

Orthopaedic Sports Specialists, P.C.

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Bunion Surgery (with or without Hammer Toe Correction)

Post Operative Instructions

Bunion surgery:

Bunion surgery is a correction of a deformity of the big toe. Patients with severe deformity require a more extensive operation than those patients with a mild or moderate deformity. For this reason I will do your surgery one of two ways:

- (1) Extensive surgery that includes a first metatarsal bone osteotomy (cut the bone with a saw) and placement of a screw.
- (2) Moderate surgery that only involves a soft tissue correction without any bone cuts or screws.

*For your surgery we: _____ **Cut the bone and put in a screw.**
_____ **Did not cut the bone or put in a screw.***

*_____ **If I corrected your hammer toes there are also small pins in your little toes.***

Bandages and the "Bunion Wrap":

Your post-operative dressing has two layers you need to understand in order to properly care for your surgery site. On the bottom layer your incisions were closed with stitches that are covered with small white tapes called Steri-Strips. Your Steri-Strips should be left in place until your sutures are removed 12 to 18 days after surgery.

The top layer is a very special dressing called a "BUNION WRAP." This snug wrap is very important to the outcome of your surgery. The dressing is carefully applied to maintain your bunion correction. Only Dr. Joyce puts this dressing on, not the nurse or any other caregiver. You should not remove this dressing. If you think the dressing is causing problems (that it is too tight, there is blood soaking through or any other reason), then call Dr. Joyce and discuss the situation with him. If for any reason the dressing is removed (remember, it really should be left in place) a new dressing should be applied within 12 to 24 hours. The first bunion dressing is changed at my office 2-3 days after surgery. I will then do weekly dressing changes for 6 weeks after surgery.

Occasionally, there will be a small amount of blood in this dressing which is nothing to worry about, however if you see a lot of bleeding please call that doctor.

Walking and the Bunion Boot:

Whenever you are ambulating you should be in your bunion boot that you received at the hospital. When you are on the couch or in bed the boot can be removed. If you had your bone cut and a screw put in, or if you have pins in your little toes, then use your crutches and only put partial weight on the ground while walking. For these patients (with screws and pins) I will tell you when you can put full weight on your foot and not use your crutches.

If I did not put any screws or pins in your foot then you can put as much weight on your foot as pain permits. Most of these patients are walking without crutches in 2 days to 2 weeks (everybody has a different pain threshold).

Washing & Bathing:

You should be careful to keep the wound clean and dry after surgery. Beginning on the third day after surgery it is OK to shower if you put your foot into a plastic bag to keep it dry. The bag can be sealed with tight plastic wrap from your kitchen. If you get in and out of the shower fast it will stay dry.

The yellow discoloration you will find around your foot is a long lasting surgical prep called DuraPrep. This is used because it will kill bacteria on your skin hours longer than old fashion iodine surgical preps. This yellow discoloration will not come off with soap and water - instead you will need rubbing alcohol to remove it. This can be done the day after surgery unless it is causing your leg to itch, then it can be removed sooner.

Ice, Elevation & Motion:

One important goal following surgery is to minimize swelling around your surgery site. The best way to achieve this is with the frequent application of ice and gentle range of motion exercises. This is most important the first 48 hours following surgery. The ice pack should be large (like a big zip-lock bag) and held firmly on the area of your surgery. Wiggle your ankle and your toes (if you have pins in your toes - DON'T wiggle them) as pain permits.

Physical Therapy

The goals of physical therapy are to assess how your body responded to the surgical procedure, help you feel comfortable with your surgery, and make sure you aren't afraid to start doing things. Sometimes physical therapy is required depending on the surgery performed and the patient. If Dr. Joyce feels physical therapy is the right choice for you, the office will make your initial appointment. We don't begin physical therapy until several weeks after bunion surgery. Your therapist will start range of motion and strength exercises on your first visit. If anything unexpected is found the therapist will let Dr. Joyce know right away.

Follow up appointment:

We try to give all of our patients a follow-up office visit at the same time we schedule your surgery. Sometimes I find things, or do things, I didn't anticipate during your surgical procedure; therefore I may want to see you in the office sooner than originally planned. Typically I want to see my patients in the office 2 to 3 days after surgery.

FOLLOW UP APPOINTMENT: _____

Medications:

I will usually prescribe two medications for the control of your post-operative pain. During surgery I will often inject a numbing medicine like novocaine, (or the anesthesiologist gave you an ankle pain block) that will give some pain relief for several hours after surgery. It is important to begin taking your pain pills before this medicine wears off.

This first medication I use is Vicodin (hydrocodone) which is a strong narcotic pain medication. It will begin to work within 15 minutes after taking it with a maximal effect in one to two hours. Normally, Vicodin is taken every 6 hours but if the pain is severe, it can be used every 4 hours. There are some side effects to this medication. If you take a full dose of this medication for more than 4 or 5 days it may lead to constipation. Also, for some sensitive patients, when taking the first few doses of Vicodin you may experience nausea or an episode of vomiting. The best way to prevent this is to take the medicine with a little food, start with just one pill, and be patient while the medicine begins to work. Usually, after the first few doses the nausea will go away. If the nausea persists, it is possible that a similar response will occur with other narcotic pain pills, therefore using the second medication that I prescribe (Anaprox) as the main medication to control your pain may be the best plan for you.

The second medication I prescribe is Anaprox, which is a non-narcotic painkiller in the NSAID class. The advantages of this medication is that nausea is an infrequent side effect and it can also be taken with the Vicodin for better pain control than any pain medication alone. For patients that get stomach irritation from NSAIDs I will substitute Vioxx for the Anaprox. This medication should be taken with food. Many patients end up taking the Vicodin at night and the Anaprox during the day. Whatever combination works best with you is fine with me.

What to watch out for:

- ∞ Pain that is increasing every hour in spite of the pain medication
- ∞ Drainage from the wound more than 2 days after surgery
- ∞ Increasing redness around the foot or toes
- ∞ Fever greater than 101°
- ∞ Unable to keep food or water down for more than one day

Who To Call for Questions and Problems:

If you are having problems or there are questions you need answered then please call our office at 860-652-8883 and our nurse will help you. We are open between 8:30 and 4:30 pm, Monday to Friday.

We realize that after surgery some problems or questions are urgent and can not wait until normal working hours. Under these circumstances please call 860-652-8883 anytime (24 hours a day, 7 days a week) and the doctor on-call, or myself will return your call. If you do not receive an answer within 20 minutes there may be a problem with the beeper so please call again.

If an emergency were to occur you can always go straight to the emergency room for immediate attention.

*Wishing you - All the Best,
Michael Joyce, MD*