Eitan M. Ingall MD
Baylor Scott and White Orthopaedic Associates of Dallas

Patient Information for Foot and Ankle Surgery

BUNION – CHEVRON/SCARF/AKIN (Minimally invasive or open)

Information: Bunions are due to a deformity that causes the big toe to point outward/rotate and a painful bump can develop. Bunions can be treated without surgery. If you decide to have surgery then the deformity has to be corrected. This is done by an osteotomy (using a saw to break the bone; in this case, the first metatarsal, and possibly the phalanx). Soft tissues around the bunion are also released and tightened as needed to correct the deformity. Metal is placed into the bone to hold the osteotomy while it heals. Often, patients have other deformities and/or painful conditions that may be fixed at the same time (eg. hammertoes, bunionettes, crossover toes, etc.). There are many ways to surgically correct bunions. Traditionally, these are done through an open incision on the inside of the big toe. While this remains an excellent option, some patients are candidates for minimally invasive bunion correction. This is done through a series of small 1cm incisions and a high speed burr that cuts the bone. While the incisions are small, it is remains a big operation for your bones. We will discuss both options in the office (traditional open versus minimally invasive) and decide together what is best for you. Risks of surgery include, but are not limited to: infection, wound healing issues, scar, swelling, stiffness, pain, numbness, injury to vessels, bone healing problems, hardware problems, need for hardware removal, recurrence, other deformity, need for future surgery, perhaps a condition you may feel is worse or not much better from your preoperative status. If you need an excuse for work, please let us know before surgery. Depending on your job, most can return to work in 1-2wks wearing their surgical shoe.

On the day of surgery: You and your anesthesiologist will determine what is best for your particular surgery. Often, a block is provided by the anesthesiologist. This will decrease the amount of pain after surgery. The risks of anesthesia/block will be discussed with the anesthesiologist. You will be brought to the operating room and your leg will be cleaned for surgery. Drapes will then be placed over your leg and your entire body to keep our field clean. You will be given antibiotics before/during surgery. I will perform your surgery (perform an incision, break the bone, balance the foot, add hardware, close the tissue/skin, and then place a special dressing on your foot that must remain on until your first postoperative visit with me). After surgery, I will discuss the surgery with your guest that day.

After Surgery: You will be taken to the recovery room and sent home when the nurses and anesthesiologist think you are suitable for discharge. You will be placed into a postoperative shoe or short walker boot. Often times you are allowed to walk in this device or put weight on the heel only.

Care of your splint/dressing and weightbearing: Please pay close attention to the discharge paperwork you receive about how to care for your splint/dressing. In order to ensure an optimal outcome, it is critical that you adhere to these recommendations. For example, if you have a splint, it must stay dry etc. Depending on your surgery, you may not be permitted to put weight on your leg etc. . Again, it is important to not remove your bunion dressing. If for some reason it becomes loose or soiled, needs to be removed, etc, please notify our team ASAP and I will need to see you sooner in the office. All of these

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details can be found in your discharge paperwork. Please do not leave the hospital/surgery center until you and your guest have full understanding of the post operative instructions. Please ask questions as they come up! We are here to help.

Medications – Please read this section carefully: After surgery, you will be prescribed a small dose of narcotic pain medication. All narcotics cause constipation, so I will provide you stool softener as well to try to help with this. Narcotics are dangerous medications with addictive potential. Furthermore, we now know that their ability to reduce pain may even be inferior to NSAIDs or other anti-inflammatory medication. We try to control pain using multiple pain pathways including narcotics (for a short time), ibuprofen and Tylenol. Other medications may be used in certain instances as well. ***It is our commitment to you to help control your pain in a safe manner.***

These are the 5 medications I prescribe most patients after surgery:

- Colace – Stool softener twice daily
- Oxycodone- 5mg every 4-6 hours for severe pain
- Zofran – anti-nausea medication to be taken as needed
- Tylenol (usually 1000mg)
- Ibuprofen (usually 800mg)

And if you are having fracture or fusion surgery:

- Calcium
- Vitamin D

You should plan to take the oxycodone every 4-6 hours for the first 24 hours (especially as your block wears off). **I recommend the following schedule:**

Day 1 – Oxycodone 5mg every 4-6 hours

Day 2 – Oxycodone 5mg every 4-6 hours but skip the dose around lunchtime if you can

Day 3 – Oxycodone 5mg every 8 hours

Day 4 – Oxycodone 5mg twice, once in the morning and once at night

Day 5 – Oxycodone 5mg only at bedtime

Day 6 – Oxycodone 5mg only at bedtime

Day 7 – Stop narcotic pain medication (OK to take at bedtime if absolutely necessary)

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This adds up to about 18 pills. For most surgeries, I will provide you with twenty pills. I do not provide refills for narcotics. This is because after about a week, they generally do not provide much benefit for pain relief and can become harmful (constipation, altered mental status, addiction).

In addition to the above schedule, you should take Ibuprofen (Motrin or Advil) along with Tylenol (Acetaminophen) in an alternating fashion for the first week after surgery:

06:00 – 800 mg Ibuprofen

09:00 – 1000 mg Tylenol

12:00 – 800mg Ibuprofen

15:00 (3pm) – 1000 mg Tylenol

18:00 (6pm) – 800 mg Ibuprofen

21:00 (9pm) – 1000 mg Tylenol

This may be done for the full week after surgery. After one week, you can take the Tylenol or Ibuprofen as needed on a less frequent basis. Please note that if you have liver problems you should not take Tylenol. Also, some people cannot take Ibuprofen because of prior gastric bypass surgeries, stomach ulcers or other reasons. Ibuprofen can cause stomach pain and GI issues, and please alert our office if you develop any of these symptoms. Please let me know if you cannot take these medications and we will find suitable alternatives.

Postoperative Course:

1 wk – I will see you for a dressing change and wound check.

2 wks – I will see you for dressing removal, xrays, advance weightbearing, replace dressing/toe spacer

4-6wks – I will see you again for repeat xrays, removal of dressing/toe spacer, and begin transition to choice shoewear

8-12 wks – You will begin to advance your activities, getting back to some sense of normal

4-6 months – You will begin to feel that this is “behind you” and although you are not fully normal/healed, you should be doing quite well. Swelling is the last issue to resolve and can be 6-12 months for any foot surgery. You will notice that your big toe is somewhat stiff and this is normal. I’m happy to see you at any time during the scheduled visits or unscheduled visits if you have questions/concerns.

Thank you for entrusting me with your care. I will take excellent care of you.

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