

Rebalance MD

Ankle Replacement Surgery



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New Joint Program

Now that you are on the waitlist for a total joint replacement, please review the following booklet that has IMPORTANT and REQUIRED information regarding your surgical booking. DO NOT lose this booklet as it will be needed throughout your journey to joint replacement. Please bring this booklet with you to any future appointments you have at Rebalance^{MD}.

What you will find in this booklet:

1. Introduction and Patient Journey (pg. 4)
2. Ankle Anatomy and How the Joint is Replaced (pg. 7)
3. Before Your Surgery (pg. 9)
4. Once Your Surgery Day is Booked (pg. 15)
5. Hospital Stay (pg. 23)
6. Physiotherapy/Rehabilitation (pg. 29)
7. At Home (pg. 31)
8. Resources (pg. 39)



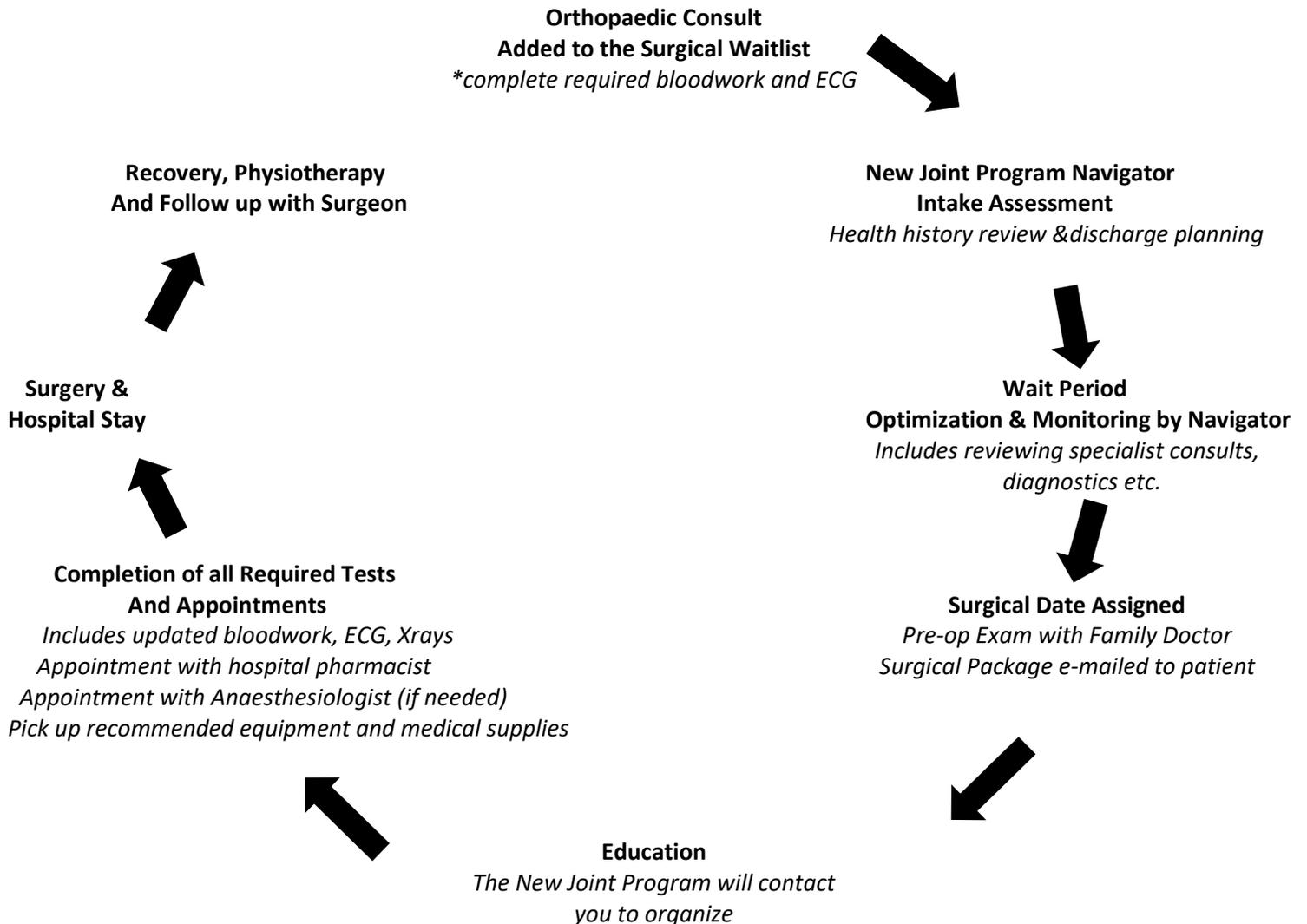
Thank you from the Rebalance^{MD} team for reviewing this package and taking an active role in your surgical journey. If you have any further questions or comments, please contact the office. 250-940-4444

New Joint Surgical Journey

The next step in your journey is a New Joint Program Intake Assessment. You will be contacted by our office within the next 2-4 months to book an appointment with your Navigator. Your Navigator will walk you through all the steps for surgery and is available to answer any questions you may have. They will review your medical history, go over a discharge plan and ensure your health is optimal for surgery. **Having reviewed all the information in this package will help you and your Navigator have a successful and informative appointment.**

After your Intake Assessment with your Navigator you may not hear from us often during this “waiting phase.” You will be contacted by the surgical booker approximately 6-8 weeks before a potential surgical date. Once you have a surgical date, they will let you know of any further actions that need to be taken, arrange an appointment with your surgeon if necessary and send you a confirmation letter.

You will then be contacted by the New Joint Program to organize pre-operative tests, watch an Education video, and complete and return required forms.

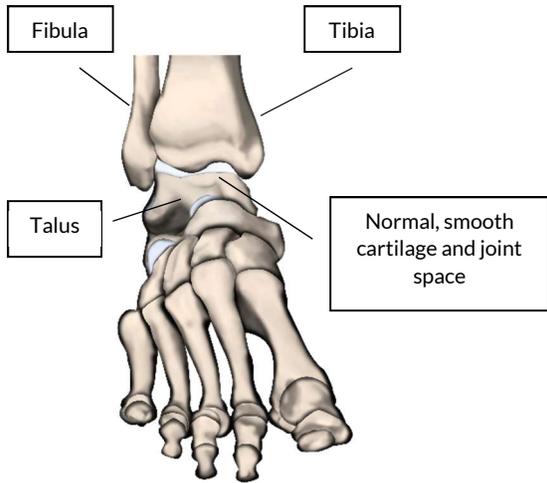


Ankle Replacement

This section contains information about:

- **Ankle Anatomy**
- **Ankle Disease**
- **Ankle Replacement Surgery**

Ankle Anatomy



The ankle joint is composed of three bones:

Tibia: The shin bone that connects the knee and ankle.

Fibula: The calf bone located on the outer side of your leg. It is connected to the knee and ankle as well.

Talus: a small bone that sits in between where the tibia and fibula meet and your heel bone.

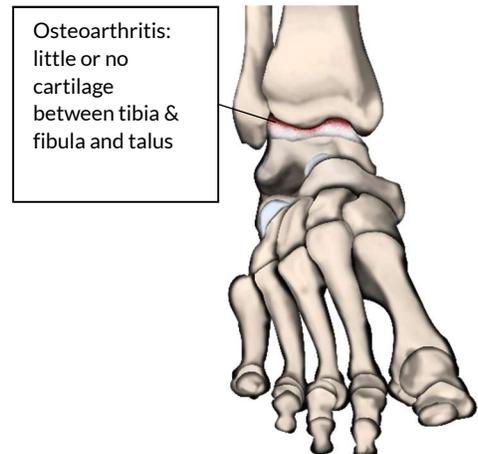
The tibia and fibula are held together by strong ligaments and covered in cartilage, creating a socket. The talus securely fits into this socket, allowing the ankle to act as a hinge-joint, moving back and forth.

Ankle Disease

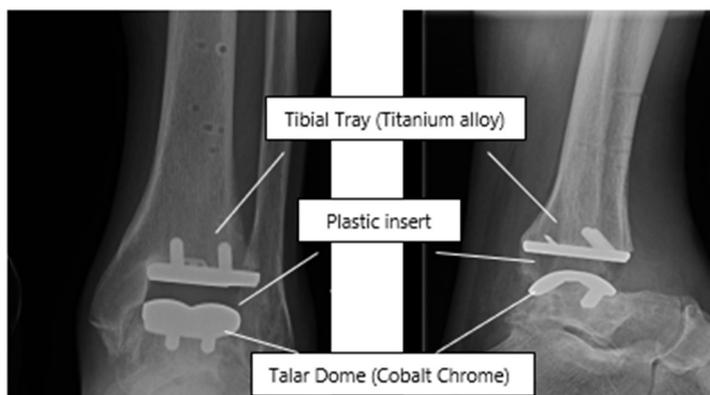
Osteoarthritis: also called degenerative joint disease- is the most common reason for ankle replacement. This is caused by “wear and tear” thinning of the cartilage, which causes the bones to rub against each other.

Rheumatoid Arthritis: an autoimmune, inflammatory arthritis that can affect ankles cause thinning of the cartilage and tendons.

Post-Traumatic Arthritis: thinning of the cartilage can happen after a severe trauma or break in the ankle.



Ankle Replacement Surgery



Total ankle replacement is a surgical procedure in which metal and plastic components replace the ankle joint to regain ankle motion and relieve pain.

Before Surgery

This section contains information about:

- **Health Optimization**
- **Nutrition**
- **Stress Management**
- **Exercises**
- **Smoking**
- **Dental Work**
- **Having a Plan Worksheet**

Health Optimization

You and your surgeon have agreed to proceed with an ankle replacement. Surgery and anaesthesia can affect many systems in your body. *Therefore, it is important to be in your optimal health before proceeding with surgery.* If you have multiple medical issues, your surgeon may refer you to a specialist such as an internist, cardiologist, endocrinologist etc. If you currently see a specialist, it is important that we are aware of who your specialist is and any upcoming appointments. Specialists will assess you to make sure you are safe to proceed with surgery. Extra diagnostic tests may be needed before you are “cleared” to proceed.

Other ways to optimize your health include nutrition, stress management, exercise, smoking cessation and dental work.

Nutrition

Good nutrition will help you recover from surgery. Having surgery in optimal nutritional health can help prevent anemia and replace blood loss, help the healing of the incision, nerves, muscle and bones, boost your immune system to protect against infection and increase your energy level.

Protein- Promotes healing after surgery. Try to eat at least 3 servings of meat, milk or alternate protein sources every day.

Multivitamin- Promotes healing and is best taken in moderate doses. If you have a history of low iron, talk to your doctor, pharmacist or dietitian about supplements.

Calcium and Vitamin D- Are important for strong bones. Adults should have 2-3 servings of milk or calcium-fortified products per day. A minimum of 600 IU Vitamin D supplement is recommended for all people over 50 years old.

Fibre and Water- It is important to have a regular bowel habit prior to surgery, as constipation can be a complication. Spread fibre intake throughout the day and drink at least 8 glasses of water per day.

There are many resources available to help guide you to optimal nutritional health. Nutritional consultations can be helpful but may come with a cost. Online resources or cell phone applications (“apps”) may also be helpful. Please see our list of “Resources” at the end of this booklet.

Stress Management

Stress affects your entire body causing symptoms such as headaches, heartburn, depression, insomnia, risk of heart attack, increased blood sugar, increased blood pressure and heart rate, weakened immune system, stomach aches, low sex-drive and muscle aches.

Having surgery is stressful: anticipation prior to surgery, managing your pain and recovery after surgery. This is in addition to your own personal stressors that you currently deal with. Managing stress prior to surgery and having some tools to combat stress can be very beneficial to your mind and body. Deep breathing/relaxation techniques, meditation and mindfulness, exercise/yoga, aromatherapy, journaling etc. can be very helpful. There are many online resources and cell phone applications (“apps”) to choose from to find what works best for you. Alternatively, a discussion with your family doctor or alternative health care provider can be helpful.

Sleep is also paramount to stress management and healing. After surgery, it may be difficult to get a solid night sleep for several weeks due to discomfort. Naps throughout the day are recommended.

These resources can help you during your surgical journey. They can help calm your anxiety before surgery, help to manage pain post-operatively and lead to a positive recovery. Please see “Resources” at the end of this booklet.

Exercise

Physical activity and exercise preoperatively can help shorten hospitalization and reduce recovery time.

Staying active during your waiting period for surgery can benefit you in many ways: decreases the risk of developing several diseases, strengthens muscles and increases flexibility, eases anxiety and improves your quality of life.

However, having ankle arthritis can make this quite difficult. Finding activities that do not cause significant pain can be a challenge. Pool exercises and stationary biking are good options but if an activity causes you significant discomfort, they should be avoided. *Strengthening your non-injured leg is beneficial as you will be putting more stress on this leg while you are recovering from surgery.*

Guidance from a physiotherapist is very beneficial. They can show you exercises that are geared toward your own capability and make sure you are doing them correctly.

Smoking

Smoking increases the risk of postoperative complications, such as poor incision healing and infection.

Not smoking for 2 months before surgery and for 3-6 months after surgery will reduce the chance of a problem with healing.

If you are a smoker and would like help quitting, please speak to your Navigator to discuss resources. RebalanceMD can connect you with **Quit Now**, a free smoking cessation program that motivates, informs and coaches you to staying smoke-free. www.quitnow.ca

Dental Work

While you are on the waitlist, a routine check-up can help identify any issues that may delay your joint replacement surgery.

Once you are booked for surgery it is important that you avoid dental work, including a dental cleaning, to minimize the risk of infection due to bacteria that resides in your mouth. Please note, any major dental work must be done 3 months prior to surgery.

Having a Plan Worksheet

YOU ARE RESPONSIBLE FOR ORGANIZING YOUR OWN CARE AFTER SURGERY.
The hospital will not organize this for you.

PLEASE CONSIDER THE FOLLOWING:

1. Stairs: Outside: _____ Is there a railing? _____ Going up, what side? _____
Inside: _____ Is there a railing? _____ Going up, what side? _____

2. Help: You will not be able to put weight on your surgical leg for several weeks. You will need help with **bathing & chores** (cooking, cleaning, laundry, grocery shopping etc.)
Who can help you after surgery? _____

Please be aware that you will still be discharged from hospital as scheduled if you do not have a discharge plan.

If required, your Navigator can provide you with a resource booklet. These resources are mostly private-pay options.

3. Transportation: You will need to arrange rides after surgery as it will be several weeks before you can drive.

Drive home from hospital: _____ Follow-up appointments _____

Physiotherapy appointments: _____

4. Physiotherapy: After surgery, physiotherapy is free at **Rebalance^{MD}**, the Saanich Peninsula Hospital or any Island Health hospital outside of Victoria.

I plan on completing my physiotherapy at _____

5. Medical Equipment: Please review page 16

Do you use a walking aid? No _____ Yes _____ Cane _____ Other _____

Other medical equipment I already have: _____

6. Bathroom Set up:

Bathtub with a shower _____ Curtain _____ Sliding doors _____

Walk-in shower _____

Once Your Surgery Day is Booked

This section contains information about:

- **Surgical Package**
- **Education**
- **Pre-Admission Clinic**
- **Alcohol**
- **Pre-Op Showers**
- **Eating and Drinking Before Surgery**
- **What to Bring to the Hospital**
- **Arrange Help & Transportation**
- **Equipment**
- **Preparing Your Home**
- **Medications**

Surgical Package

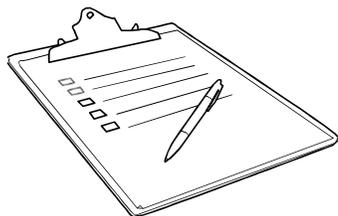
You will receive your surgical package in the mail or via e-mail **once your surgery date is booked**. This package will confirm your surgery date as well as other information to help you prepare.

Your arrival time will be e-mailed to you 1 week before your surgery date.

Cancellation:

Your surgery may be cancelled if you have an active infection, open wound, weeping rash, sore on the surgical limb, a cold, or the flu. Having any dental procedures within **3 months prior** to your surgery (including cleanings) may also cancel your surgery. If you are unwell in any way before your surgery, please call Rebalance^{MD}.

Education



After you have accepted a surgery date, you will be contacted by the New Joint Program to arrange your Education. **This is a necessary step in preparation for surgery.** The New Joint Program will organize completing updated pre-operative tests, discuss equipment options and confirm your discharge plan.

Pre-Admission Clinic

The Pre-Admission Clinic will call you from the hospital to schedule an appointment. At this appointment you will meet with a **pharmacist** who will review your medications.

You may also be called to see an anaesthesiologist prior to your surgical date. This may occur at either the hospital or at Rebalance^{MD}. You should bring any questions you may have about your anaesthesia or pain issues to this appointment.

It is important that you bring **ALL** your medications/supplements to this appointment. It is advised that you complete all your pre-op tests before this appointment. These tests will be organized with your Navigator, as mentioned in the Education section above.

Continued use of alcohol may prolong your recovery. Please stop drinking alcohol **7 days** prior to surgery. Do not restart consuming alcohol until you are no longer taking any narcotic medication.

Preoperative Chlorhexidine Sponge Wash

You will need to take 2 pre-op showers before your surgery. The first shower will take place **the night before** your surgery and the second one **the morning of** your surgery. You will need to purchase 2 Antibacterial Chlorhexidine 4% sponges for this. These are available at most pharmacies or Rebalance^{MD}. Instructions on how to scrub will be provided in your surgical package.

Eating and Drinking Before Surgery

Please follow the fasting guidelines as explained in your **Surgical Package**.

What to Bring to the Hospital

- Label all personal items (denture cup, glasses case, hearing aid case, cellphone, etc.).
- Bring your own toiletry items (toothbrush, hairbrush, etc.).
- Bring loose fitting clothes as well as comfortable closed-toe shoes that are easy to get on/off (slip on or elastic shoelaces).

Do not bring:

- Valuables: jewellery, cash, tablets.
- Scented products: perfumes, deodorants, make-up, powders or nail polish.
- Equipment: If using a knee scooter, please bring this to the hospital. Other walking aids will be provided by the hospital during your stay.

Arranging Help & Transportation

It may be difficult for you to manage independently after surgery. You will not be able to put weight on your surgical leg and therefore, you will be using a walker or crutches for several weeks. **You will also need to rest with your leg elevated for 22 out of 24 hours a day for the first 2-3 weeks** (only being up 5-6 minutes per hour).

Please review **HAVING A PLAN WORKSHEET** on page 13. You may want to arrange for someone to bring you meals or help you with bathing, laundry and cleaning. *Please note that arranging help after surgery is **your responsibility**. The hospital will not organize this for you. Your Navigator can offer a list of resources, but it will be up to you to organize.*

Discharge home: It is recommended that you arrange for someone to pick you up from hospital and drive you home. You will likely need to stop at a pharmacy to pick up any medications that the surgeon has prescribed. *You are responsible for organizing your transportation.* There are many private services that offer fee-based supported transportation. If you need assistance, speak with your Navigator.

Equipment

Depending on your limitations after surgery and/or any limitations you already have, the following equipment can aid in your recovery.

Your Navigator will discuss with you where you can obtain the equipment. When possible, arrange for the following equipment 1-2 weeks prior to surgery to ensure that it fits in your home and is in good working order before your surgery:

You will need the following equipment:

- 2 Wheeled-walker or crutches and/or knee scooter- **practice using well in advance of surgery**
- Walking boot/Air Cast & sock- **purchase and get fitted prior to surgery.**
 - *The fit should be slightly more relaxed before surgery to allow swelling of the foot.*
- Height adjustable bath bench or shower stool
- Removable tub clamp or installed grab bars
- Raised toilet seat
- Toilet safety frame or installed grab bars
- Non-slip bath mat
- Long-handled sponge
- Flexible gel ice packs

Places to RENT or PURCHASE Equipment

- Please contact the store to confirm that they have the items you require and to inquire about **pricing**.
- If you need to purchase an item and have Extended Health Benefits, there are **prescriptions** in your education package that you can use for your claim. Check off the applicable items.

Store	Phone number	Address	RENT
One Bracing @ RebalanceMD	250-598-7420	104-3551 Blanshard St *cushions incl ONLINE ORDERING & SHIPPING AVAILABLE, please visit www.onebracing.com/shop Knee Walkers/Scooters available	NO
Home Health Care Supply	250-474-6966	875 Cecil Blogg Drive	Need to inquire
Motion Specialties - Victoria	250-384-8000	1856 Quadra Street *cushions incl. Knee Walkers/Scooters available	YES
Motion Specialties- Sidney	250-656-6228	7-9764 Fifth Street Sidney *cushions incl	YES
Rexall Home Health Care	250-384-7196	3098 Nanaimo Street	YES
Island Mediquip - Victoria	250-391-0388	750 Enterprise Crescent (top of Glanford by Bird of Paradise Pub) Knee Walkers/Scooters available	YES
Shoppers Home Health	250-370-2984	1561 Hillside Avenue Knee Walkers/Scooters available	YES
Vancouver Island Medical Supply	250-384-4060	1A 3534 Quadra Street	YES
HME Mobility and accessibility	250-386-0075	2521 Government St	YES
Island Orthotics	250-389-1974	1812 Cook St.	
City Wide Scooter	250-478-2978	725 Goldstream Ave	KNEE SCOOTERS ONLY

Please contact your Navigator if you are having difficulty getting your equipment. 250-940-4444

Preparing Your Home

If your ankle surgery is planned, it is helpful to set up your home BEFORE surgery. This will allow you to easily move around your home after surgery, reduce the risk of falls, and makes it easier to do things without putting weight on your surgical leg.

You will be using a walking aid for several weeks after surgery.

- Make sure hallways and rooms are free of clutter and tripping hazards (e.g. scatter rugs, footstools, etc.).
- Add non-slip surfaces to outside stairs and walkways.
- Install stair railings or make sure the existing ones are secure.
- Ensure good lighting in hallways and other well used areas.
- Arrange for help with driving and household chores (e.g. groceries, meal preparation, vacuuming, laundry etc.). These services are not covered by the Medical Services Plan and will need to be organized by you.
- Move often used items to counter height (e.g. pots and pans). Consider moving items in the lower parts of the fridge/ freezer to a higher shelf.
- Stock your freezer/pantry with healthy foods and snacks. If needed, private food/meal delivery services are available in many areas.
- Keep icepacks in your freezer to use on your ankle to help reduce swelling or purchase a cryotherapy machine and familiarize yourself with how to use it.
- Have a thermometer at home to check your temperature after surgery.
- Use a non-slip bathmat both inside and outside the bathtub or shower.
- Do NOT use towel racks or toilet paper holders to assist you to stand or sit. Arrange to have proper hand rails or frames installed.
- Wear loose pants with wide legs that can accommodate a cast.
- Extra pillows to help you get comfortable for sleep.

Medications

Most medications can be taken up to and including the day of surgery. Some medications must be **stopped** before surgery to decrease the chances of complications.

Below is a guide to medication use in the lead-up to surgery. Any allowed medications may be taken with 30 mL of water per pill up to one hour before surgery.

You may be given further direction from the anaesthesiologist. If so, follow those instructions.

Generic Medication Name	Trade Name	When to Stop
Acetaminophen	Tylenol	May take for pain as needed up to and including day of surgery
Angiotensin converting enzyme (ACE) inhibitors	Captopril, Cilazapril, Enalapril, Rosinopril, Ramipril, Trandolapril	Hold day of surgery to reduce risk of excessive drop in blood pressure during anaesthesia
Anticoagulants and Antiplatelets	Coumadin, Warfarin, Heparin, Plavix, Ticlid, ASA, Aspirin, Xarelto	If you are on ANY of these medications, contact your cardiologist/ internist and/or orthopaedic surgeon
Cox-2 NSAIDS	Celebrex, Meloxicam (Mobicox)	Hold day of surgery
Diuretics	Hydrochlorothiazide, Furosemide (Lasix), Spironolactone	Hold day of surgery
Non-steroidal anti-inflammatory drugs (NSAIDS) with a short life	Ibuprofen, Advil, Motrin, Diclofenac, Voltaren, Ketoprofen, Indomethacin,	Stop the day before surgery
NSAIDS with an intermediate life	Naproxen, Sulindac, Ketorolac (Toradol)	Stop 3 days before surgery
NSAIDS with a long life	Prioxicam	Stop 10 days before surgery
Oral contraceptives or hormone replacement therapy		Stop 1 month before surgery and restart on the direction of your surgeon. (You may need to use alternative forms of birth control during this period.)
Oral Hypoglycemic agents	Chlorpropamide, Glyburide, Metformin	Hold day of surgery to decrease risk of hypoglycemia when fasting
Vitamin E and all other oral natural health products and herbal remedies	Garlic, Gingko, Kava, St John's Wart, Ginseng, Dong Quai, Glucosamine, Papaya	Stop 7 days before surgery
Regular vitamins and iron pills		Hold day of surgery

Hospital Stay

This section contains information about:

- **Length of Stay**
- **Day of Surgery**
- **Pain Control After Surgery**
- **Discharge From Hospital**

Length of Stay

Your length of stay in the hospital may be less than as **24 hours** but usually overnight. It is important that you have made arrangements with someone to pick you up from the hospital upon discharge. Make sure these arrangements are flexible, to account for an early discharge time.

Day of Surgery

Before Surgery:

- Bring a small suitcase of your belongings (see “What to Bring to the Hospital” pg 17).
- Do not bring your medications (unless the hospital pharmacist directs otherwise).
- If you use a CPAP machine, please bring it to the hospital with you.
- Check in at “**Patient Admitting**”. They will guide you from there.
- You will confirm your anaesthesia plan with your anaesthesiologist.
- You will see your surgeon at this time as well.

Ankle Replacement surgery is performed in the operating room under general anesthesia “going to sleep”. A nerve block and local freezing may also be included. The surgery typically takes between 2-3 hours.

After Surgery:

- You will wake up in the recovery room and will stay here until your pain is under control and you are no longer drowsy.
- You will have an intravenous (IV) line to keep you hydrated and to give you medication.
- You may have oxygen administered by nasal tubing.
- Your stay in the recovery room may last from 1-3 hours.
- You may also have a drainage tube to prevent excessive swelling. This will be removed before you leave the hospital.

The Hospital Ward:

- You will be transferred to the orthopaedic ward once you are medically stable.
- A nurse will assist you out of bed the night of the surgery.
- Sometimes your bladder function is impaired shortly after surgery. This is usually due to the anaesthetic. If you are unable to empty your bladder, the nurse will perform a portable ultrasound of your bladder while you are lying on your bed. If the ultrasound shows a large amount of urine, the nurse may insert a catheter to drain your bladder. This will be removed once the bladder has been drained.
- It is important to do **deep breathing** and **ankle pumping** (for the non-operative leg) exercises after your surgery, especially while lying in bed.

Deep Breathing

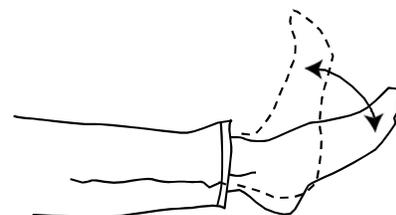
This exercise is important because it helps clear your lungs. This exercise can reduce the risk of lung problems like pneumonia.

- While sitting up, take a few normal breaths. Then take one deep breath. Try to hold your breath for 2-5 seconds.
- While making an “O” with your lips, slowly breathe out like you are blowing out a candle.
- If you feel the need, cough to help clear your lungs.
- Do this a total of 10 times, remembering to take normal breaths in between.
- Do this exercise every hour that you are awake.
- You may be given an inspirimeter which is a blue breathing tool that helps you visualize your deep breathing.

Ankle Pumping (non-operated leg)

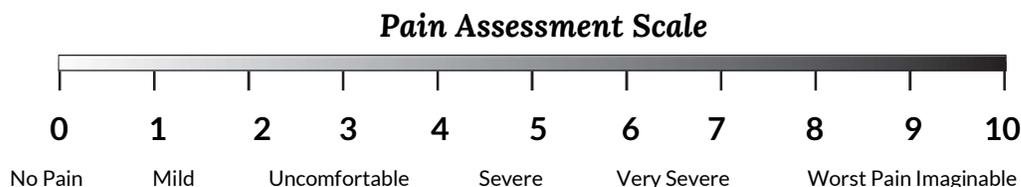
This exercise is important because it can improve circulation and reduce the risk of getting a blood clot.

- While lying down or sitting, start by pointing your toes up towards the ceiling. Then, point your toes down, similar to pressing on the gas pedal while driving.
- Do this exercise 10 times every hour that you are awake (this could be done in conjunction with your deep breathing exercises).



Pain Control After Surgery

A common way to reference your pain after surgery is by using a pain scale from 0 to 10 (where 0 means you have no pain and 10 means the worst pain imaginable).



Staying Ahead of the Pain:

The best time to take your pain medication is when your pain level is around 3 or 4 (uncomfortable but bearable). This way, you will require a smaller dose of pain medication to bring your pain level back to a comfortable range (such as 1 or 2). If you wait until your pain level reaches 7, 8, or 9 you will need a higher dose of pain medication. This can lead to nausea, drowsiness and dizziness and should be avoided.

Types of Pain Medications:

There are a variety of pain medications that your doctor may order for you. These include:

1. Hydromorphone or oxycodone: These narcotics are “heavy duty” painkillers. Your nurse will only give you the amount that your surgeon feels is safe.
2. Tramadol or Tylenol with codeine: These are effective painkillers, but might not be strong enough shortly after surgery.
3. Tylenol (extra strength): You will likely be on a regular dose of Tylenol to help keep your pain level down.
4. Gabapentin or Pregabalin: These are medications to help with nerve pain but are not recommended for everyone.
5. Celebrex: This medication will reduce inflammation but is also not recommended for everyone.

You will likely be prescribed a combination of these medicines to control your pain after surgery.

Remember to also use ice to help alleviate pain.

Blood Thinner

After surgery, you are at an increase risk of getting a blood clot in your calf or lungs. Your surgeon may prescribe you a blood thinner that you need to take for as long as it is prescribed.

There are different types of blood thinners and your surgeon will prescribe the one that he/she thinks is best for you based on many factors, including your medical history, weight and surgeon preference.

Aspirin is commonly used as a blood thinner after joint replacement. It is important to identify this as a blood thinner so that you remember to take it as prescribed and **NOT TO STOP** when you no longer have pain.

There are a few other blood thinner medications that you may be prescribed including one that is administered as a self-injection. The nurse in hospital will teach you how to administer it and how often. An injection technique guide will also be provided by the nurse for referencing when you are home.

Discharge From Hospital

At discharge, you will be given a “Discharge Sheet” with information on it, such as what medications you were taking while in hospital and how to manage constipation. You will also be given prescriptions for medication. You will need to stop at a pharmacy on your way home to pick up your prescriptions.

Physiotherapy/ Rehabilitation

This section contains information about:

- **Ankle Precautions**
- **Physiotherapy**

Ankle Precautions

There will be restrictions after your ankle replacement. You will be wearing a half-cast/back slab to allow for swelling for the first 2-3 weeks. Continue the following precautions until your surgeon tells you otherwise.

- Limited weight bearing: surgeon will tell you if you can “toe-touch” weight bear or if you should not weight bear on your surgical foot at all. Failure to do this may compromise a successful recovery.
- Use crutches, a knee walker/scooter or a 2 wheeled walker at all times.
- Elevate leg above heart level for 22 out of 24 hours per day. This means that you should only be up for 5-6 minutes every hour. This helps reduce swelling and prevents incision complications.

Physiotherapy

Post-operative physiotherapy is offered free of charge at Rebalance^{MD}, Saanich Peninsula Hospital, and other Island Health Hospitals and Health Centres on Vancouver Island. Your Navigator will record your choice around the time of your Education and every effort will be made to have you attend at your preferred facility, but due to capacity limitations this may not always be possible. Most patients will be seen at RebalanceMD in our integrated group session format. Our group classes are supervised by our Physiotherapist and carried out by our Kinesiologists/Exercise Therapists in our rehabilitation department.

Your first appointment will begin once your surgeon has given his/her approval. At that point, you can call the physiotherapist of your choice. This is likely after the first 6 weeks following surgery.

At Home

This section contains information about:

- **Pain Control at Home**
- **Swelling & Icing**
- **Care of Your Dressing & Bathing**
- **Bowel Movements**
- **Resuming Home Medications**
- **Complications After Surgery**
- **Follow-Up Appointments**
- **Recovery & Activity**
- **Driving**
- **Returning to Work**
- **Dental Work and Medical Procedures**
- **Outcomes After Ankle Replacement**

Pain Control at Home

Most people experience a reduction in pain over the 3-12 weeks following surgery. Please see “Pain Control After Surgery” (pg. 26) to review effective pain management. It is important in the transition from hospital to home to maintain consistent dosing.

Acetaminophen:

It can be helpful to take acetaminophen 1000 mg (2 extra strength tablets) every 4-6 hours, ensuring you do not exceed 4000 mg in a 24-hour time frame. Here is a general schedule for taking acetaminophen:

6:00 am 11:00 am 4:00 pm 9:00 pm

Please note: TYLENOL is the same medication as ACETAMINOPHEN.

Some pain medication contains acetaminophen, such as Tramacet or Emtec so **it is important to read your prescription bottle carefully** to ensure you do not exceed the maximum daily dose.

****If you have a history of liver disease or significant alcohol consumption, you may need to reduce or avoid acetaminophen use. Discuss this with your pharmacist or family doctor. ****

Narcotics (Hydromorphone, oxycodone, etc):

These are intended for short use following surgery as they pose a risk for addiction or dependence. Signs of drowsiness, confusion, hallucinations, slow and/or shallow breathing are all signs that you might be taking too much pain medication. If any of these symptoms are severe, please contact your Navigator, surgeon’s office, or a nurse through HealthLink BC (see “Resources” pg. 39).

If your surgeon gave you prescriptions for two pain medications:

Usually this involves a stronger narcotic and another moderate pain medication such as Tramadol or Tylenol #3. It is important to only use **one medication at a time**. Start with the narcotic medication first following surgery. Once your pain starts to improve, try substituting one narcotic dose with the other pain medication. If this provides adequate pain control, continue replacing some but not all the narcotic doses with the other pain medication. Over the next few days, continue substituting the other pain medication, slowly decreasing the amount of your narcotic use until you are no longer using the narcotic. *It is advisable that you do not stop the narcotic suddenly or you may experience withdrawal symptoms such as nausea, irritability, jitteriness etc.*

As your pain continues to improve, start decreasing how often you take your pain medication. If you have not done so already, you can start substituting extra-strength Tylenol in place of the other pain medication until you no longer need any pain medication.

Swelling & Icing

Swelling: Expect swelling for a few weeks following the surgery. This is due to your body's inflammatory response and fluid that was introduced in the joint during surgery.

Frequent elevation will help reduce swelling. As previously mentioned, elevate the leg above heart level for a total of 22 hours in a 24 hour day, meaning being up only 5-6 minutes each hour.

Icing: For the first few weeks, icing your ankle can be challenging as you will have a half cast/back slab on. This means that the only area that isn't contained by the cast is the front of your ankle. This is where you can place an ice/gel pack. Make sure that your ice pack is not a bag of ice or peas as it can leak and make your dressing wet. Icing your joint regularly throughout the day is an effective way to reduce pain and swelling. It is useful to ice routinely every 4-6 hours for 30 minutes as it can take several minutes for the ice to penetrate through the dressing. To avoid injury, never apply ice directly to your skin. Always have a barrier such as a thin towel or your shirt. Also, keep the ice off for at least an hour before you reapply it.

Once the half cast/back slab is removed, you can continue to ice as necessary. It is a good idea to ice after you have been up mobilizing or doing your exercises.

Care of Your Dressing & Bathing

Your incision will either have staples and/or sutures. You will receive a *Dressing Change Guide* specific to your surgeon in your Education package.

You will not be able to get the half cast/back slab and dressing wet. If it does get wet, please contact your Navigator or surgeon's office.

DO NOT apply any ointments or creams to the incision or submerge the incision in water (pool, hot tub, taking a bath, lakes or oceans) until your incision develops scar tissue and is completely healed (usually 6-8 weeks).

Bowel Movements

Changes in medication, activity and diet can cause constipation (hard, dry bowel movements). To avoid constipation, drink lots of fluids, eat high fibre foods such as prunes, fruits, bran, whole grains and vegetables. You may need to take a stool softener or laxative. You can discuss your options with your pharmacist.

Resuming Home Medications

Once you return home following surgery you can resume most of your usual medications, unless otherwise directed by your surgeon.

Complications After Surgery

Your surgeon will discuss the risks of ankle replacement surgery as many of the risks are specific to your situation.

It is a large operation and there are some common risks that include risk of deep infection, damage to blood vessels or nerves, fractures, and dislocation of the prosthesis. Sometimes a prosthesis can become loose before that or develop another problem that may require a second or revision replacement.

As ankle replacement surgery is a major operation, general medical complications such as blood clot, stroke, pneumonia or heart difficulties can occur. The risk of these complications is higher in older patients or those who already have medical conditions.

CONTACT YOUR NAVIGATOR IF YOU HAVE:

- Bleeding- enough to fill your dressing
- Drainage from your incision that changes in appearance or color, especially yellow or green
- Pain that is not relieved by your medications
- Fever (38.5/101.3 and over for 2 days or more)
- Persistent nausea and vomiting
- Signs of circulation problems in operated foot (Toes turning dark blue or purple)

CONTACT YOUR FAMILY DOCTOR IF YOU HAVE:

- Difficult or abnormal urination
- Constipation that you cannot manage
- Dizziness/light headedness

CALL 911 or GO TO EMERGENCY ROOM IF YOU HAVE:

- Shortness of breath
- Chest pain
- Sharp, throbbing pain in your calf
- Confusion/Delirium

Follow-Up Appointments

Within 72 hours of coming home, confirm or make your follow-up appointment with your surgeon. BRING YOUR WALKING BOOT/AIR CAST and SOCK to this appointment.

Recovery & Activity

For the first 2-6 weeks after surgery, you will be wearing a half cast/back slab. You will also be using a walker or crutches during this period as you will not be able to put weight on it. You will see your surgeon around 2-3 weeks after surgery. At this appointment, your surgeon will decide if the half cast/back slab can come off. If this is the case, you will be using a walking boot/air cast for several more weeks.

The next phase of recovery, from 6-12 weeks after the surgery, your surgeon may suggest weaning off the walking boot/air cast and starting physiotherapy.

Around 4-5 months after surgery, you should have a good amount of strength and be able to return to low impact activities.

You may return to sexual activity when you feel ready and comfortable.

Sleep

Due to pain and discomfort, it is common that you may not get solid hours of sleep through the night. Positioning will be important, so it is a good idea to have plenty of pillows.

Plan on taking naps through the day to catch up on sleep as sleep is important to recovery. You can speak with your family doctor or pharmacist to suggest a sleep aid if you are having difficulty.

Driving

Driving: Do not drive while taking pain medications or until you can stop in an emergency.

Discuss with your surgeon when it is safe to drive. You can expect that you will not be able to drive for at least 6-8 weeks after the surgery. If your ability to safely drive is impaired, your insurance may not be valid in the case of an accident.

The decision to return to driving will also depend on which leg you had your surgery on and what type of vehicle you drive (standard vs. automatic)

Returning to Work

When you can return to work depends on:

- the kind of job you have and its physical demands
- how much pain & swelling you have after surgery
- how your physiotherapy is progressing
- if you can modify your job or work from home

If your job involves lots of walking or standing, you should expect not to return to work for 4 months after surgery. **Your surgeon will help you decide when to return to work.**

Dental Work and Medical Procedures

If you will be having any dental work or medical procedures- such as procedures involving the bladder, prostate, lung, or colon- it is important that you let your health care professional know that you have had joint replacement surgery.

To avoid the risk of infection, it is important that you **avoid dental work, including dental cleaning, for 3 months after surgery.**

If you have a health issue that compromises your immune system, you may need antibiotics with every dental procedure for the rest of your life. Please discuss this further with your surgeon and dentist.

Outcomes After Ankle Replacement

Most patients can expect a return to many activities, including walking/hiking, cycling, swimming and other low-impact activity. High-impact activities such as running, singles tennis, soccer etc. are NOT recommended as they can compromise the total ankle replacement.

NOTES

Resources

Rebalance^{MD} www.RebalanceMD.com

250-940-4444

Arthritis & Surgery Information

The Arthritis Society www.arthritis.ca

Email: info@arthritis.ca

Arthritis Society Information

line: 1-800-321-1433

Eating Well for Arthritis

<http://www.arthritis.ca/living-well/optimized-self/eating-well/your-good-food-guide>

Canadian Orthopedic

Foundation www.whenithurtstomove.org

Ortho Connect www.orthoconnect.org

American Academy of Orthopaedic Surgeons www.orthoinfo.aaos.org

Smoking Cessation

Quit Now

www.quitnow.ca

BC Smoking Cessation Programs:

<https://www2.gov.bc.ca/gov/search?id=2E4C7D6BCAA4470AAAD2DCADF662E6A0&q=smoking+cessation+program>

Health Professionals

Nurse Hotline/HealthLink BC

Phone: 8-1-1

www.healthlinkbc.ca

Dietitians of Canada

www.dietitians.ca

Physiotherapy Association of British Columbia (PABC)

– to find a physiotherapist in your area

www.bcphysio.org

Physical Activity

Physical Activity Services

at HealthLink BC

www.healthlinkbc.ca/physical-activity

Phone: 8-1-1

Live Well Clinic

1075 Pandora Avenue

Victoria, BC

778-402-9962

<https://www.livewellclinic.ca>

Move Adapted Fitness & Rehabilitation

100-775 Topaz Ave.

Victoria, BC

<http://moveadaptedfitness.ca/>

Stress Management

American Institute of Stress

<https://www.stress.org>

Canadian mental health Association-

Victoria Office

<https://victoria.cmha.bc.ca/documents/stress-cmha/>

BC Association for Living Mindfully

<https://www.bcalm.ca/>

Transportation

HandyDART

www.bctransit.com/victoria/riderinfo/handydart

250-727-7811

SPARC–

Disabled parking pass Victoria

Disability Resource Centre

www.drcvictoria.com/parking-permits/

phone: 250-595-0044

fax: 250-595-1512

email: parking@drcvictoria.com

TAP – Travel Assistance Program

www.health.gov.bc.ca/tapbc/

1-800-663-7100

Resource Guides

Aircast Demonstration Video:

www.youtube.com/watch?v=XnBm68oTD0w

Seniors Serving Seniors Directory

www.seniorsservingseniors.bc.ca

Greater Victoria Rec Centre Guide

www.fitinfitness.ca

**Please note that information on this page is provided as a reference only and is subject to change. You may need to use directory assistance or an internet search.*

Visit Our Website

www.rebalancemd.com

**For Educational Videos & Anaesthetic
Information Regarding Your
Ankle Replacement Please Visit:**

<http://rebalancemd.com/resources/>

Do not worry about the “forms” in this video. You will be provided these forms once you have accepted a surgical date and you have been contacted regarding pre-operative Education.