

Patient Name:

Date:

POST-OPERATIVE INSTRUCTIONS

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

1. If you have any problems or concerns you can call the office anytime. There is a doctor on call 24 hours a day.

CALL THE OFFICE IMMEDIATELY IF:

- **You are having calf pain.**
- **The bandages become overly stained.**
- **Your medications do not stop the discomfort.**
- **You should bump or injure the surgical site.**
- **You develop a fever.**
- **You get your dressing wet.**

2. Take one baby aspirin daily unless you have asthma or an allergy.
 3. Go directly home and keep your feet elevated on the way. Call the office when you get home.
 4. Elevate your feet six inches above hip level by supporting feet and legs with pillows for one week.
 5. Bedding may be kept from irritating the surgical site by use of a cardboard box to cradle the covers over the feet.
 6. Apply an ice bag covered with a towel on your dressing for two hours on and one hour off for the first three days, OR use ice machine as described.
 7. Limited swelling is expected, occasionally, the skin may take on a bruised appearance. This is no cause for alarm.
 8. Keep your bandages / cast clean and dry. DO NOT remove the bandages or inspect the wound.
 9. Cover the bandages with a plastic bag and hang the leg outside the tub while bathing. NO SHOWERS!!!
 10. Exercise your legs frequently by bending your knees to stimulate circulation and speed healing.
 11. Have prescriptions filled and take medication as directed. If medications cause stomach upset, headache, rash, or other abnormal reactions, discontinue their use and CALL THE DOCTOR.
 12. Curtail use of alcohol beverages and smoking.
 13. Ambulation instructions: You may walk as necessary _____ weight-bearing left / right with _____ only as tolerated.
 14. You should get plenty of rest with the foot elevated, drink plenty of fluids, and eat your regular well-balanced diet.
 15. Call the office to confirm your next appointment.
 16. Additional instructions:
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I have read and fully understand the above instructions.

Patient Signature:

Date: