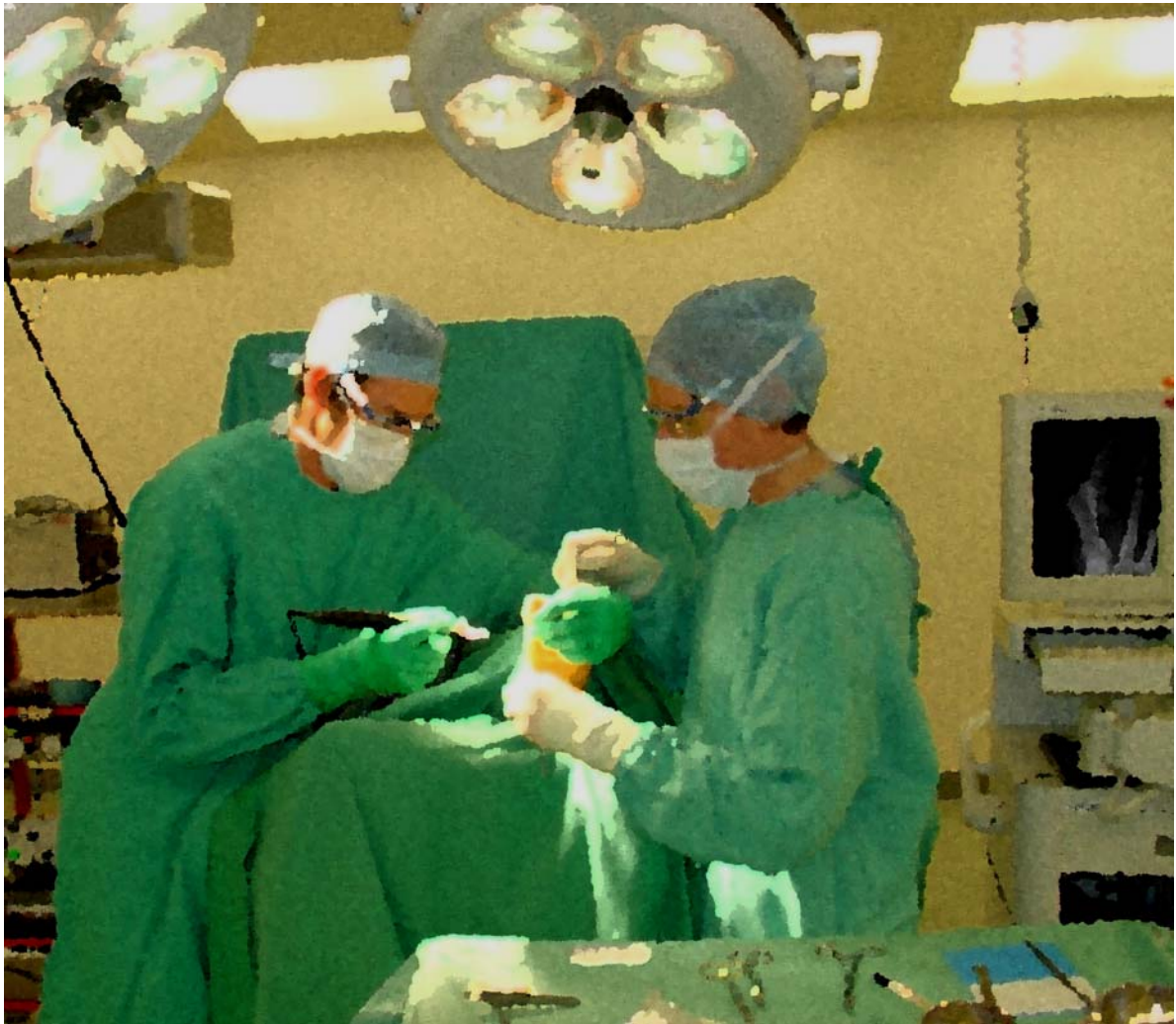


# *About Podiatric Surgery*

*An*

## *Information Booklet for Patients*



Provided by  
The Department of Podiatric Surgery Wye Valley NHS Trust  
In Partnership with  
Gloucestershire Primary Care NHS Trust  
Shropshire County Primary Care NHS Trust  
Powys Local Health Board, Wales

*Based on the Generic Booklet produced by*

*Faculty of Podiatric Surgery, College of Podiatrists, UK  
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## Instructions to patients

Please take time to read this booklet well **before** your planned foot operation. You might want to discuss it with a relative or carer.

It is your responsibility to ask, if you feel you need more information about your foot condition or any proposed treatment.

## Questions & Answers - about Podiatric Surgery and Foot Surgery

### 1 What is the purpose of this booklet?

This booklet has been designed by a working party of podiatric surgeons. It is intended to provide you with additional information about your proposed treatment and assist you in making an informed choice. Information specific to your own planned operation will be provided separately.

### 2 Who is responsible for my care?

Your treatment / surgery will be undertaken / supervised by a podiatric surgeon who is a Fellow of the Faculty of Surgery (College of Podiatrists). Podiatric surgeons are not registered medical practitioners (medical doctors), but are non-medical specialists in the surgical and non-surgical management of problems of the foot and associated structures.

#### **Titles:**

The podiatric surgery team may consist of several different professionals all dedicated to the success of your surgery and for your assistance the common titles are explained below.

#### **Podiatrist:**

A podiatrist has studied for three years to obtain a degree in podiatric medicine and registration with the Health Professions Council. Podiatrists are independent clinicians, qualified to diagnose and treat foot problems. Podiatrists may specialise in particular areas of work e.g. the care of the diabetic patient or sports medicine. With the exception of nail surgery, podiatrists undertake the treatment of foot problems by non-invasive methods (until recently podiatrists were known as chiropodists).

#### **Trainee in Podiatric Surgery:**

A podiatrist who has studied for a further two or three years to complete the initial sections of the Faculty of Surgery exams (or obtained an MSc degree) in the theory of podiatric surgery and is undertaking a formal surgical training programme under the supervision of a consultant Tutor.

#### **Specialist Registrar in Podiatric Surgery:**

A podiatric surgeon who has gained his / her Podiatric Surgical Fellowship (qualification in the practice of podiatric surgery) and is working as part of a continued training programme towards completion of the three year post Fellowship specialist training period.

#### **Podiatric Surgeon:**

A podiatric surgeon is a non-medically qualified specialist in the diagnosis and treatment of foot problems by both surgical and non-surgical methods. A podiatric surgeon has completed the training process and may have their own caseload (a podiatric surgeon is to feet, very much like a dentist is to teeth).

#### **Consultant Podiatric Surgeon:**

After some years of practice within a Health Service Department of Podiatric Surgery, a podiatric surgeon may be appointed as a consultant i.e. the lead clinician appointed by an NHS Trust to provide a podiatric surgery service.

### 3 Does the Department employ trainees?

Many departments are registered podiatric surgery training centres. All such training centres must be approved by the Faculty of Surgery, College of Podiatrists. Training clinicians is essential for the future care of patients.

#### **4 Do I have a choice with regard to my anaesthetic for foot surgery?**

Foot surgery can be undertaken using a number of types of anaesthetic, these are:

- ✓ Local anaesthetic (most common)
- ✓ Local anaesthetic + sedation
- ✓ Spinal anaesthetic
- ✓ General anaesthetic

Not all of these types of anaesthetic may be suitable for you and not all are offered in all centres. You should discuss your preferences with one of the team during your visits to the department. A consultation with the anaesthetist may be required prior to surgery.

##### ***Local Anaesthetic***

Local anaesthetic is by injection into the toe, foot, ankle, near the knee or hip (depending on the area to be made numb). This means you can be awake during your operation, though your foot will be numb and the operation will be screened away from you. You will be able to listen to music or read whilst your operation is done. Many patients choose to have their foot operation using a local anaesthetic. Local anaesthesia has the benefit of lacking the drowsiness or nausea associated with the other alternatives.

##### ***Local Anaesthetic with Sedation***

Sedation normally requires an anaesthetist to be present to administer a sedative through a small needle placed in a vein in the back of the hand. You will still be given a local anaesthetic to avoid pain (this local anaesthetic is performed once you are sufficiently relaxed/asleep). Sedation usually has the benefit for anxious patients of preventing them remembering the operation. **You will not be able to eat or drink for approximately 6-8 hours prior to your surgery.**

##### ***Spinal Anaesthetic***

This requires an anaesthetist to administer a local anaesthetic through a needle into the small of your back to numb the nerves from the waist down to the toes. Sedation may also be used.

##### ***General Anaesthetic***

This is a more complicated procedure and is always performed by an anaesthetist. You will be unconscious. You will still be given a local anaesthetic to avoid excessive post-surgery pain when you wake-up (this local anaesthetic is performed once you are asleep). There are different anaesthetic techniques and the method used will be chosen by your anaesthetist to suit the type of surgery and the anaesthetic facilities. The medical risks of general anaesthetic are slightly greater than with a local anaesthetic. **You will not be able to eat or drink for approximately 6-8 hours prior to your surgery.**

#### **5 Can I eat and drink as usual before my operation?**

If your surgery is going to be undertaken using a local anaesthetic only, then you are able to eat and drink as normal. If your surgery is planned under general anaesthetic / sedation then you should not eat or drink for 6-8 hours prior to your operation. If you have any questions about this, please speak to one of the podiatric surgery team.

#### **6 What will I wear on my foot after my operation?**

We provide most patients with a special post-operative shoe after their foot surgery which will accommodate the bandages.

#### **7 Will I be in a cast after surgery or have to use crutches?**

This will depend on the type of operation you have had. You will be told beforehand if crutches or a cast are required following your operation. You will be shown how to safely use crutches if these are necessary.

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## **8 What do I need to do before I come in for my operation?**

- Check your appointment letter to make sure you know what time to arrive and where to go.
- Take special care to clean your feet including under the nails the day before surgery.
- Remove all nail polish.
- Remove jewellery except for your wedding ring (if you have one).
- Wear loose clothing as a large dressing will be applied after the operation.
- You may bring along a personal stereo player with headphones
- Please make sure you arrange transport to and from the hospital / day surgery unit. You must have a fit and responsible adult to stay with you for **at least** the first night of your operation.
- You should arrange the recommended period of rest for after your operation as advised by your podiatric surgeon.
- If you are under 16 years of age you must have a parent or legal guardian accompany you to all your appointments.
- If you will need to take your regular pre-prescribed medication during your time in the Department, or if you have an inhaler or angina spray or EpiPen, please remember to bring these with you in case you need them.
- If you have been advised to arrange any tablets / medicines by your podiatric surgeon remember to obtain these **prior** to your operation. If you have been asked to obtain these from your own doctor please arrange this well in advance.
- Take any prescribed medicines as normal unless you have been told differently.
- Read any additional information you may be given regarding your admission for surgery.

## **9 What will happen on the day of my operation?**

- You will be asked to come in to the hospital / day surgery unit on the day of your operation.
- When you arrive you will be welcomed by one of the team who will escort you to the admission area where you may be asked to change into a theatre gown.
- The copy of your consent form, held as part of your patient record, will be checked by one of the podiatric surgery team and the proposed operation will be fully re-explained. This is an opportunity for you to ask further questions.
- You may be asked further questions about your general health and have your blood pressure checked,
- The operation site will be clearly marked.
- If you are going to be provided with crutches after your surgery, you will be shown how to use these either before or after your operation.
- If you are having a local anaesthetic this will be given before you are taken into theatre. If you are having a general anaesthetic the anaesthetist will come and speak with you before your operation.
- Your local anaesthetic will be checked for effectiveness by one of the team before you are taken into theatre.
- When the team is ready, you will be conveyed into the operating theatre for your surgery.
- Your foot will be cleaned with surgical scrub and sterile sheets will be placed around the area.
- Your local anaesthetic will be re-checked to make sure the appropriate area of foot is numb.
- A tourniquet (like a blood pressure cuff around your ankle) may be used during your operation. This may be uncomfortable for a short while until your ankle tissues adjust, but most people find it quite acceptable after about 5 minutes.
- After your operation your foot will be bandaged up carefully and you will be transferred back to a recovery area.

**10 What will happen after I have my operation?**

- You will be transferred from theatre to a recovery area.
- One of the team will make sure that you are comfortable and check your dressing.
- It is usual for you to be monitored for about 15-30 minutes after your operation, this varies depending on what operation(s) you have had done and the type of anaesthetic. You may be offered a drink and something to eat.
- A special post-operative shoe or boot (or sometimes a cast) will be applied to the foot.
- One of the team will check you are pain-free, read through and explain your post-operative instructions, including any contact numbers to use in case of a problem.
- You will be discharged home with your escort (who must be a responsible adult).

**11 Can I go home the same day?**

Most foot surgery can be done as a “day case operation” which means that are able to go home the same day. You will need a fit and responsible adult to stay with you for **at least** the first night after your operation.

**12 What happens if I have a problem after my operation?**

You will be provided with an advice sheet to take home after your operation detailing your post operative instructions, and useful information including any contact numbers to use in case of a problem.

**13 Will I need to take time off work after my surgery?**

You are advised to rest after surgery. The amount of time required varies according to the type of operation and your own circumstances. Please refer to the specific operation information leaflet provided by your podiatric surgeon or ask one of the clinic staff.

**14 Will I have to come back to hospital / clinic after my surgery?**

The arrangements for follow-up after podiatric surgery will vary from service to service but you will be informed of what to expect before your operation. In most cases you will be reviewed by one of the podiatric surgery team following your operation.

**15 Will the success of my operation be assessed?**

When you attend the clinic, we will carefully assess the outcome of your operation to ensure that the result is acceptable from a functional and clinical perspective. We will also ask your opinion and whether the result matched your expectation. You will also be sent a patient satisfaction survey to complete so that we can get the fullest picture of how much you have benefitted from the surgery.

## THINGS TO CONSIDER BEFORE HAVING A FOOT OPERATION

This information booklet is not intended to worry you, but is instead provided to ensure that you are fully informed about the problems that can arise following surgery. The intention of any podiatric treatment/operation is to reduce your problem foot pain/deformity; however it is an unfortunate fact that all treatments/operations carry risks. Patients seldom have problems following podiatric surgery and most are pleased with their result. It is hoped that by providing as much information as possible, all your pre-surgery questions will have been answered, however if you have additional questions please do not hesitate to ask a member of the team.

When considering whether or not to have an operation, you need to carefully compare your level of pain/discomfort, its impact on your quality of life (normal domestic/work/sporting activity), against the likely risks as well as intended benefits from any proposed surgery.

For more information including examples to help you in understanding risks, see the BestTreatments website (<http://www.besttreatments.co.uk/btuk/howtouse/7432.html>).

For convenience this section is laid out in alphabetical order.

### **Activity**

You will be required to rest after your operation. How much rest and how much activity you are allowed to undertake will be discussed with you before and after your surgery. Post-operative recovery times vary between patients. For an indication of this please refer to the specific operation information leaflet provided by your podiatric surgeon or ask one of the clinic staff.

### **Alcohol Consumption**

You are advised to avoid alcohol after your foot surgery, whilst on medication. Alcohol may interact with one or more of your medicines in addition to increasing the risk of falls post-operatively.

### **Altered Walking Pattern**

Foot surgery may affect the way you walk. Following foot surgery, patients naturally favour the other foot. This is usually temporary, until the foot settles and you become accustomed to walking normally again. Sometimes we provide a foot splint to help with symptoms.

### **Avascular Necrosis**

This is where part of the bone loses its blood supply. This may occur after an operation or even from simple trauma. The bone may 'weaken' and change shape. Usually the blood supply will return to the bone with time. Sometimes the bone is damaged resulting in problems such as secondary arthritis. This is a very rare occurrence.

### **Being awake during the operation**

If you have elected to have your operation under local anaesthetic you will be awake during your operation. You will not be allowed to see anything during the operation and you will not feel any pain. Your foot / leg will be tested before you enter theatre to ensure you are pain free. We check this again once you are in theatre. In the rare event you feel any discomfort you simply need to notify the nurse and we will be able to deal with this immediately. This is a rare event and most patients are able to chat to one of the nursing team or listen to their music whilst the operation is being performed.

### **Bleeding**

There will be some bleeding post-operatively but the majority of this is controlled during the operation. Infrequently, a haematoma (*a collection of blood*) in the deeper tissues may form. This occurs less than 1% of the time and can be dealt with and generally settles without problems.

### **Chronic Regional Pain Syndrome (Reflex Sympathetic Dystrophy - RSD)**

This is a rare condition, which may occur even after even minor injury and is not always associated with surgery. The condition is very uncommon and can occur after any type of operation. Persistent / chronic pain develops as well as swelling / colour changes and changes to bones of the affected limb. Treatment requires early diagnosis and referral to a pain specialist. Complete resolution of the condition may not always be possible. This is not a predictable event but fortunately uncommon (approximately 3 in 4000).

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**Crutches**

Some operations will require you to use crutches post-operatively. You will be made aware of this before your surgery and you will be instructed on their safe use. If you think you will have difficulty in using crutches please let one of the team know, so that alternative walking aids can be arranged.

**Death**

This is extremely rare and most unlikely to happen, but as with all surgical procedures it remains a remote possibility e.g. as a result of an anaphylactic shock (severe allergic reaction) to an injection. The podiatric surgery team is trained, and the Department equipped to deal with clinical emergencies.

**Delayed healing**

Although you will be given an estimate as to how long the recovery process will take, delays in healing of the soft tissue or bone can occur. Generally, the soft tissue will heal although bone sometimes does not heal properly (see Non-Union). You should remember that the information you have been given is a guide and you should allow for this when planning your recovery.

**Deterioration of symptoms**

The vast majority of patients undergoing foot surgery have their discomfort improved following their operation. Occasionally however, patients have no improvement of symptoms and more rarely, discomfort can actually be made worse than before. It is unfortunately possible to have the appearance of a foot or toe improved by surgery and yet cause the foot or toe to be more painful or problematic. This is the reason that foot surgery for cosmetic reasons is not recommended.

**Driving**

Do not drive after foot surgery, until confidently back in normal footwear otherwise you may damage the operation site and it may invalidate your insurance and be an offence under the Road Traffic Act.

**Failure of the operation**

On average at least 80-90 patients out of 100 are pleased with result of their surgery. The number would depend on the type / complexity of the operation and health of the patient. The important point to note is that despite the very best efforts of the team we cannot guarantee outcomes. This is true of any patient undergoing any surgery. In some operations (e.g. bunion surgery) full correction may not be achieved although symptoms are usually improved.

**Fixation problems**

If we have to utilise metal work (pins / screws / plates / implants) these are normally left in place. In about 10% of patients we may have to remove these if they work loose or cause irritation to the surrounding tissues. Once the bone has healed the metalwork is not required.

**General Anaesthetic\***

General anaesthetics are provided by anaesthetists and you will be unconscious '*asleep*' during your operation. There is a slightly higher risk of medical complications for patients receiving general anaesthetic compared to local anaesthetic. \*NB General Anaesthetic is not available at all sites.

**Infection**

Infection rates are estimated at less than 2% of all surgeries. If infection does develop it is generally superficial, usually treated with antibiotics and resolves very easily. However, although uncommon, infection can get deeper into the bone which is a much more serious complication. This may require a period of hospitalisation, possibly further surgery and a longer course of antibiotics. In rare instances, the infected bone may need removing which could affect your foot permanently. Any infection has the potential to be fatal and foot surgery is no exception. Fortunately, this is extremely rare.

**Joint stiffness**

Surgery near joints e.g. bunion surgery can lead to some joint stiffness. The immobilisation following surgery and healing of the deep tissues near to the joint may be the underlying cause. We will usually give you some gentle exercises to minimise this risk.

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### **Keloids**

Keloids are large unsightly scars which are raised up and may extend beyond the margins of the original wound. This is a rare type of scar. Patients will often have a history of poor scar formation / keloids. We know that certain ethnic backgrounds may predispose to this type of scar e.g. Afro-Caribbean. In patients who have a history of 'keloids' we need to weigh-up very carefully the real risk of 'keloid' developing after surgery. There are some things we can try to minimise the risk but they are not 100% effective. These measures include:

- Use of corticosteroid injections
- Careful incision planning
- Use of zinc creams post-operatively

### **Local Anaesthetic**

Local anaesthetics are medicines which when injected near nerves stop pain. Most of us have experienced a local anaesthetic at the dentist. Foot surgery is readily performed under local anaesthetic and involves injections placed either around the ankle or behind the knee. After the injection has had time to work, which can take several minutes, you will not be able to feel pain in the area affected. Local anaesthetics are extremely safe drugs, however as with any drug, there is a risk associated with their use (e.g. toxic effect about 0.15%).

### **Loss of sensation**

It is possible for you to lose some sensation around or away from the surgical site after surgery. Great care is taken to avoid damage to nerves and it is rare for a major nerve to be damaged. If nerve damage does occur it is more often the tiny nerves to the skin which may leave an area of skin with reduced or altered sensation. This may recover with time and is not usually of a major consequence.

### **Loss of tissue / part of foot / limb**

This would be a very rare complication for the vast majority of patients having foot surgery. However it is possible for injury to blood vessels and or serious infection to lead to loss of tissue which can involve some or all of the foot. The risk of this for healthy patients would be much less than 1%.

### **Metatarsalgia** (*discomfort under the ball of the foot*)

Foot surgery may alter the pressure under the forefoot causing discomfort (or making existing discomfort worse). This may need to be treated with shoe inserts and rarely by further surgery.

### **Non-Union**

This term refers to the situation where bone fails to fuse (join) together as planned. The percentage risk varies greatly depending on the bone or joint in question e.g. Bunion surgery risk is less than 1% and major joint fusion such as talo-navicular joint (big joint near ankle) risk is higher around 10% - 20%. If this situation occurs we may:

- Allow more time for the bones to knit together
- Re-operate on the bone / joint using a graft of bone from another part of your foot / body
- Do nothing if there are no symptoms as a result

### **Numbers of Operations Performed**

In most cases, your treating Consultant or Podiatric Surgeon will have performed a large number of the same operation for which you have been scheduled. In some circumstances however the consultant may have only performed a very small number of such operations. This might be because for example, your operation is not something that is commonly required to be performed. Also sometimes the combinations of different operations required to fix your foot may not be commonly required.

**On-call availability**

On-call arrangements vary depending upon where you live. Some podiatric surgery services provide a specific on-call service, alternatively this may be provided via your GP out-of-hours on-call service A&E or via another arrangement. This information will be provided when you are discharged from the hospital / day surgery unit.

**Oral Contraceptive medication**

Certain (oestrogen containing) oral contraceptive medications are associated with a slight increased risk of thrombosis. You may wish to discuss the implications of this with one of the podiatric surgery team or your own GP. Stopping oral contraceptives means you are at risk of pregnancy unless alternative contraceptive measures are taken.

**Pain**

It is difficult to predict how much pain you will suffer after the operation as this is variable between patients. Generally, the first night is the worse night but advances with local anaesthetics and pain medication means that this can be managed if not avoided.

**Pain Medication**

You may be advised to take medicines after your operation to help control post-operative pain.

**Postoperative pain**

Most people find they have mild to moderate pain after their surgery. The level of pain varies between individuals according to pain threshold and what medications patients are able to take. You will be provided with instructions on what to do should you have any problems immediately after your surgery.

**Pregnancy & Breastfeeding**

If you are pregnant or breastfeeding, or if think you may be pregnant, you should inform the podiatric surgery team of this. The evidence suggests that local anaesthetic is safe for you to have if you are pregnant, however it is advisable to postpone any elective operation (i.e. surgery which is not urgently required due to infection or other immediate clinical risk) until after your pregnancy.

If you are breastfeeding, it is also possible that local anaesthetics as well as anti-sickness drugs or painkillers may be expressed in your breast milk. It is therefore best to avoid the need to take these medicines while you are breastfeeding and so for this reason surgery is usually best postponed.

**Recurrence of the original problem**

It is possible for a problem to recur post-operatively for a number of operations. For example a bunion corrected and looking perfect at 2 weeks post-operatively may deteriorate over time. Recurrence varies greatly for individual operations.

**Rest**

You are strongly advised to rest after your surgery. Resting with your foot elevated and regular use of an ankle/foot ice pack will greatly reduce pain and swelling.

**Scars**

All surgery will create scars. Great care is taken to minimise the scar you will have by carefully placing the incision and taking great care during your operation. Some people will have a discomfort, nerve entrapment or thickening of the scar. This is uncommon, generally short term and, if it does happen, often relates to post-operative infection or to a predisposition to problem scars (see also Keloids). The vast majority of patients have minimal cosmetic defect from their scars. If you have any concerns please speak with one of the team for further advice.

### **Secondary Arthritis**

Some operations, generally joint fusions, lead to an increased risk of arthritis developing in adjacent joints. This is termed “*secondary arthritis*”. Fusion operations are generally performed to deal with pain from arthritic joints or because of instability in the foot. This can place more stress on adjacent joints increasing the risk of secondary arthritis.

### **Shoe difficulty**

Although every effort is made to give as good a result as possible, you may still have difficulty with shoes and, in rare cases have less shoe choice after the operation.

### **Spinal Anaesthetic**

This is performed by an anaesthetist and is an injection of local anaesthetic through a needle into the small of your back to numb the nerves from the waist down to the toes. Spinal Anaesthesia may be used together with sedation.

### **Smoking**

Smoking has the following adverse effects in relation to surgery:

- Delays wound healing
- Is associated with failure of bones to fuse ('knit together'). Risk increase 2.7 times more compared with a non-smoker
- Is associated with increased risk of thrombosis

### **Swelling**

Swelling is always present after surgery as it is part of the normal healing process. Swelling may be minimised by following the post-operative instructions issued to you by the team. Some patients experience prolonged swelling of the foot after surgery (5-10%). Smaller operations usually give rise to minimal swelling whereas larger operations may be associated with greater swelling for longer duration. In a few cases, swelling may be present long term but this is usually painless although it can affect shoe fit.

### **Success / Failure Rates**

Many patients wish to know the overall success rates of individual operations. Sometimes we are able to provide this information based on our own audit data. Sometimes however, where it is a more unusual operation figures may be based on those from the literature. All operations carry risks and patients must accept this before electing to proceed with surgery.

### **Thrombosis**

Thrombosis has been the subject of much discussion recently in relation to flying. A thrombosis is a clot which most often forms in veins of the lower legs e.g. 'Deep Vein Thrombosis'. Risk factors for thrombosis are:

- Previous history of thrombosis
- Individual predisposition
- Smoking
- Certain drugs (e.g. some types of oral contraceptives)
- Damage to vessels and tissue (e.g. surgery)
- Immobilisation

The post surgery thrombosis risk has been calculated at 0.5%, however the more risk factors you possess the greater the chance of a clot forming. It is for this reason that we undertake a questionnaire to allow us to score your risk and where the score is sufficient to warrant it, a course of low-molecular-weight Heparin injections will be arranged to help reduce the risk of thrombosis following your surgery.

Even if this is not required, you should reduce what risk factors you can by the following actions:

- Stop smoking at least 4 weeks prior to your operation and until you are recovered
- Avoid medicines which predispose to clots e.g. oral contraceptives (in discussion with your GP, who will advise you of alternative methods of contraception)
- Follow the exercise regime as recommended by your podiatric surgeon or the team

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## Surgery under Local Anaesthetic General Information for Patients

- Your foot surgery will be performed under local anaesthetic so you may eat your normal meals prior to surgery. It is important to eat breakfast.
- If you wish you may bring a book or magazine to read and a personal cassette/CD/MP3 player, so that you can enjoy your own choice of music.
- Please bathe your feet in warm soapy water, lightly scrub around the sides of the nails with a soft brush. Please remove all traces of nail varnish from your **fingers and toes**.
- You will be asked to undress and put on a theatre gown.  
**In view of this need to change please wear clothes that are easy to take off and put on.**
- You will be able to go home after your operation but you must have a responsible adult to accompany you, wait until you are admitted, and provide you with a lift home. When you are discharged following surgery, it is advisable for you to travel on the rear seat of the car, with your foot elevated
- You must have a responsible adult to stay with you for at least **48 hours\*** after surgery. You will need help at home for at least **3 days\*** after surgery.
- You must not cycle or drive until advised that it is likely for this to be safe.  
***It is a criminal offence to drive when incapacitated after an operation and your insurance may be invalidated and it may be considered to be an offence if you drive with an anaesthetised foot.***
- You will need to see your GP's practice nurse for dressing changes after the surgery, as advised. ***If this is not possible inform us immediately.***
- You should arrange at least the minimum rest period from work following the operation. This is to allow the operation site to heal adequately. For small toe operations this will be about two weeks and for larger operations four to six weeks (*see the specific advice sheet you were given*).
- **Medications** - You should take all your routine medications as usual.
- **Asthma or Angina** - If you are on any medications for these conditions (e.g. Ventolin or Becotide inhalers, Nitrolingual spray) you should bring them with you when you attend the day surgery unit.
- **Pregnancy** – Please let us know if you may be pregnant (*it is advisable to postpone any elective operation i.e. surgery which is not urgently required due to infection or other immediate clinical risk*).
- For your assistance, you will be issued with an explanatory leaflet about your surgery and a copy of the consent form – please do read them.

\*The number of days someone will need to stay with you after your operation will vary depending on the type of surgery. Please take note of the specific advice issued by your podiatric surgeon.

## Surgery under I.V. Sedation & Local Anaesthetic General Information for Patients

Your foot surgery will be performed under intravenous sedation, so that you will be deeply relaxed during your operation. This is not a general anaesthetic, but more like a light sleep. You will not usually remember anything about your operation. Local anaesthetic will also be used to numb the operation site.

***If your operation is in the morning (before 1pm)***

***YOU MUST HAVE NOTHING TO EAT FROM MIDNIGHT but may drink water only until 7.00am.***

***If your operation is in the afternoon, (after 1pm)***

***YOU MAY HAVE A LIGHT BREAKFAST BEFORE 7am and water only until 11.00am.***

- Please bathe your feet in warm soapy water; lightly scrub around the sides of the nails with a soft brush. Please remove all traces of nail varnish from your ***fingers and toes***.
- You will be asked to undress and put on a theatre gown.  
***In view of this need to changem please wear clothes that are easy to take off and put on.***
- You will be able to go home after your operation but you must have a responsible adult to accompany you, wait until you are admitted, and provide you with a lift home. When you are discharged following surgery, it is advisable for you to travel on the rear seat of the car, with your foot elevated
- You must have a responsible adult to stay with you for at least **48 hours\*** after surgery. You will need help at home for at least **3 days\*** after surgery.
- You must not cycle or drive until advised that it is likely for this to be safe.  
***It is a criminal offence to drive when incapacitated after an operation and your insurance may be invalidated and it may be considered to be an offence if you drive with an anaesthetised foot.***
- You will need to see your GP's practice nurse for dressing changes after the surgery, as advised. ***If this is not possible inform us immediately.***
- You should arrange at least the minimum rest period from work following the operation. This is to allow the operation site to heal adequately. For small toe operations this will be about two weeks and for larger operations four to six weeks (*see the specific advice sheet you were given*).
- **Medications** - You should take all your routine medications as usual.
- **Asthma or Angina** - If you are on any medications for these conditions (e.g. Ventolin or Becotide inhalers, Nitrolingual spray) you should bring them with you when you attend the daycase unit.
- **Pregnancy** – Please let us know if you may be pregnant (*it is advisable to postpone any elective operation i.e. surgery which is not urgently required due to infection or other immediate clinical risk*).
- For your assistance, you will be issued with an explanatory leaflet about your surgery and a copy of the consent form – please do read them.

\* The number of days someone will need to stay with you after your operation will vary depending on the type of surgery. Please take note of the specific advice issued by your podiatric surgeon.

For additional information leaflets see our Podiatric Surgery public facing website pages on <http://www.herefordshire.nhs.uk/>

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## **Methicillin Resistant Staphylococcus Aureus** **(M.R.S.A)** **Screening Information for Patients**

### **Who is screened for MRSA?**

All patients who are going to be added to the waiting list for surgery will be screened.

### **What is MRSA and what can it do?**

MRSA is a micro-organism or germ that can be harmlessly carried by many people on their skin and in their noses without causing an infection. It is carried more easily on skin that is broken, for example where there is a cut or a sore. It can sometimes cause wound infections. It is not related to personal hygiene or cleanliness in any way.

### **How can you tell who has MRSA?**

People carrying MRSA do not look or feel different, so it can only be found by taking swabs from skin and wounds.

### **Why is it important?**

Special care is taken if MRSA germs are found because it is resistant to certain commonly used antibiotics. If MRSA were to cause a wound infection it would be more difficult to treat.

### **How can the spread of MRSA be prevented?**

MRSA can be cleared by the use of antibiotics and skin treatments in those who carry it. The only way of knowing who is carrying MRSA is to take swabs. This process is called **MRSA Screening** and will be carried out by the nurse when you attend for pre-operative assessment.

### **At your Pre-Surgery Appointment,**

If you are added to the waiting list for surgery, it will be necessary for the nurse to take swabs from your nose, and groin. This will not hurt and only takes a few minutes. It is important that you do not use deodorants or talcum powder in these areas on the day of this appointment.

### **What if I am Carrying MRSA?**

If you are found to be carrying MRSA a course of treatment will be prescribed for you. This will involve the use of creams, powder and body washes over a period of 5 days.

For additional information leaflets see our Podiatric Surgery public facing website pages on <http://www.herefordshire.nhs.uk/>

## ICE THERAPY

### Answers to Common Questions

Ice therapy is an effective way to manage an acute soft tissue injury, such as muscular strains or tendon inflammation and post-operative swelling.

- An ice pack is needed for this treatment. At home, an item such as a bag of frozen peas/vegetables is a good substitute (*a vegetable pack used in this way must then be kept for this purpose only - and no longer considered as a food product*).
- Ensure that the frozen item is wrapped in a towel before applying to the skin. Frozen gel packs and ice taken straight from the freezer may cause tissue damage and even frostbite if applied directly to the skin. Deep penetration of cold is necessary to have any effect on muscle tissue, thus topical sprays can have little effect.
- Apply the ice pack to the affected area (normally where you feel the pain), ask a member of the clinical team to show you this if you are unsure.
- Leave the ice pack in place for 20 minutes. **Do not extend the treatment time.** A shorter treatment time may mean the treatment is less effective.
- Repeat this \_\_\_\_\_ times a day.

Using repeated rather than continuous ice applications helps sustain reduced muscle temperature without compromising the skin and allows the superficial skin temperature to return to normal while deeper muscle temperature remains low.

Athletes should beware of rushing straight back onto the track or field following ice therapy, since reflex activity and motor function are impaired temporarily, leaving patients more susceptible to injury for up to 30 minutes following ice treatment.

Information produced in this leaflet has been taken from a systematic review of the literature on ice therapy published by DC MacAuley, Professor of Primary Health Care at Ulster University. (*International Journal of Sports Medicine* 2001 Jul 22(5), pp379-84)

For additional information leaflets see our Podiatric Surgery public facing website pages on <http://www.herefordshire.nhs.uk/>



# APPENDIX D

Wye Valley 

NHS Trust

The Department of Podiatric Surgery

Vaughan Building

Ruckhall Lane

Belmont

Hereford

HR2 9RP

Tel: 01432 344344

Fax: 01432 363900

[www.herefordshire.nhs.uk](http://www.herefordshire.nhs.uk)

## SURGERY WAITING LIST INFORMATION for PODIATRIC DAY SURGERY PATIENTS

To enable us to provide as efficient and effective a service as possible, please read the following Departmental guidelines. If you have any questions regarding this please speak to a member of the team.

If surgery has been explained by our podiatric surgeons as an appropriate option and you have provided informed consent, the next step is to arrange your operation.

You will only be placed on our day case waiting list if you are able to attend for surgery within the next 2 months. Remember that you need to allow for up to 8 weeks post operative recovery period, during which time you may not be able to return to work or go on holiday. You must not have flown long haul (ie 3 hours or more), for at least 3 weeks prior to your surgery date.

Your surgery will be carried out by one of the podiatric surgeons in the team (but we cannot guarantee that this will be the clinician whom you may have seen at outpatient appointments).

You must notify the Department of any changes to your health as this may alter or delay your proposed treatment.

On the day of your surgery you can expect to be with us for either a morning or an afternoon.

If you attend for day surgery but your operation has to be deferred for medical reasons, you will be referred back to your GP, who will then inform us when you are fit to proceed with surgery.

If your operation has to be postponed due to the requirements of the Department (staff illness etc) you will then be a priority and given the next available appointment.

If you cancel your operation date and are unable to agree an alternative date within 3 months of the original date you will be removed from the waiting list and referred back to your GP.

Patients who do not attend for surgery without giving a valid reason will be removed from the waiting list.

**NB** If you are offered a short notice cancellation appointment and are unable to accept this there is no cause for concern, your existing status on the waiting list will not be affected.

For additional information leaflets see our Podiatric Surgery public facing website pages on <http://www.herefordshire.nhs.uk/>

**THIS INFORMATION IS INTENDED AS A GUIDE ONLY**

# APPENDIX E

PATIENT LABEL

Wye Valley **NHS**

NHS Trust  
Department of Podiatric Surgery  
Vaughan Building  
Ruckhall Lane  
Hereford  
HR2 9RP

## **Information Sheet for Patients Added to the Podiatric Surgery Waiting List**

At your consultation today, you requested surgery for your foot problem, and you have therefore been added to our surgery waiting list. We cannot give you the operation appointment today, as we have to process various pieces of information to ensure everything is on order for you.

### **WHAT YOU NEED TO DO TO OBTAIN YOUR OPERATION DATE AND TIME:**

You need to phone the theatre appointment secretary **no sooner** than 5 working days from today to book your operation date.

### **THINGS TO HAVE ORGANISED BEFORE YOU PHONE TO ARRANGE YOUR SURGERY DATE:**

- You need to be able to avoid extended travel and be able to take the required period of recovery from work/activity after your operation (see your specific operation advice which will detail this period).
- You should not fly long haul (more than 3 hours) 3 weeks before and 3 weeks after your surgery, due to a small increase in the risk of a blood clot.
- You must have arranged someone to drive you to, and collect you from, the Day Surgery Unit.
- You must have arranged someone to stay with you for a minimum of 1 day and night following the operation. This will increase depending on the type of surgery you are having.  
*Remember your carers may need to arrange time-off from work.*
- You may need to arrange care for relatives (if you usually care for them).

### **INFORMATION TO HAVE IN FRONT OF YOU WHEN YOU PHONE TO ARRANGE YOUR SURGERY DATE:**

- Your hospital number (see the RLQ number on the label – top left of this sheet).
- Any dates that are unsuitable – please take into account your post op recovery period.
- Your home telephone number and mobile telephone number.
- 

You can book your operation date by phoning **01432 363994**

- **Monday** 2.00pm – 5.30pm
- **Tuesday** 9.00am – 12.30pm
- **Wednesday** 2.00pm – 5.30pm
- **Thursday** 9.00am – 12.30pm

If you do not ring within 1 month you will be sent a reminder and if you fail to respond within a month after this letter, you will be removed from our waiting list and referred back to your GP.

When you book your operation date you will also be given a date for a pre-operative consultation with a nurse. This consultation will take place a few weeks prior to your operation and will take approximately 30 minutes. During this consultation the nurse will discuss your pre and post operative care, check any test results and perform any relevant investigations e.g. MRSA screening. If you have any questions about this appointment, please ring the nurse on 01432 363902, extension 3706. NB: If you fail to attend for this appointment, you will be removed from our waiting list and referred back to your GP.

Other information:

- Your Podiatric Surgeon may not be the clinician you have seen in outpatient clinic.
- Even if you book a theatre appointment when a particular surgeon is scheduled to be operating, it is not an absolute guarantee that your surgery will be carried out by your preferred surgeon.
- If you are unable to comply with the various instructions given by the Consultant/Nurse, we will discuss this with you and if we consider you to be an unsuitable candidate for day surgery, you will be taken off the waiting list and referred back to your GP.
- If you do not attend your pre-operative assessment appointment your operation will be cancelled and you will be taken off the waiting list and referred back to your GP.
- If you cancel your agreed operation date you may be put to the bottom of the waiting list or referred back to your GP.
- On rare occasions, the date of your operation may have to be changed by the Department of Podiatric Surgery due to unforeseen circumstances. This seldom happens, but if it does, we will offer the next available theatre date.

If you have any queries about the information above please ring the Department on 01432 363902.

**THIS INFORMATION IS INTENDED AS A GUIDE ONLY**

## **INFORMATION SHEET FOR PATIENTS REQUESTING SURGERY**

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### **UNABLE TO COMMIT TO ATTEND FOR SURGERY WITHIN 2 MONTHS**

At your consultation today you requested surgery for your foot problem in the near future, but you were unable to commit to attend for your operation within the next 2 months.

We have not been able to add you to our surgery waiting list today as we maintain our waiting list efficiently by adding only those patients who are able to commit to attend for surgery within 2 months of being added to the list.

However, in order to reduce you having to attend the Department more than necessary we have retained the information necessary to ensure that you can phone us and add yourself to the waiting list as soon as you have made your personal arrangements necessary to allow you to commit to attend for your operation within the 2 months of being added to the list.

**As soon as you are able to commit to having your surgery within 2 months of being added to the list, you need to phone the theatre appointment secretary on 01432 363994 as explained below:**

#### **THINGS TO HAVE ORGANISED BEFORE YOU PHONE TO ARRANGE YOUR SURGERY DATE:**

- You need to be able to avoid extended travel and be able to take the required period of recovery from work/activity after your operation (see your specific operation advice which will detail this period).
- You should not fly long haul (more than 3 hours) 3 weeks before and 3 weeks after your surgery, due to a small increase in the risk of a blood clot.
- You must have arranged someone to drive you to, and collect you from, the Day Surgery Unit.
- You must have arranged someone to stay with you for a minimum of 1 day and night following the operation. This will increase depending on the type of surgery you are having.  
*Remember your carers may need to arrange time-off from work.*
- You may need to arrange care for relatives (if you usually care for them).

#### **INFORMATION TO HAVE IN FRONT OF YOU WHEN YOU PHONE TO ARRANGE YOUR SURGERY DATE:**

- Your hospital number (which starts with RLQ.....)
- Any dates that are unsuitable – please take into account your post op recovery period.
- Your home telephone number and mobile telephone number.

**You can book your operation date by phoning 01432 363994**

- **Monday**                    **2.00pm – 5.30pm**
- **Tuesday**                **9.00am – 12.30pm**
- **Wednesday**           **2.00pm – 5.30pm**
- **Thursday**               **9.00am – 12.30pm**

If you do not ring within 1 month you will be sent a reminder and if you fail to respond within a month after this letter, you will be removed from our waiting list and referred back to your GP.

When you book your operation date you will also be given a date for a pre-operative consultation with a nurse. This consultation will take place a few weeks prior to your operation and will take approximately 30 minutes. During this consultation the nurse will discuss your pre and post operative care, check any test results and perform any relevant investigations eg MRSA screening. If you have any questions about this appointment, please ring the nurse on 01432 363902, extension 3706. NB: If you fail to attend for this appointment, you will be removed from our waiting list and referred back to your GP.

Other information:

- Your Podiatric Surgeon may not be the clinician you have seen in outpatient clinic.
- Even if you book a theatre appointment when a particular surgeon is scheduled to be operating, it is not an absolute guarantee that your surgery will be carried out by your preferred surgeon.
- If you are unable to comply with the various instructions given by the Consultant/Nurse, we will discuss this with you and if we consider you to be an unsuitable candidate for day surgery, you will be taken off the waiting list and referred back to your GP.
- If you do not attend your pre-operative assessment appointment, your operation will be cancelled and you will be taken off the waiting list and referred back to your GP.
- If you cancel your agreed operation date you may be put to the bottom of the waiting list or referred back to your GP.
- On rare occasions, the date of your operation may have to be changed by the Department of Podiatric Surgery due to unforeseen circumstances. This seldom happens, but if it does, we will offer the next available theatre date.

If you have any queries about the information above please ring the Department on 01432 363902.

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