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Information for patients

Undergoing Foot and Ankle Surgery



Foot and Ankle



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Introduction

This leaflet is intended as a guide for patients who are having surgery on their foot or ankle. It is important that you understand what having surgery involves, what your recovery may be like and the potential problems or complications that may occur after surgery.

What to Expect

The foot and ankle is a very complicated structure and consists of 28 bones, 35 joints and over 100 muscles, tendons, ligaments and nerves that make it all work. As a result, if surgery is required, it may be very complicated in nature and have a lengthy recovery period.

What are the Benefits of Surgery?

Surgery is performed on the Foot and Ankle for a number of reasons, including:

- To reduce or relieve pain
- To correct deformity
- To remove excess bone or soft tissue swellings
- To increase Mobility
- To facilitate healing (in the case of broken bones or soft tissue injuries)

What are the Risks of Surgery?

All surgery carries potential risks. Whilst healthcare professionals aim to make your operation as safe as possible, there will be some patients who have complications. Any serious risks will be fully discussed with you as some could be fatal and our aim is to ensure you are fully aware of all and even unlikely risks as part of the informed consent process.

Anaesthetic Risk

You will see an anaesthetist on the morning of surgery and discuss the best type of anaesthetic for you and the risks associated with it. There are various anaesthetics that can be used nowadays and these will be discussed with you to find the most suitable one for you.

General Risks and complications of surgery

Pain varies a lot in different patients. You will be given pain relieving medication to take home with you and the best advice is to elevate your leg as much as possible to reduce swelling and to take your medication as prescribed without missing any doses.

Bleeding: this may be noticeable through your dressing or plaster but is rarely a cause for concern. However, if you are at all concerned, you can contact the helpline detailed below.

Who do I contact if I am worried or have Questions?

A member of the team on the foot and helpline or Sister Bethan Mallen (Foot and Ankle Nurse Practitioner) on the Foot and Ankle help line: 01691 404202; leave a message with your name, hospital number and contact number. Alternatively, a call to the ward you were admitted to will be able to help.

Where can I get more Information?

British Orthopaedic Foot and Ankle Society (BOFAS)

www.bofas.org.uk

Offers a list of all surgeons carrying out specialist foot and ankle surgery across the UK as well as patient information.

Arthritis Research UK

www.arthritisresearchuk.org

Phone: 0300 790 0400

Offers a wide range of information and articles as well as a selection of self-help booklets which can be downloaded on the Internet.

National Rheumatoid Arthritis Society (NRAS)

www.nras.org.uk

Phone: 0845 458 3969

Helpline: 0800 298 7650

Email: enquires@nras.org.uk

Provides information and support for people with rheumatoid arthritis (RA) and juvenile idiopathic arthritis (JIA), their families, friends and carers.

Other useful links:

www.walktall.co.uk

www.cosyfeet.co.uk

www.diabetes.org.uk

www.widerfitshoes.co.uk

www.protectacast.com

www.limboproducts.co.uk

www.patient.co.uk

If you have any comments on this leaflet please contact:

Sister Bethan Mallen 01691 404202

bethan.mallen@nhs.net

Your first outpatient appointment is around 2 weeks from your operation date. Your stitches (and cast if applicable) are removed, an x-ray is taken if required and if needed, a fresh lightweight cast is re-applied to your lower leg. You will be advised at this time of your next appointment.

Wooden-soled sandals

You will be provided with a wooden-soled shoe if you can put weight through either part or all of your foot. These are to be worn at all times including in bed unless otherwise directed. You can walk in these sandals as soon as you like but are advised to heel weight bear or flat foot walk for at least six weeks. You must not drive or go to work until advised by your healthcare provider.

Plaster Cast

Normally, you will be put into a temporary heavy/bulky plaster cast and will be advised to non-weight bear; this means that you will not be able to put any weight through your operated leg. This will be changed to a lightweight cast 2 weeks following your surgery and you will still need to keep your weight off it for a further 6-12 weeks. You must keep your foot/cast dry, elevated, and not drive or return to work until we advise you to.

You are strongly advised to take your pain relief as prescribed and to elevate your leg(s) as much as possible. Swelling is normal and some discolouration in the toes is also normal as is seepage through the bandages.

Normal activities

Realistically it will be several months before you are back to normal activity. Swelling of your lower limb is normal and it can take up to a year for this to subside. Your healthcare provider will advise you when you can resume driving and return to work.

If you have been wearing a cast, following removal, you may be asked to walk in a special removable boot for a further few weeks, increasing your walking and activity as your foot allows.

Most people make a good recovery following foot and ankle surgery. Although, in certain operations, you may have lost the ability to move certain joints, your pain will be much reduced. Other joints around the foot will have to work harder so they may ache for a little while whilst they are adjusting, and you may also have a small limp.

You may require physiotherapy following your surgery to increase the range of motion in your foot/ankle. Your healthcare provider will advise you if physiotherapy is required.

Swelling: Your foot and ankle will swell after surgery. This is entirely normal and may persist, depending on the type of surgery for several months. The best advice is to elevate your leg/ legs whilst resting.

Nerve damage: damage to nerves around the operating site is extremely rare but may lead to numbness or permanent pain if it gets caught up in scar tissue. Nerves may also be unintentionally damaged by pain relieving anaesthetic blocks.

Blood clots: these may form in your lower leg (Deep vein thrombosis -DVT) or may travel to your lungs causing a Pulmonary embolus (-PE). (Risk; 1 in 1,000), If you are at risk you will normally be prescribed an anti-clotting agent to help protect you from this. If you develop pain, swelling or redness in your leg or the surface veins appear larger than usual you may have a DVT and should seek advice straightaway. If you feel pain in your chest or back and become breathless, you may have a clot in your lungs and should call for an ambulance urgently or go straight to an Accident/Emergency unit informing them of your symptoms and that you have had recent surgery.

Infection: if you get an infection it usually affects the skin only (Risk 1 in 50) and may require regular dressing changes and antibiotics. Deep infection is rarer but more concerning and may require further intervention.

Non-union/Mal-union: in a small number of patients the bones may be slow to heal (Delayed Union) or do not heal at all (Non-union) or can heal at an incorrect angle (Mal-union), (Risk 1 in 50). A second operation may be required to put things right.

Loss of movement in the foot or ankle: if your operation involves fusing a joint due to arthritis then you will have loss of movement in that joint, this is normal.

Stiffness: for soft tissue or joint surgery, stiffness may be due to scarring or prolonged swelling; (Risk; 1 in 25) this usually settles in time. Physiotherapy may be required to assist with this.

Severe pain, stiffness and loss of use of the foot and ankle: (complex regional pain syndrome). The cause of this is unknown. If it happens, you will need further treatment involving physiotherapy and painkillers.

Recurrence of deformity: in some types of surgery, there is a chance your condition may recur. There are a number of reasons why this could happen. This will be discussed with you by your Healthcare Professional. If it does then you may require a further operation to correct this.

Is there anything I can do to increase the Success of my Operation?

Smoking seriously affects bone healing cells so that the wound AND BONES are less likely to heal; it also increases your chance of post anaesthetic chest infection and you are strongly advised to give up or at least cut down drastically to help reduce this.

If you are overweight, this has implications for your anaesthetic and puts excessive loading on your feet. Losing weight has many benefits for your planned surgery and your health in general. If you need advice about smoking cessation or weight loss, your healthcare professional can provide information to assist you.

Are there any alternatives to Surgery?

If pain is the issue then that can be controlled with adequate regular painkillers, relieving pressure over deformities may also help. Most patients will have already tried simple painkillers such as Paracetamol and simple anti-inflammatories such as Ibuprofen. There is some evidence to suggest that glucosamine, and fish oils may help relieve your symptoms and these should be discussed with your own doctor before you take them. It is worth noting that any supplements you take are usually stopped prior to an anaesthetic given for surgery. Deformities may lead to severe pressure and friction inside your footwear; this may lead to ulceration and infection which then becomes difficult to treat.

Wider fitting shoes are the obvious solution to accommodate deformities. Custom made shoes and/or insoles may be an option, these measures will avoid the potential risks and complications of an operation. If these measures help to reduce your symptoms then you may not require an operation at all. Your surgeon may decide to send you to an Orthotist who specialises in footwear and insoles to try and help relieve your symptoms and aid your walking.

Some devices such as toe spreaders, spacers, shields, insoles and corn protectors are readily available commercially. The use of a walking stick and stout ankle boots may help support your feet and ankles, insoles may also help. Exercise, as painful as this might be, is good to keep your muscles and bones strong and help reduce stiffness within the joint(s).

Your doctor may consider putting a steroid injection into an affected joint to try and reduce painful symptoms for a while. There may be side effects from doing this and cannot be repeated too often.

There are many operations that can be carried out on your foot/ankle to correct it; these will have been discussed with you prior to your admission, and may include the following:

- Removing excess bone, metalwork or soft tissue.
- Realigning bones.
- Releasing/tightening ligaments/tendons.
- Straightening one or more of your lesser toes.
- Stiffening or replacing a joint.

The length of the operation depends on the severity of your condition and how it is to be corrected, if you require surgery to multiple bones, joints or soft tissues, then this will lengthen the time of your operation.

Recovery from your Operation

Some operations are carried out as a day case allowing you to go home the same day. However, more complex surgery will require you to stay in hospital. Once the healthcare team are happy that you are fully recovered, circulation to your feet is good, you are safe and can use the walking aids provided then you will be discharged from hospital. If you are kept in, it will be for sound clinical reasons.

If your Healthcare Professional says you will need walking aids, the hospital will provide them and a physiotherapist will teach you how to use them safely. If you have been instructed not to weight bear through your operated foot, you will be required to hop. If you are unable to hop using walking aids such as crutches or a walking frame, you may require a wheelchair. Your local Red Cross or mobility shop can advise on a short term loan solution – for more information please see our Foot and Ankle FAQs on the Orthopaedic Therapy Team webpage.

Before coming into hospital, think about what you will need at home - perhaps do some extra shopping before your surgery, or ask someone to do it for you. If needed, perhaps do some cooking in advance, and maybe clear some areas of your house of things that may trip you up or get in your way. If you manage to loan a wheelchair, make sure you trial it at home to check for space and doorway size. Think about bringing a bed downstairs if hopping is going to be difficult.

If a need for help at home is identified, a referral to the Occupational Therapist can be made.

For further information on how to prepare for home after your operation, please visit the Orthopaedic Therapy Team webpage and view our Foot and Ankle FAQs.

Depending on what operation you have, you will be discharged in either thick wool and crepe bandages on your feet and will be provided with rigid, wooden soled sandals or you will be discharged in a plaster cast.