



Nathan A. Mall, MD

Director, St. Louis Center for Cartilage Restoration and Repair

Regeneration Orthopedics

6 McBride & Sons Center Drive, Suite 204 · St. Louis, MO 63005

office: 636.536.7000 · fax: 636.898.5709

POSTOPERATIVE INSTRUCTIONS

ANKLE ARTHROSCOPY AND DEBRIDEMENT

WHAT IS NORMAL?

- Some nausea and/or vomiting is normal after general anesthesia. We try to minimize this by giving anti-nausea medications, and having the anesthesiologists use certain medications, but it is often unavoidable in some people. If this persists for greater than 24 hours please alert our office.
 - We provide everyone with a prescription for an anti-nausea medication. This is a relatively expensive prescription, so we recommend not filling the prescription unless nausea becomes a persistent problem.
- A sudden increase in pain is common when the numbing medication wears off. This typically occurs anywhere between 6 and 24 hours after the surgery. It is impossible to predict because everyone's body metabolizes the medication differently.
 - We recommend taking some pain medication even when you are relatively comfortable as once the block or numbing medicine wears off it takes a long time to catch up to the pain. If you have some pain medicine in your system it is easier to get ahead of the pain.
- A fever in the first 1-2 days after surgery is common. This is related to collapse of some of the small air sacs in the lungs which triggers a fever response. The best treatment for this is deep breathing and coughing. If the fever persists beyond 48 hours after surgery or is more than 102 degrees, please call our office.

DIET

- Begin with clear liquids and light foods (jellos, soups, etc.)
- Progress to your normal diet if you are not nauseated

WOUND CARE

- Maintain your operative dressing, loosen bandage if swelling of the foot and ankle occurs
- It is normal for the ankle to bleed and swell following surgery – if blood soaks onto the ACE bandage, do not become alarmed – reinforce with additional dressing. You can purchase extra gauze or an ABD or abdominal pad at the drug store and wrap an additional ace wrap around this.
- If a splint was applied, do not remove surgical dressing. The splint and dressings will be removed at your first post-operative visit.
- If you were placed into a boot post-operatively then you may remove your dressings after 3 days and begin to shower. There may be small white strips over your incisions, if so, leave these on. These are designed to assist in keeping the skin edges together.



- To avoid infection, keep surgical incisions clean and dry – you may shower by placing a large garbage bag over your splint starting the day after surgery – NO immersion of operative leg (i.e. bath). Alternatively, you can wrap the leg in saran wrap, assuring it is kept tight to the leg above and below the dressing/splint.

MEDICATIONS

- Pain medication is injected into the wound during surgery – this will wear off within 8-12 hours
- Most patients will require some narcotic pain medication for a short period of time – this can be taken as per directions on the bottle
- Common side effects of the pain medication are nausea, drowsiness, and constipation – to decrease the side effects, take medication with food – if constipation occurs, consider taking an over-the-counter laxative
- If you are having problems with nausea and vomiting more than what is described as normal in the first section of this document, contact the office to possibly have your medication changed (call 314-995-0070)
- Do not drive a car or operate machinery while taking the narcotic medication
- Ibuprofen (i.e. Advil) or naproxen (i.e. Aleve) may be taken in between the narcotic pain medication to help smooth out the post-operative ‘peaks and valleys’, reduce overall amount of pain medication required, and increase the time intervals between narcotic pain medication usage.
- If you have been prescribed a medication called Toradol or ketorolac, do not take additional anti-inflammatory medications such as ibuprofen or naproxen until you have completed the prescription of Toradol (ketorolac).
- As the days progress following surgery, you can begin weaning yourself off the pain medications. Typically, patients will require pain medications every 4 hours for the first 3-4 days and then can begin spreading this out longer and longer. Pain medication is typically used at night for at least the first week.
- Dr. Mall has a strict policy regarding narcotic pain medication. If you still require narcotic pain medication 4 weeks after surgery you will likely be referred to a pain management physician to assist you in weaning from the medication or to your primary care physician.

ACTIVITY

- Elevate the operative leg to chest level whenever possible to decrease swelling. Keeping your leg above the level of your heart helps the blood travel back to your heart since you aren’t using the muscles in your leg to push it back to the heart like normal.
- Use crutches to assist with walking – you are NOT to bear any of your weight on the operative leg – unless instructed otherwise by physician (Non-Weight Bearing only) if you were placed in a splint.
- If you were placed into a walking boot, then you may begin weight bearing as you tolerate. You may need crutches for a couple of days.
- Do not engage in activities which increase foot or ankle pain/swelling (prolonged periods of standing or walking) over the first 7-10 days following surgery
- Avoid long periods of sitting (without leg elevated) or long distance traveling for 2 weeks
- NO driving until instructed otherwise by physician
- May return to sedentary work ONLY or school 3-4 days after surgery, if pain is tolerable



ICE THERAPY

- Begin immediately after surgery
- Use icing machine continuously or ice packs (if machine not prescribed) every 2 hours for 20 minutes at a time every day until your first post-operative visit – remember to keep leg elevated to level of chest while icing
- If you did not get an ice machine and you must be up, then you can purchase a plastic wrap roller or just use plastic wrap from a grocery store to wrap the ice bag to your ankle. This will allow you to be mobile while still icing the knee. This is how we ice all of our professional athletes after games or practices.

EXERCISE

- Formal physical therapy (PT) may begin after your first post-operative visit

EMERGENCIES**

- Contact Dr. Mall or his assistant Nathan Place at 636-536-7000 (business hours) or at 314-995-0070 (after hours) if any of the following are present:
 - Painful swelling or numbness
 - Unrelenting pain
 - Fever (over 102° - it is normal to have a low grade fever for the first day or two following surgery) or chills
 - Redness around incisions
 - Color change in wrist or hand
 - Continuous drainage or bleeding from incision (a small amount of drainage is expected)
 - Difficulty breathing
 - Excessive nausea/vomiting (more than described above)
- **If you have an emergency after office hours or on the weekend, contact our exchange (314-995-0070) and you will be connected to our page service – they will contact Dr. Mall
- **If you have an emergency that requires immediate attention, proceed to the nearest emergency room.

FOLLOW-UP CARE/QUESTIONS

- Dr. Mall or Nathan Place will call you on your first day after surgery to address any questions or concerns. If you have not been contacted within 48 hours of surgery, please call our office or send us an email at mallteam@regenerationortho.com
- If you have additional questions that arise at any time, or for any non-emergent questions or concerns email us at mallteam@regenerationortho.com
- If you do not have access to e-mail, please call Dr. Mall or Nathan Place directly at 636-536-7000 (business hours) or 314-995-0070 (after hours)
- If you do not already have a post-operative appointment scheduled, please contact the office during normal office hours (636-6536-7000) and ask for appointment scheduling. You will need to be seen between 8-14 days after surgery.