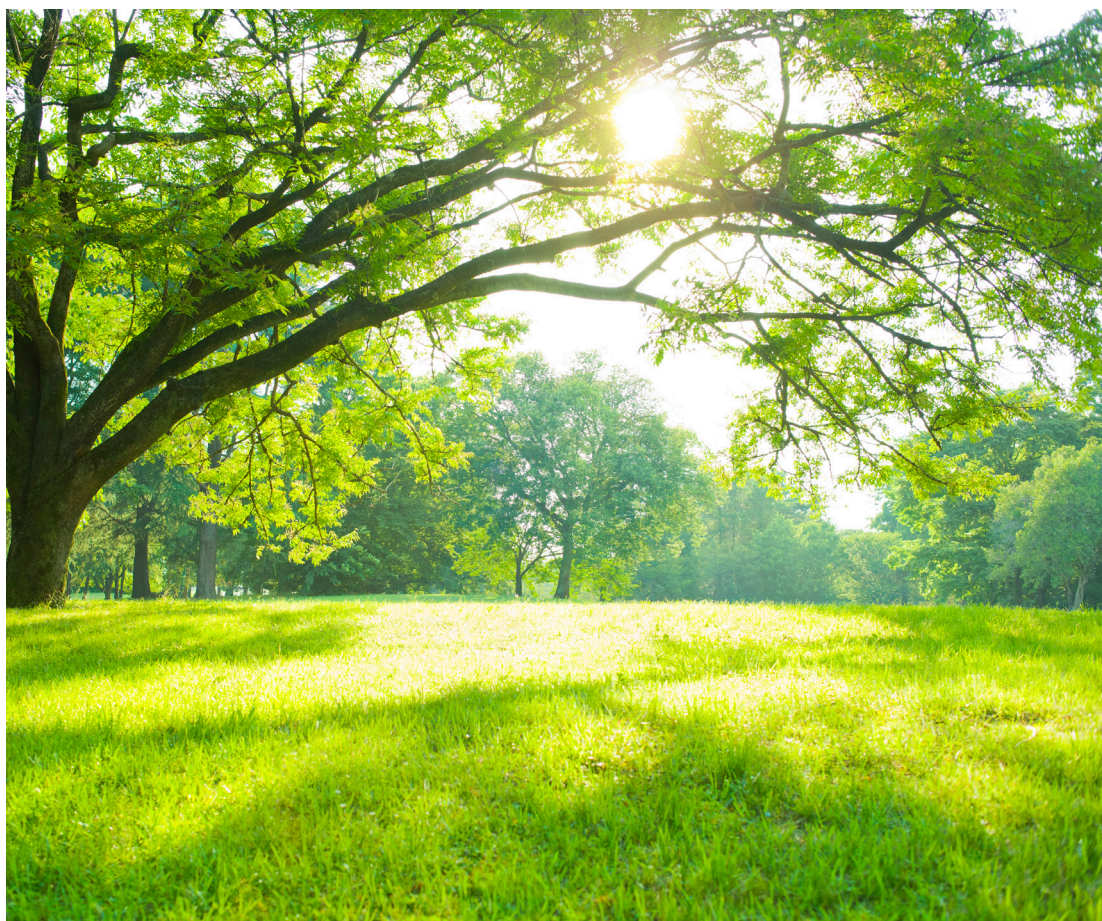


Ankle Replacement



Please bring this book to:

- appointments with your surgeon
the hospital on the day of surgery
 - therapy sessions
- physical therapy appointments.

Your name

Surgery date

Your follow-up appointment with your surgeon is:

Date

Time

Surgeon

Phone number

Important

Be sure to look in the back-pocket folder of this book for more important information!

Ankle Replacement

First edition

Developed by Allina Health

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The publisher believes that information in this manual was accurate at the time the manual was published. However, because of the rapidly changing state of scientific and medical knowledge, some of the facts and recommendations in the manual may be out-of-date by the time you read it. Your health care provider is the best source for current information and medical advice in your particular situation.

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Disclaimer

This publication is for general information only and is not intended to provide specific advice or recommendations for any individual. The information it contains cannot be used to diagnose medical conditions or prescribe treatment. The information provided is designed to support, not replace, the relationship that exists between a patient and his/her existing physician.

For specific information about your health condition, please contact your health care provider.



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Introduction

Welcome

How do you make your surgery a positive and meaningful experience? Many people and their care circles find it helpful to learn as much as they can before surgery.

This book was created to help you prepare for surgery and guide you through your recovery. The information is not meant to replace advice you receive from your health care team.

Try to read the entire book before your surgery. Read it at your own pace and write your questions in the margins.

Bring this book with you when you come to the hospital for your surgery. Your health care team will work with you and your care circle to create a recovery plan that is right for you. They will be available to answer any questions you have.

Your health care team looks forward to caring for you!

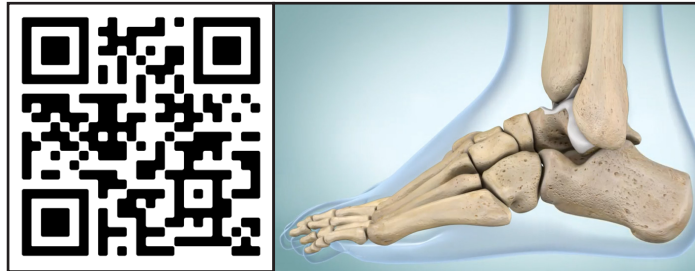
Your Health Care Team

Did You Know?

You can call 612-262-4930 to get more information about the cost of your surgery.

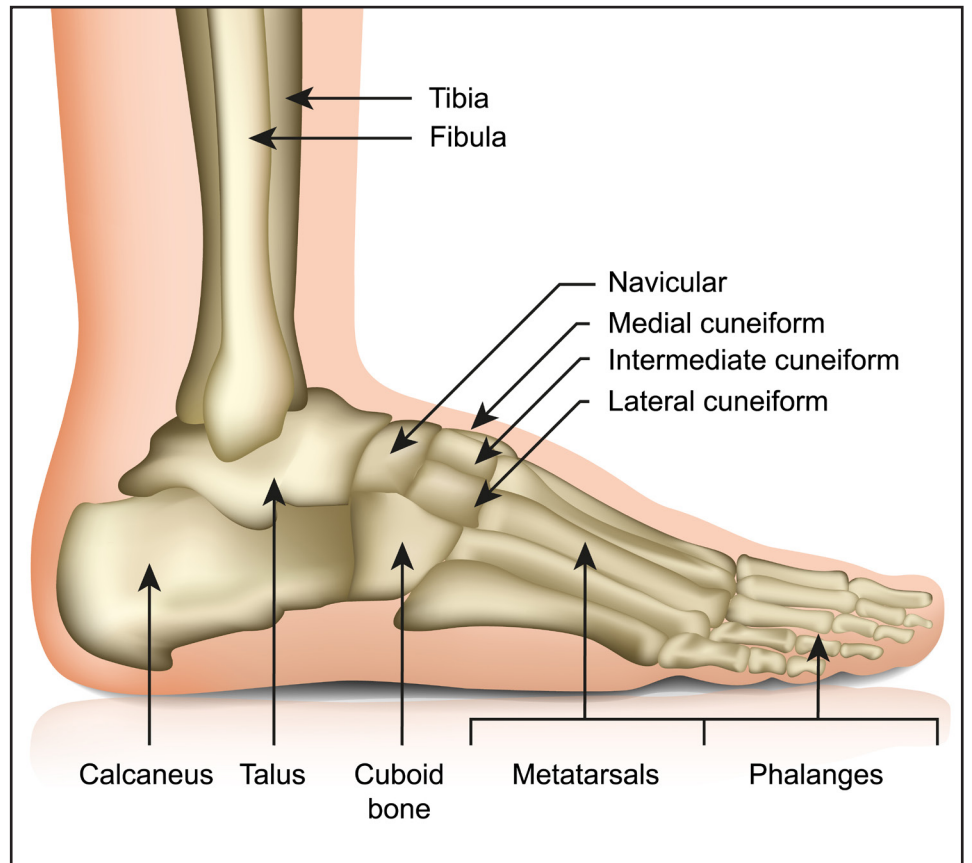
As you prepare for your ankle surgery and recovery, your health care team will work with your surgeon to help you along your journey.

Members of your health care team may include doctors, physician assistants, nurses, nursing assistants, social workers, case managers, and physical and occupational therapists. You may also be visited by a dietitian, respiratory therapist or chaplain.



Watch this video at allinahealth.healthclips.com to learn more about ankle replacement surgery.

The Normal Ankle



The ankle (talocrural joint) is a complex hinge joint that connects the bones of your leg (fibula and tibia) with bones in your foot (the talus).

The ankle has 3 joints supported by ligaments and tendons:

- the talocrural joint. A hinge joint that connects the bones in your lower leg to your foot. The joint allows up and down movement of your foot.
- the subtalar joint tilts your foot.
- the inferior tibiofibular joints. Located between the tibia and fibula. This joint adds stability to your foot and ankle.

The Problem Ankle

In the problem ankle, the worn cartilage no longer serves as a cushion. When cartilage becomes damaged by an injury or by disease, the ankle joint cannot move smoothly.

As the cartilage wears away from the bones, the bones rub together and become irregular, creating a rough surface. The bones in your ankle grind when you move causing pain and stiffness.

As the pain worsens, you will try not to use the joint as much. This causes the muscles to weaken and the joint to feel unstable and less able to support your body weight.

An X-ray can determine the extent of joint damage.

After Ankle Replacement

An ankle joint replacement is an option to relieve your pain and instability. Ankle replacement surgery removes damaged bone and cartilage and replaces it with an artificial joint (prosthesis).



This X-ray shows an ankle after ankle replacement surgery.

Chapter 1: Before Surgery

Your Health History and Physical Exam

Important

Your health history and physical exam needs to be done within 30 days before your surgery.

It is recommended to have the exam done 14 to 30 days before surgery.

Your primary care provider should do a health history and physical exam before your surgery. Call your primary care provider to schedule your appointment.

During the exam, your primary care provider will:

- evaluate your current health status
- review and perform any tests or imaging needed before surgery
- make sure you are ready for surgery.

If you take any medicines, make sure your primary care provider gives you instructions for the following:

- taking your medicines the morning of surgery
- stopping any prescription or over-the-counter medicines before your surgery

Diabetes

Important

Be sure to follow any instructions given to you by your health care provider who manages your diabetes.

If you have diabetes, it is important to have good blood glucose levels before and after surgery. This will help you heal better after surgery and lower your risk of infection.

It is recommended for you to have an A1c level lower than 7.5 percent within 3 months before your surgery. The stress of surgery can sometimes increase your blood glucose level after surgery. You may be given insulin to control your blood glucose while you are in the hospital.

Blood Levels Before Surgery

Did You Know?

Hemoglobin is the most important part of a red blood cell. The protein carries oxygen from your lungs to your tissues. Hemoglobin also takes carbon dioxide from the tissues to the lungs. You breathe out the carbon dioxide when you exhale.

It is important to have normal blood (hemoglobin) levels before your surgery. This will help you handle surgery better and lower your risk of needing a blood transfusion while you are in the hospital.

Talk with your primary care provider about your blood levels before surgery. Your surgery may need to be rescheduled if they are low before surgery. This will give your primary care provider time to find out why they are low and give you any treatments needed to get your blood levels back to normal.

Your blood levels may be low after surgery. This is normal. It may take a few months for your blood levels to go back to normal. You and your health care team will work together to find the best way to make sure your blood levels return to normal after surgery.

Talk with your health care provider if you are on a blood thinning medicine.

Personal Support Coach

Tip

Select your personal support coach **before** your surgery so your coach can make plans to be able to help you as needed after your surgery.

You are encouraged to select a member of your care circle to be your personal support coach. He or she will support and encourage you to meet milestones during your recovery.

Your personal support coach may also:

- be available during your surgery and recovery
- go to therapy sessions with you
- be with you as you receive your discharge instructions
- be available to help you in your recovery.

Recommended qualities in a coach

C – Caring and compassionate cheerleader

O – Offer comfort and support during your recovery

A – Available to actively participate and help with your rehabilitation

C – Communicate with you and your health care team

H – Help, listen and encourage your return to normal activity

Insurance Coverage

Health care benefits change and differ from plan to plan and provider to provider. It is important for you to understand your health care benefits before your surgery.

Now is a good time to call your insurance provider and find out exactly what is and is not covered under your plan, and how much you have to pay yourself. Use the worksheet on the next page to help you determine your insurance coverage.

Important

If home health care or short-term rehab services are covered by your health insurance, you will still need to qualify for these services.

For example, if you are moving well and are medically stable when you leave the hospital, you may not meet the guidelines for these services. In this case, you may have to pay out-of-pocket for these services if you want them. It is important to have other plans in place in case you do not meet the guidelines.

Determining Your Health Insurance Coverage

Health care benefits change and differ from plan to plan and provider to provider. You are responsible for knowing what your health plan covers. **Call your insurance provider at least 2 weeks before your surgery to learn about your specific coverage.** Look for the phone number on your membership card.

Your surgeon's office will call your insurance provider to determine if pre-approval (prior authorization) is needed and get the pre-approval for you. **Important:** If you change your insurance plan after your first appointment for surgery, let your surgeon's office know right away. A new pre-approval can take up to 3 weeks.

Insurance provider phone number: _____

Policy number: _____

Date/Time of call: _____ Person spoken to: _____

- I am scheduled for ankle replacement surgery at _____.
Is this hospital or surgery center in network? yes no
- Do I have a deductible? yes no If yes, how much is left? \$_____
How much will my insurance provider pay (co-insurance) after I've met my deductible? \$_____
Do I have a maximum out-of-pocket amount for the year? yes no
- If you need a hospital stay, will more hospital days be covered if there are problems (complications)? yes no
- If I need medical equipment, am I pre-approved for it? yes no
Do I have to get the medical equipment from a specific source? yes no
If yes, from whom? _____
Do I need a prescription for the equipment? yes no
- If I cannot return to my normal home life right after discharge, do I have benefits for rehabilitation and physical therapy? yes no

Using the table below, review the possible needs and financial concerns with your insurance provider. Ask specific questions to help you get a clear idea of your coverage. Be prepared to share this information with your health care team.

Type	Amount insurance pays	My co-pay	Deductible
Home health care			
Outpatient therapy			
After-surgery medicines			
Medical equipment (chapter 6)			
Transportation* (leaving the hospital)			
Short-term rehab** (if you medically qualify by your insurance provider)			

***Transportation services are usually not covered by insurance companies. Plan ahead and arrange for a member of your care circle to drive you home in a comfortable vehicle after you leave the hospital.**

****Short-term rehab is also referred to as transitional care. It takes place in a skilled nursing facility such as a transitional care center or transitional care unit (TCU).**

Pre-registration

After your surgery has been scheduled, you will receive a call before your surgery to complete pre-registration information. Have the following information ready:

- full legal name and address (including county)
- home phone number
- date of birth
- marital status
- Social Security number
- name of insurance policyholder, address, phone number, work address and work phone number (if insurance is through an employer)
- name of your insurance company, mailing address, policy and group numbers, and copy of insurance card (Note to Medicare beneficiaries: Medicare requires an additional series of questions.)
- name, address and phone number of your employer, and your job title
- name, address and phone number of the nearest relative or spouse if applicable
- name and phone number of someone to call in case of an emergency (can be the same as nearest relative).

Advance Care Planning

How to Get Started

Allina Health offers three ways to help you get started:

1. Sign up for a free advance care planning class at allinahealth.org/acpclass.
2. Fill out a free, secure health care directive online. Go to account.allinahealth.org to create an account.
3. Print out a health care directive at allinahealth.org/acp.

Planning for your future health care

Advance care planning is the process of giving information to others about your health care choices in case illness or injury prevents you from telling them yourself.

Talk with members of your care circle about your health care choices. This is a time for you to share:

- what kind of care and treatment you do or do not want
- your wishes, goals and values and how they relate to your health care choices for the future.

You can put your health care choices in writing by creating a health care directive. Members of your care circle and your health care providers will use this document to interpret and understand your wishes, goals and values for your future health care needs.

Medicine Use Before Surgery

Important

Tell your health care team which medicines you took the morning of surgery and what time you took them.

Certain medicines can cause problems (complications) with your surgery unless you stop taking them before surgery.

Talk with your health care provider about **all of the medicines** you take (including prescription medicines such as diabetes medicines, over-the-counter medicines, herbals, vitamins or other supplements) at least 10 days before surgery. Make sure to ask for instructions if you take blood thinners, a combination medicine or medicine to treat an immune disorder. Use the worksheet on the next page to write down medicines you need to continue or stop taking before surgery.



Medicines to keep taking before surgery



If you take any of the medicines on the following list, take your morning dose with a small sip of water before you go to the hospital.

- beta blockers such as atenolol (Tenormin[®]), carvedilol (Coreg[®]) or metoprolol (Lopressor[®])
- any heart medicine such as anti-arrhythmics or calcium channel blockers like diltiazem (Cardizem[®], Dilacor XR[®]), verapamil (Calan[®], Isoptin[®], Verelan[®]) or amlodipine (Norvasc[®])
- asthma medicine (including an inhaler, steroids or both)
- acid reflux medicine
- pain medicine if needed
- seizure medicine

Follow any instructions your health care provider gives you.



Medicines to stop taking before surgery



It is important that you stop taking the following medicines 1 week before surgery or as directed by your health care provider.

- aspirin or medicines that contain aspirin
- blood-thinning medicines such as warfarin (Jantoven[®])
- anti-inflammatories such as ibuprofen (Motrin[®], Advil[®]) or naproxen (Aleve[®])

Follow any instructions your health care provider gives you.

Quit Tobacco for Your Surgery

Did You Know?

Tobacco products contain more than 7,000 chemicals. More than 70 are known to cause cancer.

Important

Secondhand smoke causes as much damage to healing as if you were smoking.

If you live with someone who smokes, ask him or her to smoke outside for at least the time of your recovery.

Tobacco and surgery risks

Tobacco products include cigarettes, electronic nicotine delivery systems (ENDS, includes e-cigarettes), cigars, smokeless tobacco (dip or chew), hookahs, pipes, roll-your-own, and oral nicotine products.

Using tobacco increases your risk of the following during and after surgery:

- heart problems
- lung problems (complications) such as pneumonia
- infections such as infections of your surgery site (incision)
- blood clots
- slower healing of your surgery site
- higher levels of pain and more problems with pain control.

Tobacco use keeps oxygen from reaching your surgery site and it can increase your recovery time.

Benefits of quitting

- Research shows that quitting 4 weeks before surgery can reduce any problems after surgery up to 30 percent.
- People who quit smoking report having better pain control.
- Your body responds quickly to quitting:
 - **8 hours:** the carbon monoxide level in your blood drops to normal. The oxygen level in your blood increases to normal.
 - **48 hours:** Nerve endings start to grow again.
 - **2 weeks:** Your circulation improves and your lung function increases. (Source: World Health Organization)

Did You Know?

Using your surgery as a motivator to quit tobacco increases your success rate of quitting for good.

Nicotine Replacement Therapy (NRT)

NRT can nearly double your chances of successfully staying off cigarettes. It works best if you use it with the help of a doctor or counselor.

Ask your health care provider about using NRT around the time of surgery.

Go to quitforsurgery.com to learn more.

When you should quit

Using tobacco products can slow your healing and cause problems (complications). Your surgeon recommends you stop using tobacco products for:

- 2 weeks before your surgery and
- 4 weeks after your surgery.

Talk with your surgeon about your plan for quitting tobacco. Your surgery could be rescheduled or canceled if you don't follow the plan.

If you quit for surgery, you double the chance of staying off cigarettes for good. Many people report they have no cravings while in the hospital.

Not ready to quit? Consider taking a break!

If quitting tobacco makes you feel nervous and seems overwhelming, consider taking a break or a vacation from tobacco use.

- You will get the physical benefits for the period of time that you are not using tobacco.
- You will reduce your risk of problems during surgery and still increase your chances of a smooth recovery after surgery.

If you can, set a goal to stop using tobacco for 1 month after your surgery. This will allow your body to heal the best after your surgery.

Ways to quit or take a break

- abrupt stop (cold turkey)
- nicotine replacement therapy (gum, lozenge, patch or inhaler)
- medicines (varenicline and Zyban®)
- behavioral strategies (such as calling a friend or going for a walk)
- aromatherapy (black pepper oil)
- take a break (vacation) from tobacco.

Any step you take without tobacco is going to help you. Small steps are better than nothing!



Product-specific Resources

- financial aid Nicotrol® inhaler
 - 1-844-989-PATH (7284)
 - pfizerrxpathways.com
- Plant Extracts aromatherapy
 - 1-877-999-4236
 - plantextractsinc.com

Resources to help you quit

Allina Health (for your hospital stay)

- Tobacco Intervention Program at Abbott Northwestern Hospital
 - 612-863-1648
- Tobacco Intervention Program at Mercy Hospital
 - 763-236-8008
- Tobacco Intervention Program at River Falls Area Hospital
 - 715-307-6075
- Tobacco Intervention Services at Allina Health United Hospital – Hastings Regina Campus
 - 715-307-6075
- *United Hospital Lung and Sleep Clinic Tobacco Cessation Program
 - 651-726-6200
- *Penny George™ Institute for Health and Healing (LiveWell Center) tobacco intervention coaching
 - 612-863-5178

Other

- Quit Partner
 - 1-800-QUIT-NOW (1-800-784-8669) or quitpartnermn.com
 - American Indian: 1-833-9AI-QUIT or aiquit.com
 - Spanish: 1-855-DEJELO-YA (1-855-335-3569) or quitpartnermn.com/es
 - asiansmokersquitline.org
- online tobacco cessation support
 - smokefree.gov
- American Lung Association/Tobacco Quit Line
 - 651-227-8014 or 1-800-586-4872
- *Mayo Clinic Nicotine Dependence Center's Residential Treatment Program
 - 1-800-344-5984 or 1-507-266-1930

***There may be a cost to you. Check with your insurance provider.**

Chapter 2: Preparing for Surgery

Before Surgery Exercise Program



You may have discovered you have been less active because of your ankle joint discomfort. When muscles are not used, they become weak and do not perform well in supporting and moving your body.

Ankle surgery will correct the joint problem, but you will need a regular exercise program to strengthen and stretch your muscles to properly support your new joint.

Beginning an exercise program before surgery can greatly help your recovery.

The following pages list several exercises for you to work on before your surgery. Because everyone responds to exercise differently, you need to be the judge of how much exercise you can do each day. **If an exercise causes an increase in discomfort, stop doing that exercise.**

You should try to exercise 1 to 2 times a day, every day, before surgery. Work up to doing 10 to 20 repetitions of each exercise. It may be helpful to do these exercises on both legs.

For the most comfort, do the exercises lying down. Your bed is an excellent place to do your exercises.

Walking

Tip

See chapter 5 for information about starting a walking program.

Important

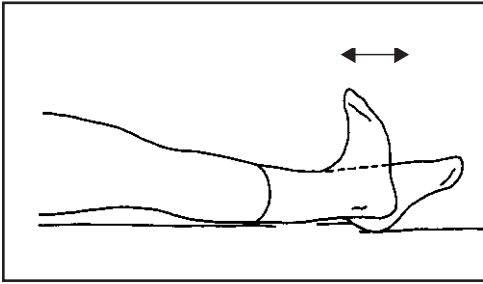
Do not walk if it causes pain or swelling.

Walking before surgery can help you have a successful recovery. Regular walking can also help to:

- prevent constipation
- make you feel better
- manage your weight
- improve muscle tone
- keep your joints flexible
- improve healing by promoting blood flow (circulation)
- promote sleep.

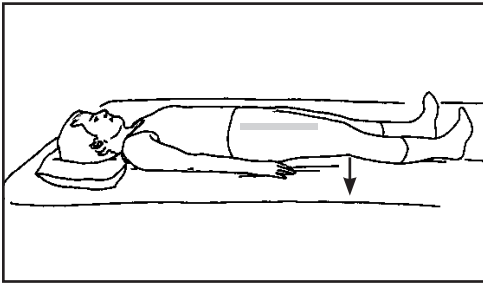
It may be helpful to set a time of day such as morning or evening to add a walk.

Exercises — Before Surgery



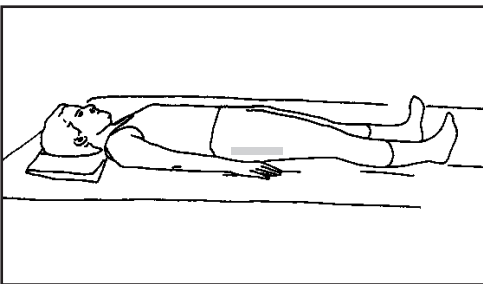
❑ Ankle pumps

Pump your feet up and down by pulling your feet up toward you, then pushing your feet down away from you.



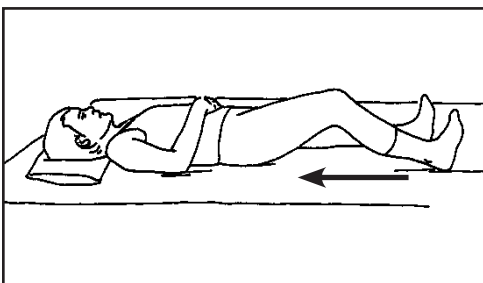
❑ Thigh squeezes (quadriceps sets)

Tighten the muscles on the top of your thigh by pushing the back of your knee down into the bed. **Hold for 5 seconds and relax.**



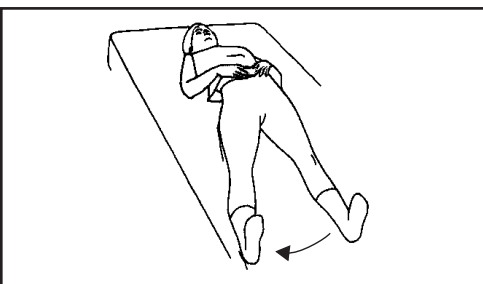
❑ Buttocks squeezes (gluteal sets)

Tighten your buttocks muscles by squeezing the muscles together. **Hold for 5 seconds and relax.**



❑ Heel slides (hip and knee flexion)

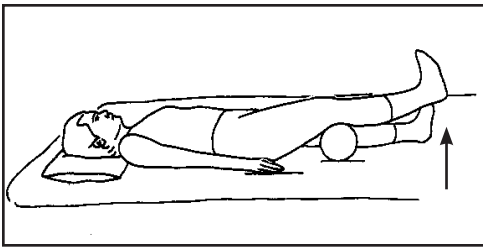
Bend your hip and knee by sliding your heel up toward your buttocks while keeping your heel on the bed. Slide your heel back down to the starting position and relax. Keep your kneecap pointed up toward the ceiling during the exercise. You may want to use a plastic bag under your heel to help it slide easier.



❑ Leg slides (abduction/adduction)

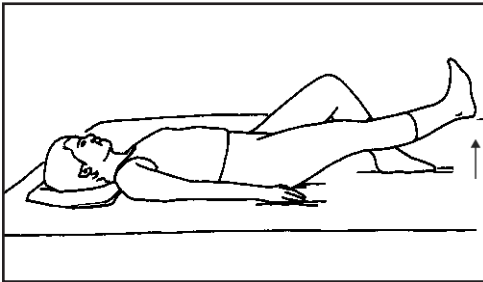
Slide your surgical leg out to the side, keeping your kneecap pointed up toward the ceiling. Slide your leg back to the starting position. You may want to use a plastic bag under your heel to help it slide easier.

Drawings © Allina Health System



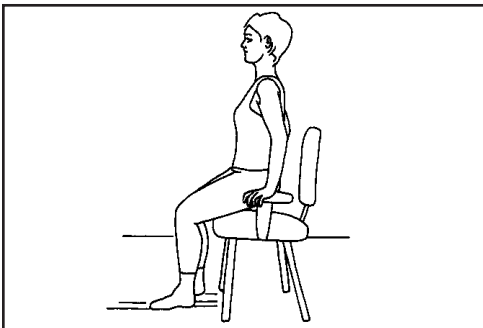
❑ Lying kicks (short arc quadriceps)

Lie on your back with a rolled-up blanket or towel (at least 6 inches in diameter) under the knee of your surgical leg. Straighten your surgical leg. **Hold for 5 seconds.** Slowly lower your leg down and relax. The back of your knee should stay in contact with the blanket or towel during the exercise.



❑ Straight leg raises

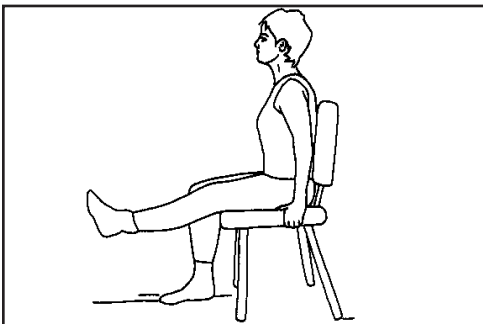
Bend your other leg with your foot flat on the bed. Raise your surgical leg up (about 12 inches), keeping your knee straight. **Work up to holding for 5 seconds.** Slowly lower your leg down and relax. If you are unable to do this exercise lying down, you can also do it standing up. (See standing exercises on page 86.)



❑ Chair pushups

Sit on a sturdy chair with arms. Hold the arms of the chair. Push down on the chair arms, straightening your elbows so you raise your buttocks a few inches off the seat of the chair.

Work up to holding for 5 seconds. Lower yourself slowly back into the chair. If your arms are weak, use your legs to help raise your buttocks off the seat of the chair.



❑ Sitting kicks (long arc quads)

Sit on a sturdy chair. Straighten your knee. **Hold for 5 seconds.** Slowly lower your leg down and relax.

Drawings © Allina Health System



Before surgery exercise program — ankle surgery

Check the box under the appropriate day and week after you perform the exercises selected for you.

Exercise	Week 1							Week 2							Week 3							Week 4						
	M	T	W	Th	F	S	S	M	T	W	Th	F	S	S	M	T	W	Th	F	S	S	M	T	W	Th	F	S	S
Ankle pumps																												
Thigh squeezes																												
Buttocks squeezes																												
Heel slides																												
Leg slides																												
Lying kicks																												
Straight leg raises																												
Chair pushups																												
Sitting kicks																												

Mobility and Activity Techniques for Daily Living

Tip

Do not use a walker to pull yourself up from a sitting position. This could cause you to fall.

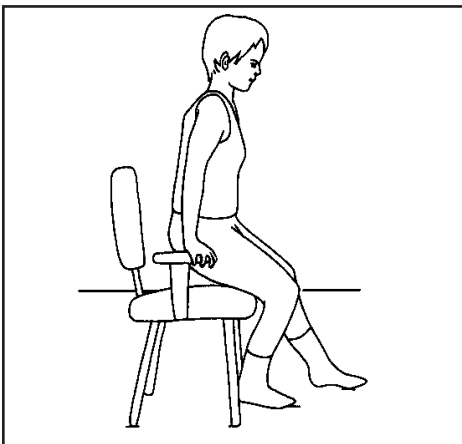
After ankle surgery, you may need to move differently until your ankle heals. Use the following instructions to help you move throughout your day.

Getting in and out of bed

- Back up until you feel the bed against the back of your legs.
- Place your surgical foot forward and keep weight off your foot.
- Reach back for the bed surface, lowering yourself slowly to the edge.
- When getting out of bed, come to a sitting position on the bed.
- Place your surgical leg forward keeping weight off your surgical foot.
- Push up from the bed and stand up keeping weight off your surgical foot.
- Do not reach for a walking device until your balance is secure.

Getting on and off a chair with arms

- To sit down, back up until you feel the chair against the back of your legs.
- Place your surgical leg forward keeping your weight off your surgical foot.
- Reach back for the arms of the chair with both hands and sit down on the edge of the seat, then slide back.
- To get off the chair, slide to its edge.
- Place your surgical leg forward keeping weight off your surgical foot.
- Push up with both arms and your nonsurgical leg.
- Do not reach for a walking device until your balance is secure.

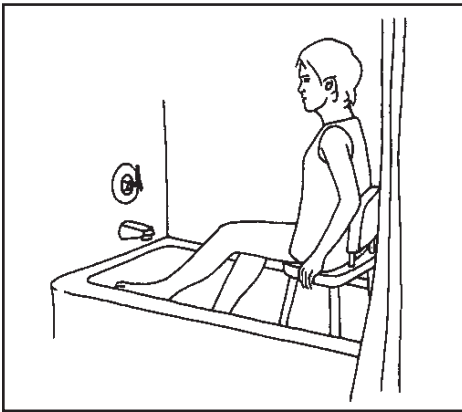


Drawings © Allina Health System

Follow the instructions to the right for how to get in and out of a chair with arms.

Getting on and off a toilet

- To get on and off a toilet, follow the steps above for getting on and off a chair.
- Using a raised toilet seat may make it easier and safer for you to get on and off the toilet.
- When sitting or standing, support yourself with grab bars or nearby structures (sink, counter) that are secure. Maintain weight bearing restrictions.



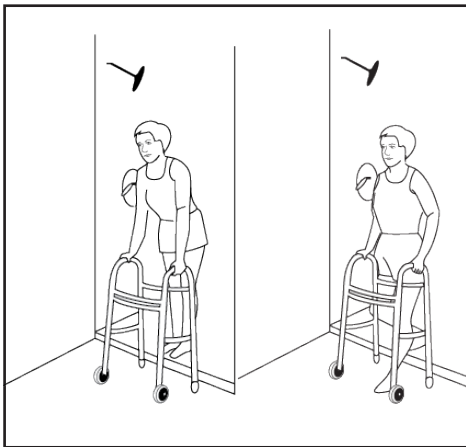
Use a shower chair to help you take a shower safely.

Getting in and out of the tub to take a shower

Have someone nearby the first few times you use the tub or shower to provide balance assistance if needed. It is a good idea to have hand rails or grab bars to help with your balance and support:

Seated transfer:

- Using a shower chair with a backrest may make it easier to get in and out of the tub.
 - Getting into the tub:
 - Reach back for the chair, keeping weight off your surgical foot, sit down, scoot back and carefully swing each leg (one at a time) over the tub edge.
 - Getting out of the tub:
 - Swing each leg (one at a time) over the tub edge. Scoot forward on the bench with your non-surgical foot flat on the floor. Push up from the shower chair to stand.
 - Do not reach for a walking device until your balance is secure.



Drawings © Allina Health System

Follow the instructions to the right for how to get in and out of a walk-in shower.

Getting in and out of a walk-in shower

A shower chair may be helpful for you to maintain your weight-bearing restrictions. If you cannot maintain your activity restrictions, it is not safe to use a walk-in shower at this time. There are 2 ways you can get in and out of the shower.

Back in technique:

- Approach the shower and then turn around backward to enter.
- Using your walker or crutches to maintain non-weight bearing on surgical foot, step backward into shower with non-surgical foot and sit down on shower chair.
- To provide balance and help you maintain your activity restrictions, it is important to have someone help you. The following items may also be helpful to keep you safe:
 - a grab bar
 - a nonskid mat.

Side-step technique:

- Getting into the shower:
 - Step into the shower with your nonsurgical leg first using a walker or crutches to maintain non-weight-bearing on your surgical foot.
 - If a shower chair is available, reach for the seat and slowly lower yourself into a sitting position.

- Getting out of the shower:
 - If using a shower chair, push up from the seat and slowly stand.
 - Step out of the shower using walker or crutches and maintaining non-weight-bearing on your surgical foot.

Reaching, bending, carrying

- Use a reliable support like the countertop or table when bending and reaching in low cupboards.
- A reacher can make it easier to pick objects up from the floor.
- Do not carry or hold anything in your hands while using a walker or crutches. Use pockets in an apron, walker basket, fanny pack or backpack.
- Do not reach too far when you slide objects across a countertop.

How to go up and down stairs

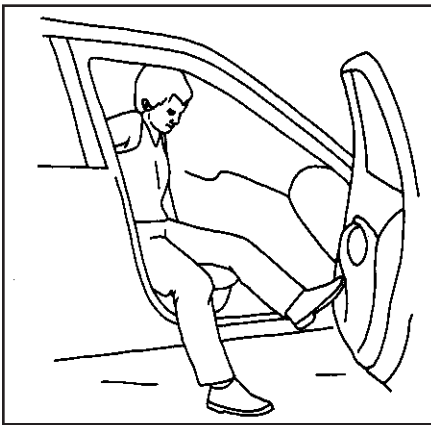
Your physical therapist will review stair climbing with you.

- Go up the step with your non-surgical leg first. Bring your assistive device up on the step next. Keep your weight off your surgical leg. If you have a railing, use the railing and your assistive device.
- Go down the step with your assistive device first, keeping weight off of surgical foot. Then bring your non surgical foot down to the step. “Down with the bad.”

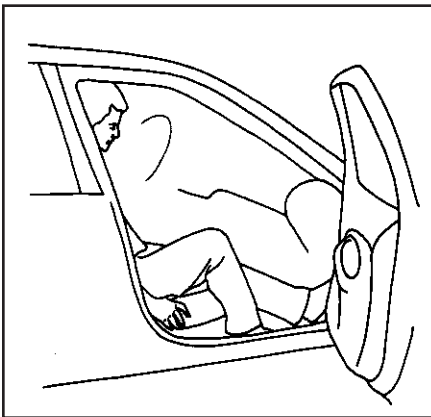
Follow the instructions to the right for how to get in and out of a car.



Step 1



Step 2



Drawings © Allina Health System

Step 3

Getting in and out of a car

Any time you are getting in or out of the car, have the driver park about 4 feet out from the curb edge and not on an incline. Also make sure the surface you will be walking on is free of ice and snow.

Before surgery, practice getting in and out of a car using the following instructions.

- Adjust the car seat as far back as possible and recline the backrest slightly.
- Back up to your car seat. Place your surgical leg forward keeping weight off your surgical foot.
- Reach back and find a stable hand hold (dashboard, back of the seat).
- Slowly lower yourself onto the seat.
- Scoot back before lifting each leg into the car.
- Do not reach for your walking device until your balance is secure.

Breathing Exercises (Respiratory Exercises)

Respiratory exercises before surgery can help you prevent breathing complications, such as pneumonia, after surgery. Learn the following exercises and practice them every day before your surgery. See more on incentive spirometer exercises to do after surgery on page 56).

Deep breathing

Use your abdominal and chest muscles.

- Breathe in deeply through your nose.
- Hold your breath for 5 to 10 seconds.
- Let your breath out through your mouth, slowly and completely. As you breathe with pursed lips (like blowing out a candle), your stomach should go in. Exhale for twice as long as you inhale.
- Rest and repeat 10 times.

Coughing

To help you cough:

- Take a slow deep breath. Breathe in through your nose. Concentrate, and fully expand your chest.
- Breathe out through your mouth. Focus on feeling your chest sink downward and inward.
- Take a second breath in the same way.
- Take a third breath. This time hold your breath for a moment, then cough strongly. As you cough, force all the air out of your chest.
- Repeat 2 times.

Preparing Your Mind and Body for Surgery

Studies have shown that if your mind and body are ready for surgery you may sleep better and have less anxiety and pain. Your hospital stay may also be shorter.

The Penny George™ Institute for Health and Healing

The Penny George™ Institute for Health and Healing offers services to help you as you prepare for and recover from surgery. Call 612-863-3333 or visit allinahealth.org/pennygeorge for more information, or ask your health care team which services are offered at your hospital.

Preparing Your Home for Your Needs After Surgery

Tip

After surgery you will not be able to weight-bear on your surgical ankle.

Use the following guidelines to help you prepare your home for your recovery. Check each box as you complete that item.

Outside your home

- All stairways should have a railing. If you have a stairway without a railing, consider installing one. Check stair railings to make sure they are secure. If you add a railing, extend it a few inches past the end of the staircase.
- Be aware of uneven ground around your home and yard.
- Be sure your driveway and walking paths are uncluttered.
- Find someone to do your yard work.

Inside your home

- Have clear walking pathways and remove clutter. Make sure the pathway is wide enough for you to walk easily if you need to use a walker or crutches.
- Remove throw rugs or use double-sided tape to secure carpet edges and rugs.
- If you have low furniture, increase the chair height with an extra cushion or furniture risers.
- If your bathroom is not on the main floor consider getting a temporary, portable commode
- Keep your phone with you or near you at all times.
- Do not carry or hold anything in your hands while you use a walker or crutches. Instead, put your phone in a pocket, apron, walker basket, fanny pack or backpack.
- Call to have your paper and mail delivered to your door rather than in an outdoor mailbox.
- Arrange a ride or use rideshare apps to get to the grocery store, events, family activities, and appointments. You may want to set up an account for grocery delivery.
- Find someone to help care for your pet if needed.

Kitchen

- Plan to have someone to help you move heavy or hot items.
- Prepare and freeze a few meals before your surgery.

Bedroom

- Place a lamp close to your bed where it is easy to reach.
- Plug in a night light. Some night lights turn on by themselves after dark.

Bathroom

- You may need a raised toilet seat or toilet safety frame.
- Install grab bars in the bathtub, shower and next to the toilet. Grab bars should be installed into wall studs to ensure they are secure.
- Get a shower chair, tub transfer bench or both for showering.
- Apply adhesive slip strips or a bath mat to your tub or shower floor.
- Consider installing a hand-held shower head
- Have a supply of plastic bags ready to put over your cast when bathing or showering.

What to Bring on the Day of Surgery

Important

Do not bring any of the following:

- valuables
- medicines (pills, inhalers)
- money
- jewelry (wedding ring).

Allina Health will not be responsible for lost or stolen items.

Reminder

If you will be staying in a hospital overnight, have a member of your care circle bring your belongings into the hospital after your surgery is done and you have been assigned a room number.

Bring the following with you to your surgery.

- This education book
- A current list of your medicines (The “My Medicine List” is on page 97 for you to fill out.)
- A copy of your health care directive (if you have one)
- A driver’s license or photo ID
- Your insurance information (insurance card, Medicare card, work compensation information or all three)
- Personal care items such as a toothbrush, toothpaste, denture cleaner, comb, skin care products, deodorant, make-up and shaving kit if you will be staying overnight.
- Clothing you will wear home, including loose-fitting pants, shirt, underwear and socks
- Flat shoes or athletic shoes (comfortable, supportive with nonslip soles)
- Glasses or contacts (if you wear them) and storage containers
- Hearing aids (if you wear them), storage container and extra batteries
- CPAP machine (if you use one)
- A walker or crutches if you have them. If you don’t they will be provided to you after your surgery.

Surgery Details

You will receive information with the date and time of your surgery and the time you need to arrive at the hospital.

You will be asked to arrive at least 2 hours before your scheduled surgery. This will give the health care team enough time to prepare you for surgery.

It is important to arrive on time. Your time of surgery could start earlier than expected. If you are late, your surgery may be delayed or it may need to be canceled and scheduled at a later date. Please call your surgeon's office if you have any questions.

The Day Before Surgery

Did You Know?

You can talk with your surgeon about if getting a temporary handicap parking form is right for you.

- Tell your surgeon if you have any changes in your health (sore throat, cold, fever, dental problem, urinating problem) or skin condition (rash, abrasions). You may need to schedule your surgery for a later date.
- Healthy skin free of scrapes or cuts is important to prevent infection. Before surgery do not do activities that may lead to skin cuts, scrapes, abrasions or wounds. Tell your surgeon if you have any of these skin conditions. Your surgery may need to be rescheduled for a later date.
- Take your regular medicines (heart, blood pressure, diabetes or pain medicine) as directed by your primary care provider with a small sip of water. Your primary care provider will tell you if he or she does not want you to take any or all of your regular medicines.
- Bathe or shower using the "Cleansing Your Skin for Your Surgery" instructions on the next pages or as directed by your surgeon.

Cleansing Your Skin for Surgery

Tip

If you cannot wash the surgery area yourself, have a member of your care circle help you.

Before surgery, you have an important role in reducing your risk of infection at the surgery site. You can reduce the number of germs on your skin by gently cleansing your skin with the Sage® 2% Chlorhexidine Gluconate Cloths. **Do not use these cloths if you have an allergy to chlorhexidine gluconate.**

Important: Do not shave your body below your neck 7 days before your surgery.

The night before surgery, take a bath or shower. Wait 1 to 2 hours. Wipe your skin well with the Sage cloths. They have a special antiseptic solution. You will use a total of 6 cloths. These will come in either 1 or 3 packages depending on your surgery location. **Do not follow the instructions on the Sage packages when cleansing your skin. Follow the instructions below.**

Night before surgery (at least 1 to 2 hours after taking a bath or shower)

- Gather your supplies: Package of Sage 2% Chlorhexidine Gluconate Cloths, scissors, and clean clothes or sleepwear.
- Open package. Use scissors to cut open the package. Cut straight across the top of the package.
- There are 6 wipes in the package. They are divided in groups of 2 wipes by foam dividers. Take out 2 cloths at one time and place on a clean surface with the foam side on a clean surface. Repeat for the second and third group of wipes.
- **After you start using the cloths, do not touch your eyes, ears or mouth.**
- Follow the skin cleansing steps on the next page.
 - Gently cleanse your skin using a back-and-forth motion.
 - Be sure to completely cover each area. You may need help wiping some areas of your body.

After you gently cleanse each area, let your skin air dry for 1 to 3 minutes. It is normal for your skin to feel tacky or sticky for several minutes after you apply the solution.

- **Do not rinse or rub off the solution.**
- **Do not apply deodorant, perfume, lotions, moisturizers, gels, powders or make-up after cleansing your skin.**
- Throw away the used cloths. Do not flush them down the toilet.
- Wash your hands with warm water and soap.

Chlorhexidine wipes warning

Do not use chlorhexidine wipes or liquid if you:

- are sensitive to surgery skin preps
- know you have an allergy to chlorhexidine.

If you notice your skin is irritated while using the chlorhexidine wipes or liquid, remove it gently with a wet washcloth. Tell your pre-surgery nurse you had a reaction so he or she can make a note of your allergy history and tell others on your health care team.

There are rare cases of this product causing a serious allergic reaction. This can occur within minutes of use.

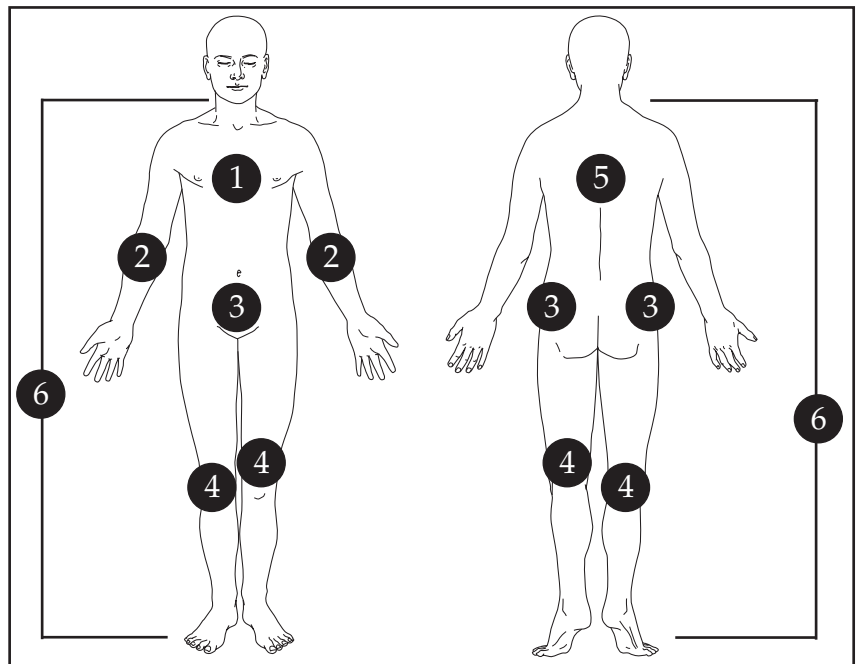
Call 911 if you have any of these:

- wheezing or trouble breathing
- swelling of the face
- hives
- severe rash
- shock.

- Put on clean clothes or sleepwear.
- Put clean sheets on your bed. Make sure pets stay off of your bed to keep it clean.

Skin cleansing steps

1. Using the first cloth, **wipe your neck and chest.**
2. Using the second cloth, **wipe both arms.** Start at your shoulder and end at the fingertips. Be sure to wipe well under each arm and in the armpit areas.
3. Using the third cloth, **wipe your right and left hip, then your groin.** Be sure to wipe any folds in the stomach and groin areas.
4. Using the fourth cloth, **wipe both legs.** Start at the thigh and end at the toes. Be sure to wipe the front and back of each leg.
5. Using the fifth cloth, **wipe your back.** Start at the base of your neck and end at the buttocks.
6. Using the sixth (last) cloth, **rewipe the surgery area.**



© Allina Health System

The numbered areas in the drawing show where to cleanse your body using each of the cleansing cloths. The numbers in the text above give you more details on how to cleanse your body.

Food and Liquid Directions Before Your Surgery

These directions are based on your scheduled arrival time. Not following these directions could mean your surgery will be delayed or canceled.

Alcohol and tobacco: 24 hours

- Do not drink any alcohol 24 hours before your scheduled arrival time.
- Do not smoke, vape, use chewing tobacco or use any other tobacco products up to 24 hours before your scheduled arrival time.

Solid foods: 8 hours

- Eat up to 8 hours before your scheduled arrival time.
 - Eat light meals such as oatmeal or toast.
 - Do not eat foods that are heavy or high in fat such as meat or fried foods.

Clear liquids: 2 hours

- Drink only clear liquids up to 2 hours before your scheduled arrival time.
 - Drink water, fruit juice without pulp, black coffee, clear pop or tea.
 - Do not have milk, yogurt or energy drinks.

Medicines

- Take your medicines as directed with a small sip of water.

The Morning of Surgery

Important

Do not take a bath or shower the morning of your surgery.

- If you were given instructions by your health care provider to take medicines the morning of your surgery, take them as directed with a small sip of water.
- Put on clean, comfortable clothes to wear to the hospital.
- Arrive at least 2 hours before your surgery. Allow extra time for walking, bad weather and traffic.

Chapter 3: Surgery, Recovery and Beyond

What to Consider About Visitors



Support from your care circle is essential to your recovery, but visits should be balanced with your rest needs.

Scan the QR code to review the Visitor Guidelines on the [allinahealth.org](https://www.allinahealth.org) website.

What to Expect the Day of Surgery

Important

Tell your health care team which medicines you took the morning of surgery and what time you took them.

When you arrive:

- Go to the surgery registration area.
- After you check in, you will be directed to the pre-surgery care area.

Pre-surgery care area:

- Go to the waiting room.
- You will be brought back to a pre-surgery care suite.
- A nurse will meet with you to complete your care plan.
- After you are settled, the person with you on the day of surgery will be invited back to join you.
- Your nurse will review what you can expect before and after your surgery.
- Your anesthesiologist (doctor) will also meet with you. Your anesthesiologist and surgeon will work with you to choose the right type of anesthesia for your surgery.
- Your surgeon will also visit with you. They will mark the surgery site on your body and answer any questions.
- You will be asked to sign a consent form.

Information for your care circle

- While you are in surgery and recovery, your care circle can wait in the surgery waiting room.
- Your surgery time will vary depending on the condition of your ankle. Your surgeon will talk with your care circle when your surgery is over.

Anesthesia: What You Need to Know

Important

On the day of your surgery, your anesthesia care team will determine the best type of anesthesia for you.

Anesthesia is a combination of medicines that block the feelings of pain sensation and minimize awareness during surgery. You will receive other pain medicine to give you pain relief during and after surgery.

Before surgery you will meet your anesthesia care team, an anesthesiologist or a certified registered nurse anesthetist (CRNA). They will review your medical history and talk with you about your anesthesia options. Your anesthesia care team will come up with a plan to best take care of you.

Post Anesthesia Care Unit (PACU)

- After surgery, you will be taken to the recovery room or Post Anesthesia Care Unit (PACU).
- Most people stay about 1 to 1 ½ hours here. Your time in the PACU will depend on your surgery and how fast you recover from the anesthesia.
- Your nurse will monitor your vital signs and help you if you have any side effects from the anesthesia.
- You may have some discomfort and pain when you wake up. Everyone reacts to pain differently. Your nurse will work with you to make you as comfortable as possible.
- An X-ray may be taken of your new joint in the PACU.

Post-surgery unit

If you are staying in the hospital overnight, when you are fully awake and your medical status is stable, you will be taken to your room in the post-surgery unit. In this unit, nurses who have special training in joint replacement will care for you.

- When you are in your room, it is important to begin:
 - doing ankle pump exercises. This will help to prevent blood clots from forming in your legs.
 - using your incentive spirometer and doing the deep breathing exercises. See page 56 for instructions for how to use your incentive spirometer.

Pain After Surgery

You will have pain after surgery. Together, you and your health care team will create a pain plan that is right for you.

You and your health care team will also establish a “pain goal” – the amount of acceptable pain you can handle. Your health care team will help you balance your pain so you are able to do your physical therapy and activities of daily living.

Pain scale

Using a number scale (0 to 10) to rate your pain will help the health care team members know how severe your pain is and help them make decisions about how to treat it.

Allina Health Pain Assessment Scale

<p>Your Pain Goal</p> <p>_____</p> <p>(number)</p> <p>I want to be able to:</p> <p>_____</p> <p>_____</p> <p>_____</p>

10	Worst Pain You Can Imagine
7-9	Severe Pain Pain keeps you from doing your regular activities. ⑨ Pain is so bad that you can't do any of your regular activities, including talking or sleeping. ⑧ Pain is so intense that you have trouble talking. ⑦ Pain distracts you and limits your ability to sleep.
4-6	Moderate Pain Pain may interfere with your regular activities. ⑥ Pain makes it hard to concentrate. ⑤ You can't ignore the pain but you can still work through some activities. ④ You can ignore the pain at times.
1-3	Mild Pain Pain doesn't interfere with your regular activities. ③ You may notice the pain but you can tolerate it. ② You may feel some twinges of pain. ① You may barely notice the pain.
0	No Pain

Adapted with permission by Dr. Armaan Singh, 2015.

Your role in creating a pain plan

After surgery, it is common to have pain. A member of your health care team will monitor your pain level often and help you review treatment options.

All of the following information will help your health care team prescribe the right medicine and therapy for your pain, and prevent problems (complications). Tell a member of your health care team:

- if you have allergies or reactions to pain medicine(s)
- what methods of pain control have worked or have not worked well in the past
- where you feel pain and how much pain you have (Use words to describe how the pain feels.)
- what makes your pain better or worse
- if your pain starts to get worse or you have new pain
- what vitamins, herbal and natural products you are taking
- if you drink more than 2 alcoholic drinks each day.

Treatments for pain

If you have short-term or sudden pain from surgery, injury or illness, opioid pain medicine may help you to have less pain. Opioid pain medicine is one strategy out of many that you may use to have less pain and a speedier recovery.

The goal of opioid pain medicine is to reduce pain when it is most intense during your recovery. It is important to switch to non-opioid pain medicines as soon as you are able.

How to relieve pain or discomfort without medicine

Medicines are a great way to relieve pain. However, sometimes they don't last long enough or cause too many side effects.

Your nurse can give you many ways to relieve pain or discomfort that don't involve medicine. Ask your nurse for more information about any of the following treatments.

Relieving Pain without Medicine

Your surgeon may want you to try other options not listed here.

Ice or cold pack

Apply ice pack or cold pack behind your knee on your surgical leg for 15-20 minutes at a time:

- Gel packs must be placed in a sleeve. Do not apply directly to your skin.
- Wait 90-120 minutes between applications.
- Assess skin color, temperature, and sensation before and after treatment.
- Do not reapply to red areas or if you have any burning or numbness near application site

Medicines To Use During Recovery After Surgery

In addition to pain medicine, some of the following medicines may be used. Your health care team will give you instructions for any medicines you need to take after surgery. Always follow any instructions given to you from your health care team to prevent complications. Don't take any new medicines without first talking to your surgeon.

Type of Medicine and Examples	Purpose	Possible Side Effects	Preventing Side Effects
Stool softeners <input type="checkbox"/> MiraLAX® <input type="checkbox"/> senna (Senokot®) <input type="checkbox"/> magnesium hydroxide (milk of magnesia) <input type="checkbox"/> bisacodyl (Dulcolax®)	Help to prevent constipation	<ul style="list-style-type: none"> ■ diarrhea ■ nausea ■ stomach cramps ■ dizziness 	<ul style="list-style-type: none"> ■ Drink plenty of liquids.
Anti-inflammatory pain medicine <input type="checkbox"/> ketorolac (Toradol®) <input type="checkbox"/> celecoxib (Celebrex®) <input type="checkbox"/> ibuprofen (Advil®, Motrin®)	Decrease swelling at the surgery site	<ul style="list-style-type: none"> ■ nausea ■ gas ■ dizziness ■ drowsiness ■ headache 	<ul style="list-style-type: none"> ■ Do not take on an empty stomach.
Antibiotics <input type="checkbox"/> cefazolin (Ancef®, Kefzol®) <input type="checkbox"/> vancomycin (Vancocin®)	Help to prevent infection at the surgery site	<ul style="list-style-type: none"> ■ diarrhea ■ itching 	<ul style="list-style-type: none"> ■ Take for only a short time after surgery. Follow any instructions given to you.
Anti-nausea <input type="checkbox"/> ondansetron (Zofran®) <input type="checkbox"/> prochlorperazine (Compazine®)	Help to decrease nausea	<ul style="list-style-type: none"> ■ dry mouth ■ blurred vision ■ constipation ■ dizziness ■ lightheadedness ■ headache 	<ul style="list-style-type: none"> ■ Do not take on an empty stomach.
Blood thinning medicines (anti-coagulation) <input type="checkbox"/> aspirin <input type="checkbox"/> enoxaparin (Lovenox®) <input type="checkbox"/> rivaroxaban (Xarelto®)	Help to prevent blood clots	<ul style="list-style-type: none"> ■ bruising ■ nausea ■ heart burn ■ skin rash 	<ul style="list-style-type: none"> ■ Take for only a short time after surgery. Follow any instructions given to you. ■ Do not do activities that may lead to injury.

What to Expect During Your Recovery

- Your health care team will help you start moving soon after your surgery. This may include:
 - standing next to your bed
 - walking (Follow the activity restrictions.)
 - sitting in the recliner chair.
- You can expect to be dressed in your loose-fitting clothing.
- You will go home when you are medically stable. This is when:
 - your pain is managed with pain medicine (by mouth)
 - you are able to pass urine without problems (or have a plan for this)
 - are able to eat your regular foods
 - are able to or have a plan for activities of daily living (getting dressed, bathing)
 - can move safely with an assistive walking device
 - understand how to do your exercises
 - are able to go up and down stairs, if needed.

Your health care team will help guide you through your recovery and help determine a safe discharge plan.

Preventing Problems (Complications)

Important

Make sure you know the answers to the following questions before discharge.

- How do I care for my incision?
- What follow-up appointments do I need?
- Do I have activity restrictions?
- Do I understand my new medicines?
- Do I have my discharge medicines or know where to pick them up?

Ask your driver to be at the hospital the day of discharge at the time your nurse told you.

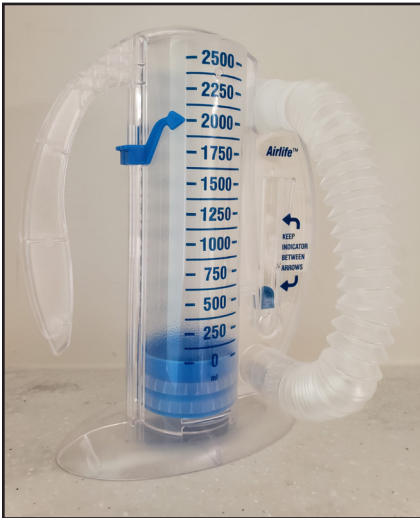
Your health care team will do many things to reduce your chance of developing a complication after surgery.

- Your blood pressure, temperature and pulse will be taken often after surgery.
- Your surgical leg will be checked often for movement, feeling, circulation and pulse.
- You will do thigh squeezes, buttock squeezes and ankle pumps to improve circulation and strength.
- You will receive medicine to prevent blood clots.
- You will do deep breathing, coughing exercises and use an incentive spirometer to help protect your respiratory system.
- Your inactivity and pain medicine combined can cause constipation. To help prevent this:
 - Drink plenty of liquids.
 - Eat foods with plenty of fiber including whole-grain bread, bran cereals, fresh fruit and vegetables.
 - Increase your activity as you are able.

Talk to a member of your health care team about a bowel program if you are uncomfortable and the actions above are not working. You may receive a stool softener medicine to help prevent constipation.

Ask a member of your health care team if you have questions about these care activities.

How to Use an Incentive Spirometer



An incentive spirometer is a hand-held breathing exercise device to help you breathe deeply.



Watch a video to learn more breathing exercises that use an incentive spirometer.

Incentive spirometer

After surgery, it may be difficult to breathe as you normally do. You may notice your breathing changes to small, shallow breaths. This can cause fluid and mucus to build up in your lungs, increasing your risk for respiratory system complications.

An incentive spirometer is a hand-held breathing exercise device to help you breathe deeply. Taking deep breaths allows air to inflate your lungs, opening your airways to prevent fluid and mucus buildup.

Using an incentive spirometer may speed your recovery and lower your risk of lung problems such as pneumonia.

How to use the incentive spirometer

1. Sit upright in a chair with your feet flat on the floor. (If you are not able to sit up in a chair, sit as upright as possible.)
2. Place the spirometer on your bedside table or hold it in an upright position.
3. Place the mouthpiece in your mouth. Seal your lips tightly around the mouthpiece.
4. Inhale as slowly and deeply as possible through the mouthpiece. Your health care provider will work with you to set a breathing goal, which will be marked with small arrows on the incentive spirometer. As you inhale, the small square should stay between the arrows.
5. Hold your breath for 3 to 5 seconds. Then exhale slowly through pursed lips. (Pursed lips are in the shape of blowing out a candle.)
6. Repeat 10 times, resting between each time.
7. It is important to cough to clear any secretions. Coughing (clearing your airway) will make breathing easier. It will also strengthen your muscles after each use.

How often you need to use the incentive spirometer

- **At home:** Use the incentive spirometer 10 times every 2 hours for your first 7 days after surgery.

Tips to Prevent Falls

Certain medicines and general weakness after surgery can increase your risk of falling.

1. For your safety, a member of the nursing staff will stay within arm's reach with you in the bathroom and when you walk.
2. Wear nonslip footwear when you are up.
3. Other things that may be used to keep you safe while you recover before you go home include a bed alarm, chair pad alarm, floor mat or observation camera.
4. Use the call light when you need help.
5. Ask the nursing staff to help you to and from the bathroom. This is very important if you are unsteady. The call light in the bathroom may be located on the wall.
6. Some medicines may cause you to feel dizzy or sleepy. Take your time getting up from a bed or chair. Sit at the edge of the bed for a few seconds before you get up.
7. Wear your eyeglasses, hearing aid(s) or both when you are awake.
8. Walkers and canes can provide support. Other items do not. Don't lean on a bedside table, furniture, IV pole or other items to steady yourself.
9. Tell a member of the nursing staff if you have any concerns about your safety.

Chapter 4: Care After Surgery

After your surgery, there are things you need to know for your safety, recovery and comfort. You will receive instructions on your nutrition, medicines, activity level, discharge equipment, follow-up appointment, and signs and symptoms to watch for.

This chapter covers what to expect during your recovery, what your incision should look like, a list of commonly asked questions, a list of questions to ask at your follow-up appointment, and information about pain relief, pain medicines, anti-inflammatory medicines, constipation and nutrition.

Ask your health care team if you have any questions. They want your recovery to be as smooth as possible.

What to Expect During Your Recovery

Before you go home

Talk with your surgeon about any precautions you may have after surgery.

- Make sure you have a follow-up appointment scheduled with your surgeon after your surgery.

Important: It can take awhile to heal after surgery. Recovery is different for each person.

Important

Based on your needs after surgery, your surgeon may recommend a follow-up appointment with your primary care provider 7 days after surgery.

Discharge to 6 weeks after surgery

- You won't be able to put weight on your surgical foot after surgery until instructed by your surgeon.
- Your surgeon and physical therapist will talk with you about your activity level and any exercise instructions. This will have a big impact on your recovery.
- If you had a nerve block your leg may feel numb for up to 24 hours after surgery.
- Your surgeon may want to see you for regular follow up appointments. Talk with your surgeon about timing of these appointments.

Important

Opioid pain medicine should only be used as directed to help relieve pain. Do not take your pain medicine to help you sleep better. Call your surgeon if you have problems sleeping.

- Swelling after surgery is common. You may experience the most swelling 7 to 10 days after surgery.
 - Raise (elevate) your leg above the level of your heart by placing a pillow under your leg.
 - Apply a cold pack behind your surgical knee for 15 to 20 minutes, several times throughout the day to help reduce swelling (see page 47 for more details on how to safely apply an ice pack).
 - **Call your surgeon right away if you have an increase in calf pain.**
- You will likely have a decrease in energy after surgery. Make sure to balance your activity with rest.
- You will have some pain, discomfort and stiffness after surgery. It is important to create a pain plan to follow at home. Follow your surgeon's instructions for pain medicine.
- You may not feel like eating for the first few weeks after surgery. Try eating healthful meals and snacks as soon as you are able. Drink six to eight 8-ounce glasses of liquids each day.
- Include protein (meat, poultry, fish, beans, nuts and seeds) in your meals and snacks. See pages 72 to 74 for more information.
- You may have constipation. This can be caused by pain medicine. Talk with your primary care provider about ways to manage constipation.
- You may feel some numbness in the skin around your incision. This should get better over time.
- When to take your medicine is important:
 - Don't wait for pain to get worse before taking your medicine. Tablets or pills may take up to 30 minutes to begin working.
 - If you know your pain may get worse with activity, take your pain medicine before the activity.
- You may also try non-medicine ways to relieve pain such as:
 - relaxing
 - listening to music
 - changing positions
 - elevate and ice
 - distractions (reading, screen time, talking with someone)
 - aromatherapy.

- It's common to have trouble sleeping. It may be helpful to:
 - avoid sleeping or napping during the day
 - go to bed and wake up at the same time each day
 - change positions in bed
 - avoid drinking a lot of liquids a few hours before bedtime
 - avoid stress before bed.

6 to 12 weeks after surgery

- You may continue to have pain, discomfort, stiffness and swelling. This is common and should get better over time. Continue to elevate, ice behind your knee and use other non-medicine ways to treat your pain.
- You should be off pain medicine.
- **Call your surgeon right away, if you feel new pain or your pain gets worse.**
- You may be able to start bearing weight on your surgical foot. Check with your surgeon. Recovery is different for each person.
- Continue to wear your surgical boot unless instructed otherwise by your surgeon.
- You may be able to do most activities around the house if your surgeon says it is OK.
- You may be able to drive if:
 - your surgery was on your left ankle
 - you are not taking pain medicine
 - your surgeon says it is OK.
- Continue to work with your physical therapist on range of motion, gait training and strengthening exercises.
- You may be able to return to work after surgery, depending on your type of work. You may want to go back to work gradually, starting with half days. Take rest breaks and find time to elevate and ice your leg to prevent swelling.

Important

It can take up to a full year to recover completely from ankle replacement surgery.

3 months and longer after surgery

- 3 months (12 weeks) after surgery you should be able to resume some activities. You also may be able to wear a normal gym shoe.
- Some activities such as jogging, jumping and aerobics put a lot of strain or pressure on your new joint and should be avoided. Talk with your surgeon about when you may resume low-intensity activities.
- Ask your surgeon when it is OK to resume having routine dental appointments or any dental work done.

Commonly Asked Questions

Emergency Symptoms

Call 911 or have someone take you to the nearest hospital Emergency Department if you have any of the following:

- chest pain
- trouble breathing or painful breathing
- shortness of breath.

Important

Call your surgeon if you fall — even if you do not think you hurt yourself.

When should you call your surgeon?

Call your surgeon if you have:

- a temperature of 101.6 F or higher
- problems or signs of infection at your incision site such as:
 - increased pain
 - increased swelling
 - increased redness
 - odor
 - warmth
 - green or yellow discharge
- any change in your ability to move such as new weakness, or not being able to move your arm or leg
- signs and symptoms of a blood clot including pain, swelling, tenderness, warmth or redness in the back of one or both lower legs (calves), leg fatigue
- any change in sensation such as new numbness or tingling
- any unusual bruising or bleeding
- severe pain not relieved by medicine, rest or ice
- any problems, questions or concerns related to your surgery.

When should you call your primary care provider?

Call your **primary care provider** if you have:

- feelings of being dizzy, lightheaded or confused
- an upset stomach (nausea) and throwing up (vomiting) that will not stop
- any bowel problems such as constipation or bloody stools
- any problems urinating such as burning, urgency or frequency
- any other problems, questions or concerns.

What are signs and symptoms of a pulmonary embolism?

Call 911 right away, if you have any of these signs or symptoms:

- shortness of breath
- sharp chest pain that may get worse with deep breathing or coughing
- confusion
- sweating
- signs of shock.

How do I take care of my incision and splint?

Your incision usually will be covered by a splint or cast. Follow your discharge instructions given to you by your surgeon. Ask your surgeon if you have questions.

Call your surgeon's office:

- if your splint gets wet
- if you feel increased pressure or tingling around the splint.

How soon can I take a shower?

- You can take a shower as soon as you feel confident to do so.
- Be sure to keep the splint dry by covering it with a plastic bag. Remove the plastic bag after showering.
- Using a tub or shower chair for extra support until you are able to become more able to move around.
- Ask your surgeon when your incision can get wet.
- Do not take a tub bath until your surgeon says it is OK. (This includes swimming in pools or lakes and using hot tubs.)

How do I manage constipation after surgery?

Constipation is common after surgery. It can be caused by pain medicines, iron supplements, decreased daily activity and changes in eating habits. See page 70 for more information about constipation.

When can I return to my normal diet?

As soon as you are able, eat well-balanced meals and snacks to help you recover more quickly and to help you feel your best. What you eat after your surgery affects your well-being. See pages 72 to 74 for more information.

Will I set off metal detectors in airports?

If your joint replacement has metal, it may set off the metal detectors in airports. Tell the security officer that you have a metal implant in your ankle before you go through security screening. The security officer may offer you a private security screening.

Do I need to take preventive antibiotics before surgery, procedures or dental work?

Tell health care providers and dentists of your ankle replacement **before** having any surgery, podiatry procedures, dental work, X-rays, or other tests or procedures. You may need to take antibiotics.

To help prevent an infection, you may need to take antibiotics before dental work. Talk with your dentist and surgeon so they can work together to decide which type of treatment is right for you.

When can I drive a car?

- Talk with your surgeon about when you can resume driving.
- You should wait to drive a car until after your first follow-up appointment with your surgeon.
- Do not drive while taking pain medicine because it can impair your judgment and ability to operate the car safely.
- Do not use your surgical leg to operate machinery until your surgeon or physical therapist says it is OK to do so.

Pain Relief



These 4 short videos will help you manage pain after your ankle surgery. Learn more at allinahealth.org/painvideos.

It is normal to feel pain after surgery even after taking pain medicine. Your pain should lessen every week. There are many ways you can ease your pain:

- Go for a walk a few times each day.
- After activity (exercises or walking) lie down and apply a cold pack behind your knee on your surgical leg. This can help reduce swelling and pain.
 - Use a clean, dry towel on your skin before you place the cold pack. Leave the cold pack on for 15 to 20 minutes at a time.
 - Use cold packs several times throughout the day. You may feel some discomfort in your leg.
- Raise (elevate) your leg above the level of your heart by placing a pillow under your calf or ankle, not your knee. You can also try massage, aromatherapy, music therapy or other non-medicine ways to relieve pain.
- Take your prescription pain medicine as directed.

Pain Medicine: What You Need to Know

How to take opioid medicine

- Take the medicine as directed by your health care provider.
- Eat before you take the medicine.
- Drink plenty of water with the medicine.
- Write down when you take the medicine and how many pills you take.
- **Do not drive when you are taking the medicine.** The medicine will affect your ability to make decisions or react quickly.
- **Do not drink alcohol when you are taking the medicine.**
- Use it only for the first few days or weeks when the pain is most intense. Talk with your health care provider for a taper plan.
- Put your opioid medicine in a secure place to prevent others from using it.

Important

Opioid pain medicine is only used to help you become active as quickly as possible after surgery.

Call your surgeon if you have any questions about taking opioids.

Potential opioid risks

- Taking an opioid can lead to addiction.
- The longer you take opioids, the more your body gets used to it (known as tolerance), and two things happen:
 - They may not work as well.
 - You may have more side effects when you stop them. These are not problems in the first 3 days of use.
- Taking too many opioids can cause side effects, such as:
 - feeling dizzy, itchy or both
 - making you feel groggy or sleepy
 - feeling sick to your stomach
 - throwing up
 - being unable to have a regular bowel movement (constipation)
 - having breathing problems.
- Some opioids contain acetaminophen (Tylenol[®]), such as Norco[®] or Percocet[®].

Anti-inflammatory Medicines

Important

Talk with your surgeon before starting an anti-inflammatory medicine.

You may have been started on anti-inflammatory medicines such as ibuprofen (Advil[®], Motrin[®]), acetaminophen (Tylenol[®]) or celecoxib (Celebrex[®]) after surgery. Anti-inflammatory medicines help with healing by reducing swelling and pain. Do not take more than 4,000 mg of acetaminophen in 24 hours.

These medicines may cause you stomach upset. Take the medicine as directed. **Take medicine with food or milk to prevent stomach upset or other problems (complications).**

Follow your surgeon's discharge instructions. Call your health care provider if you have any questions or concerns.

Constipation

Tip

- You can buy laxatives and stool softeners at most local grocery stores, drugstores and large retailers.
- Read the label carefully and follow package directions. Talk with your pharmacist if you have any questions.
- Stop taking a laxative or stool softener when your bowel movements are back to normal.

Constipation is common after surgery, especially while you are taking pain medicine and your daily activity level is decreased.

Signs of constipation include:

- fewer number of bowel movements
- small, hard stools you have trouble passing
- feeling bloated and uncomfortable
- gas
- abdominal cramping

How to prevent constipation

- Drink six to eight 8-ounce glasses of liquids each day. Liquids add moisture to stool, making them easier to pass. Water is your best choice. Caffeine or alcohol can make constipation worse.
- Eat more high-fiber foods such as whole-grain bread, bran cereals, fresh fruit and vegetables.
- Be as active as you can each day. Follow your health care provider's instructions for exercise.
- Try to have a bowel movement when you feel the urge. Do not ignore the urge. Set aside some time after breakfast or dinner to sit on the toilet.
- Take less pain medicine if possible. Follow your surgeon's instructions for taking pain medicine.

Use of constipation medicines

You may need to take a laxative to prevent constipation while taking prescription pain medicine. Common laxatives include:

- **stimulant laxatives.** This is the best choice when your constipation is caused by a prescription pain medicine. An example is bisacodyl (Dulcolax[®], Correctol[®]).
- **stool softeners.** These add moisture to stools to make the stool softer and easier to pass. These may not be enough to prevent constipation while you are taking a prescription pain medicine. An example is senna (Senokot[®]).

Call your primary care provider if:

- you have not had a bowel movement in 3 days
- you have a severe, sudden onset of abdominal pain
- you have blood in your stool.

Questions to Ask at My Follow-up Appointment

How much longer should I:

take my pain medicine: _____

Should I make any changes to the amount of pain medicine I take?

take my blood thinner medicine: _____

Can I do the following:

take a tub bath or get my incision wet

begin walking with crutches or a cane (assistive walking device)

How long can I expect to walk with one? _____

drive a car

If no, when can I expect to drive a car? _____

travel on an airplane

If no, when can I expect to travel on an airplane? _____

increase my leisure activities such as traveling, golfing or dancing?

If no, when can I expect to increase my activities? _____

Do I need to take antibiotics for any dental care or medical procedures?

If I was given activity precautions, how long do I need to follow them? _____

When can I return to work? _____

Other questions:

Chapter 5: Home Exercise Program

Tip

See chapter 2 for more specific information about mobility techniques.

Your leg muscles may feel weak after surgery because you did not use them much with your ankle problems. Surgery corrected your ankle problem.

Your home exercise program will include activities to help reduce swelling and increase your ankle motion and strength. This will help you move easier and get back to doing the activities you enjoy.

Your success with rehabilitation largely depends on your commitment to follow the home exercise program (on the following pages) developed by your therapists.

Follow any additional instructions given to you by your health care provider or therapist.

Swelling

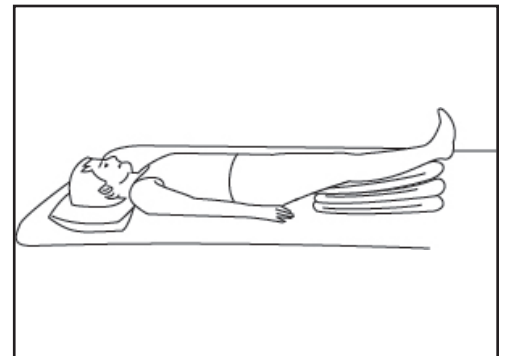
Do these activities to help reduce the amount of swelling and improve circulation after surgery.

How often: At least 3 times a day

You will have swelling in your leg and foot after surgery. Your swelling may increase after you leave the hospital. This is common and should gradually go away. It is important to try to keep your swelling down. The activities below will help you with managing swelling and pain.

Rest and elevate

- Lie down with your surgical leg at or above the level of your heart for at least 20 minutes.
- You may place two to three pillows lengthwise beneath your surgical leg if you have an increase in swelling. Call your surgeon if you are concerned about the amount of swelling you have or if your swelling does not improve.



Lie on your back and elevate your leg using pillows when icing.

Ice

- While you are resting and elevating, place cold packs around your ankle for 15 to 20 minutes at a time.
- Place a clean, dry towel or pillowcase between your skin and the cold pack.

Activity

- It is important to gradually increase your out-of-home activity during the first few weeks after surgery. If you do too much activity, your ankle may become more swollen and painful.

Important: When your ankle is swollen, it will be hard to bend it. Once the swelling goes down, it will be easier to bend your ankle. You will also have less pain.

Strengthening

Do these exercises to strengthen your muscles.

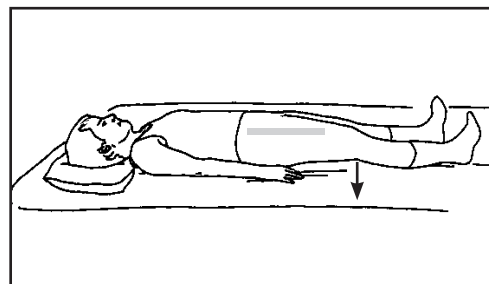
How often: 2 to 3 times a day

Do 10 repetitions of each exercise. If you are comfortable with the exercises, gradually increase the number of repetitions until you reach 20 repetitions.

Do your exercises lying down for the most comfort. Your bed is an excellent place to do your exercises.

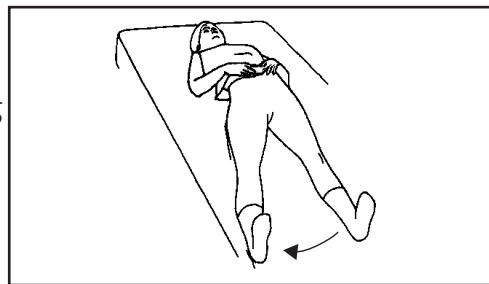
❑ Thigh squeezes (quadriceps sets)

Tighten the muscles on the top of your thigh by pushing the back of your knee down into the bed. **Hold for 5 seconds and relax.**



❑ Leg slides (abduction/adduction)

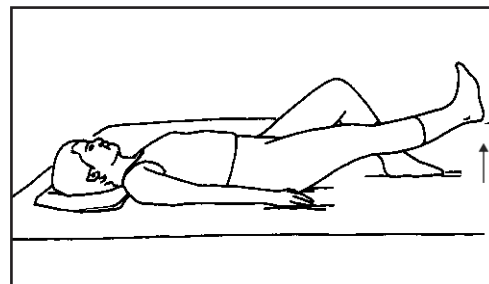
Slide your surgical leg out to the side, keeping your kneecap pointed up toward the ceiling. Slide your leg back to the starting position. You may want to use a plastic bag under your heel to help it slide easier.



❑ Straight leg raises

Bend your non-surgical leg with your foot flat on the bed. Tighten the muscles on the top of your thigh, stiffening your knee. Raise your surgical leg up (about 12 inches), keeping your knee straight.

Work up to holding for 5 seconds. Slowly lower your leg down and relax. If this puts increased strain on your back, stop this exercise.

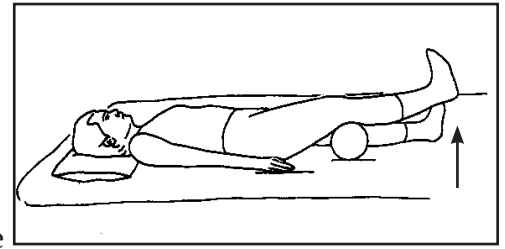


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❑ **Lying kicks (short arc quadriceps)**

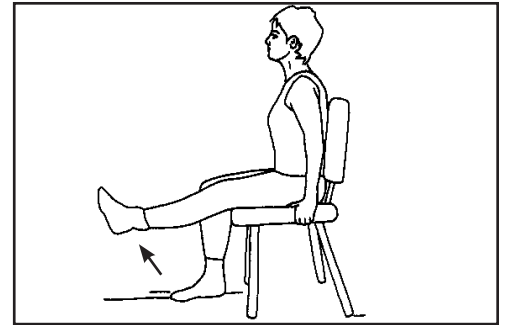
Lie on your back with a rolled-up blanket or towel (at least 6 inches in diameter) under the knee of your surgical leg. Straighten your surgical leg.

Work up to holding for 5 seconds. Slowly lower your leg down and relax. The back of your knee should stay in contact with the blanket or towel during the exercise.



❑ **Sitting kicks (long arc quadriceps)**

Sit on a sturdy chair or on the side of your bed. Straighten your knee. **Work up to holding for 5 seconds.** Slowly lower your leg down and relax.



Drawings © Allina Health System

Range of Motion

Do these stretches to increase your knee motion.

How often: 3 times a day

❑ Knee bending stretch (sitting knee flexion)

Step 1: Sit toward the front of a sturdy chair. Bend your knee by slowly sliding your foot back-and-forth, resting briefly as needed.

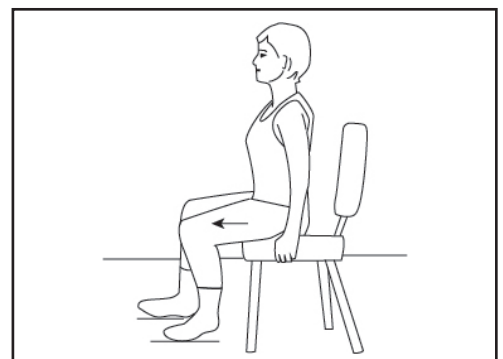
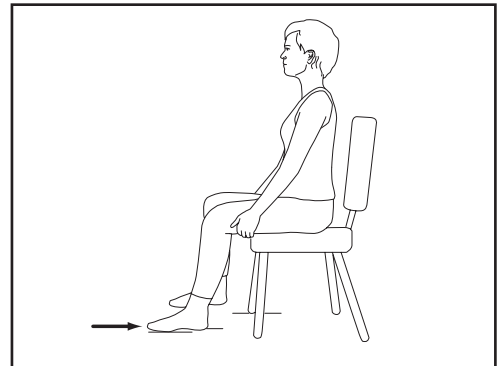
Try to move your foot back farther each time as you are able. You can use your hands to help.

Do this for a few minutes as a warmup. You may want to use a plastic bag under your foot to help it slide easier.

- ❑ **Step 2:** Slowly bend your knee back until you feel a gentle stretch. Your heel may lift from the floor but do not lift your hip. You can scoot your body forward on the chair to increase the stretch as you are able.

Hold for 20 to 30 seconds. Return to the starting position and relax. **Repeat 3 times.**

The stretching should be more slow and gentle than fast and forceful. Try to keep your muscle relaxed throughout the exercise.



Drawings © Allina Health System

Walking

How often: 5 times a day

Walk often during the day. Walking helps build your strength and endurance. It also helps prevent complications after surgery.

- **Walk around your home 5 times a day using a front-wheeled walker, crutches or other assistive walking device your therapist told you to use.** Trips to the bathroom or kitchen are not enough.
- Follow the activity guidelines your health care provider has given to you.
- Keeping weight off your surgical foot, walk with a “heel-toe” pattern your therapist showed you.
- Gradually increase the distance you walk. Work up to walking outside and in the community.

Keep in mind that each person is different and has different pre-surgery levels of fitness. Talk with your physical therapist about walking if you have other medical conditions.

Home exercise program — ankle replacement

Check the box under the appropriate day and week after you perform the exercises selected for you.

Exercise	Week 1							Week 2							Week 3							Week 4						
	M	T	W	Th	F	S	S	M	T	W	Th	F	S	S	M	T	W	Th	F	S	S	M	T	W	Th	F	S	S
Thigh squeezes																												
Leg slides																												
Straight leg raises																												
Lying kicks																												
Sitting kicks																												
Knee dangling/ swinging																												
Side leg lifts																												
Prone knee extension stretch																												
Prone knee flexion																												
Standing exercises																												
Calf stretch																												
Step stretch																												
Knee step up																												
Prone hip extension																												



Learn more about the Allina Health account



Easy appointment scheduling
In-person and virtual visits,
appointment reminders and updates



Care for the whole family
Gain access to another person's
account (proxy access)



Virtual care options
On-demand urgent care and
scheduled virtual visits



Prescriptions and billing
Manage payments, order refills and
track prescriptions



Info all in one place
Health records, lab results and
appointment notes



**Communicate with your
care team**
Send and review messages

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AllinaHealth.org/account

Allina Health 

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Affordable Care Act – Section 1557

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 - ◊ qualified sign language interpreters, and
 - ◊ written information in other formats (large print, audio, accessible electronic formats, other formats)
- provides free language services to people whose primary language is not English, such as:
 - ◊ qualified interpreters, and
 - ◊ information written in other languages.

If you need these services, ask a member of your care team.

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Allina Health Grievance Coordinator
P.O. Box 43
Minneapolis, MN 55440-0043
Phone: 612-262-0900
Fax: 612-262-4370
GrievanceCoordinator@allina.com

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Allina Health Grievance Coordinator can help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



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