



Post -Operative Instructions

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Proper care during the post-operative period is an integral part of your surgical treatment program. It is imperative that these instructions are followed to ensure proper healing and to obtain the best results.

1. Go directly home. Keep your foot elevated in the car.
2. Elevate your feet above your heart keeping your knees bent slightly.
3. If necessary, bedding may be kept from irritating the surgical site by use of a cardboard box to cradle the covers over the feet. Apply a waterproof ice bag covered with a towel over the ankle or behind the knee for 30 minutes on and 10 minutes off for the first three days. Do not apply during sleep. If you have a cast or splint, you may apply the ice pack to the back of the knee.
4. Limited swelling is expected. Occasionally, the skin may take on a bruised appearance. This is normal. The ends of your toes should be a healthy pink color that blanches when you touch them. The healthy pink color should return within 3-4 seconds after touching them.
5. **Keep your bandages/cast clean and dry. DO NOT** remove the bandages or inspect the wound. A small amount of blood on the bandage is normal. If you see excessive bleeding, **call your doctor.**
6. **NO SHOWERS.** Cover the bandages with a plastic bag and hang your leg outside the tub while bathing. If you have been instructed to sponge bathe, do so. You must keep this area completely dry. If you get your dressing wet, **CALL YOUR DOCTOR IMMEDIATELY.**
7. Exercise your leg frequently by bending your knees and ankles to stimulate circulation and speed healing. Lay on your back with your foot in the air. Bend and straighten your knee and ankle.
8. Have your prescriptions filled and take your medications as directed. If medications cause stomach upset, headache, rash, or other abnormal reactions, discontinue their use and **CALL THE DOCTOR.**
9. Curtail or discontinue the use of tobacco products and alcoholic beverages.
10. Do not operate machinery, drive a car, or make any important decisions for at least 24 hours after your surgery.
11. If you have a surgical shoe, cast shoe, crutches, walker, or wheelchair, use them as directed and instructed.
12. Limit your activities to bathroom privileges only the first three days following surgery.
 - a. You may place your weight on your foot only while wearing the surgical boot/shoe
 - b. You may only put weight on your heel while wearing the surgical boot/shoe.
 - c. You may not put any weight on your foot until otherwise instructed by your doctor
 - d. You may not put any weight on your cast and should walk only with the crutches/walker
 - e. You may put weight on the cast while using crutches/walker to stabilize you
 - f. Use crutches/walker as directed
13. You should get plenty of rest with the foot elevated. Drink plenty of fluids. Start of eating light with some fluids, soup, etc. Slowly progress to a normal, well balanced diet.
14. Take your temperature three times each day until your follow-up visit. Do not drink or eat anything hot or cold within thirty minutes of taking your temperature. **Call your doctor immediately if your temperature is 100 degrees or greater.**
15. Do not stay alone for the first 24 hours following surgery. A responsible adult should be with you.
16. If you have any problems, concerns, or questions, call your doctor anytime. He is available 24 hours a day. Also, contact the doctor immediately if: You should bump or injure the surgical site Your medications do not stop your discomfort

Your follow-up appointment is _____ with Dr. _____ at _____.

I have read and understand the above instructions. I agree to fully comply with these instructions

I have read the post-operative instructions and completely understand them. I have received a copy of my post-operative instructions to take home.

I understand that the outcome of my surgical procedure is dependent upon strict compliance with these instructions. I further understand that failure to follow these post-operative instructions jeopardizes the success of the surgical procedure. I also understand that my surgeon cannot be held accountable for a failure on my to comply with these instructions

Patient Signature: _____ Date _____ Reviewer Signature: _____