS, homicide, and illegal drugs combined. Smokers lost an average of 14 years of life because of smoking. Smoking causes over 20 different medical problems/illness/disease/cancers.
- »»Smoking is responsible for almost 9 out of 10 lung cancer deaths. Lung cancer is the leading cause of cancer death in both men and women and it is one of the hardest cancers to treat. Smoking is a major cause of heart disease, aneurysms, bronchitis, emphysema, and stroke.
- »»More than 4,000 different chemicals have been found in tobacco and tobacco smoke. Among these are more than 60 chemicals that are known to cause cancer.

ORTHOPAEDICS:

- »»Studies show that smokers have a significantly longer time to heal fractures or fusions than non-smokers. Smokers have a higher chance of fracture or fusion never to heal. Smokers have a higher chance of wound/ skin healing problems and higher chance of infection after surgery.
- »»Smoking increases the risk of osteoporosis.
- »»Smoking can cause or worsen poor blood flow in the arms and legs (peripheral vascular disease or PVD). Surgery to improve the blood flow often doesn't work in people who keep smoking. Because of this, many surgeons who work on blood vessels (vascular surgeons) will not perform certain surgeries on patients with PVD unless they stop smoking. Also, many orthopedic surgeons will not perform certain surgeries on patients with PVD.
- »»120,000 amputations are performed each year due to PVD.

ANESTHESIA



ANESTHESIA

Orthopedic surgery requires that spinal anesthesia, regional nerve block anesthesia or general anesthesia be administered before surgery. A very small number of patients have problems with anesthesia. These problems can be reactions to the drugs used, problems related to other medical complications, and/or problems due to the anesthesia. An anesthesiologist will contact you the night before your surgery. Any questions or concerns you may have can be discussed during this phone conversation. You will meet your anesthesiologist prior to surgery in the pre-op holding area. The anesthesiologist will review your history and discuss options for anesthesia.

WHAT IS GENERAL ANESTHESIA?

General anesthesia is a type of anesthesia where you are put in a deep sleep by means of various medications. Certain anesthetics prohibit you from breathing adequately, so the anesthesiologist must assist your breathing during the course of surgery. This is done by placing a small breathing tube (endotracheal tube) into your windpipe (trachea) after you are put to sleep. Minor side effects from general anesthesia and surgery are common. These include nausea, sore throat, headache or a generalized “hang-over” type feeling.

WHAT IS SPINAL ANESTHESIA?

Spinal anesthesia is a type of “local” anesthesia that is administered through a catheter placed in the lower back (lumbar region). A local anesthetic is injected in the skin to numb the area before the spinal catheter will be placed. Once the catheter is placed, medications, including a local anesthetic and sometimes a narcotic, are given through the catheter. It is then removed. The entire process usually takes five to twenty minutes. You will be sedated by intravenous medications during the surgery and before your spinal procedure. Minor side effects can occur from the narcotics including: itching, nausea, vomiting and/or decreased respiratory rate.

WHAT IS NERVE BLOCK ANESTHESIA?

A nerve block is the injection of numbing medication (local anesthetic) near specific nerves to decrease pain in a certain part of your body during and after surgery. Your anesthesiologist may place a nerve catheter, which may be used to continuously bathe the nerves in numbing medication for 2-3 days after surgery. A nerve block is not for everyone and your anesthesiologist will evaluate whether it is the right option for you.

Journal entries and questions about anesthesia:

BEFORE SURGERY



To prepare for surgery we have created this check list for you, so that you do not forget anything. Please review each item and check it off as it is completed.

_____ Bring this book with you to all appointments and to surgery, so that you can record instructions and take notes

_____ If you need a handicap parking placard please check with your state's Department of Motor Vehicles to secure the application. Complete your part of the application and bring it with you so that doctor can complete and sign it. You will then return it to your state's DMV along with the appropriate payment to secure your parking placard.

_____ The night before surgery your meal should be light; you don't want to over-due it. Your body works hard to digest a high fat, high calorie meal and this can contribute to nausea after surgery.

_____ Your lab work must be current, that is within 30 days of your surgery. You may be contacted by your doctor with your CBC results and given instructions on how to take your medications.

Bring the following with you on the day of surgery:

_____ Copy of your Insurance Card and Driver License/Identification Card

_____ List of all medications you are taking and the dose

_____ Your medical history

_____ Copy of Living Will and/or Power of Attorney (if you have one)

_____ Medication to STOP before surgery: Please ask your Surgeon and Anesthesiologist which medications you will need to stop prior to surgery

_____ You are NOT to eat or drink anything after midnight the night before your surgery.

Remember this includes food, candy, gum, mints, or water.

Special Instructions: _____

_____ You may only take the medications on the morning before surgery that the Anesthesiologist tells you to take. You should take them with just enough water to swallow them.

MEDICATIONS & ANESTHESIA



MEDICATIONS THAT CAN INCREASE BLEEDING OR MAY INTERFERE WITH ANESTHESIA

Some medications impair the body's ability to form a clot and stop bleeding. Obviously, failure to normally form a clot is undesirable around the time of surgery.

ASPIRIN:

Ideally, aspirin should be discontinued a minimum of 7 (preferably 10) days prior to elective surgery. This advice includes products containing aspirin, like Percodan™.

NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDS):

Non-selective COX inhibitors (NSAIDs, e.g. ibuprofen, ketoprofen, Advil, Motrin, many others) should be discontinued a minimum of 5 (preferably 7) days before elective surgery. The selective COX inhibitor, Celebrex, CAN be continued. If you have a question about your painkiller, ask your surgeon.

VITAMINS, SUPPLEMENTS, HERBALS:

Many herbal medications and supplements may increase bleeding and/or interact with medications used for anesthetic. In many cases, the exact composition of herbal supplements and the potential interactions are unknown. Specific recommendations cannot be given. Therefore, **DO NOT TAKE** these medications for a minimum of 7 days prior to elective surgery.

ALCOHOL & RECREATIONAL DRUGS:

Drink less alcohol as alcohol may alter the effect of the anesthetic drugs. Do not drink alcohol 24 hours before surgery.

Stop taking recreational drugs before surgery as these may affect the anesthetic drugs. If you have a drug addiction please tell your anesthesiologist.

NUTRITION



ABOUT SURGERY

Having major surgery is like running a marathon. Because of the stress it puts on the human body no one would ever imagine running a marathon without eating or drinking the night before or the morning of. However, traditionally we have asked our patients to do just that. New research shows that appropriate preoperative nutrition and hydration have better outcomes after surgery with less complications related to healing and infection

DIETARY SUPPLEMENTATION (START ONE WEEK BEFORE):

Adequate protein intake has been shown to decrease infection rates and improve the rate of healing. A healthy diet which includes fish and chicken is the first step in improving your protein intake. Additionally, starting one week before surgery, you are encouraged to supplement your protein intake with a protein supplement.

□ Diabetics: Utilizing a low-sugar protein intake is recommended to avoid spikes in your blood sugar level. We recommend a protein supplement such as **Ensure Light** or **Boost Glucose Control**. Supplement your diet with one serving in the morning and one serving in the evening. Continue to supplement your diet for the first two weeks after surgery.

□ Non-Diabetics: We recommend a protein supplement such as **Ensure** or **Boost**. Supplement your diet with one serving in the morning and one serving in the evening. Continue to supplement your diet for the first two weeks after surgery.

HYDRATION:

The night before surgery you should make sure you are adequately hydrated. You will need to be fasting for your surgery and preoperative hydration has been shown to improve your overall outcome after surgery. Additional benefits may include an easier time getting IV access the day of your surgery.

□ Diabetics: Utilizing a low-sugar sports drink is recommended to avoid spikes in your blood sugar level. We recommend **Gatorade G2**, **Gatorade Zero**, or **Powerade Zero**. The night before you should plan on drinking 32 ounces of a low sugar sports drink. Six hours before your surgery we recommend drinking an additional 16 ounces. It is important to be aware that the sports drink you choose **SHOULD BE CLEAR**. If you choose a drink that is not clear, your anesthesiologist may cancel your surgery.

□ Non-Diabetics: We recommend **Gatorade** or **Powerade**. The night before you should plan on drinking 32 ounces of a sports drink. Six hours before your surgery we recommend drinking an additional 16 ounces. It is important to be aware that the sports drink you choose **SHOULD BE CLEAR**. If you choose a drink that is not clear, your anesthesiologist may cancel your surgery.



WHERE TO GO FOR YOUR SURGERY

WHEN TO SHOW UP FOR YOUR SURGERY

Unless otherwise directed, please plan on showing up for your surgery at least 2.5 hours prior to the scheduled time of your procedure. This will allow the hospital staff to register you, and the preoperative staff perform the necessary tasks prior to your surgery.

LOCATIONS

BAYLOR FRISCO
5575 WARREN PARKWAY
FRISCO, TEXAS 75034
CHECK IN: FRONT DESK
PHONE: 214-407-5000

BAYLOR CENTENNIAL
12505 LEBANON ROAD
FRISCO, TEXAS 75035
CHECK IN: FRONT DESK
PHONE: 972-963-3333

BAYLOR MCKINNEY
5252 W UNIVERSITY DR
MCKINNEY, TEXAS 75071
CHECK IN: FRONT DESK
PHONE: 469-764-1000

BAYLOR CARROLLTON
4343 N JOSEY LANE
CARROLLTON, TEXAS 75010
CHECK IN: FRONT DESK
PHONE: 972-492-1010

BAYLOR SPORTS SURGERY CENTER AT THESTAR
3800 GAYLORD PARKWAY, SUITE 410 (4TH FLOOR)
FRISCO, TEXAS 75034
CHECK IN: FRONT DESK
PHONE: 972-668-5911

MEDICAL CENTER MCKINNEY
4500 MEDICAL CENTER DRIVE
MCKINNEY, TEXAS 75069
CHECK IN: FRONT DESK
PHONE: 972-747-8000

MEDICAL CENTER FRISCO
5500 FRISCO SQUARE BLVD
FRISCO, TEXAS 75034
CHECK IN: FRONT DESK
PHONE: 214-618-0500

MEDICAL CENTER PLANO
3901 W 15TH STREET
PLANO, TEXAS 75075
CHECK IN: FRONT DESK
PHONE: 972-596-6800

DALLAS MEDICAL CENTER
7 MEDICAL PARKWAY
FARMERS BRANCH, TEXAS 75234
CHECK IN: FRONT DESK
PHONE: 972-888-7000