

General Surgical Frequently Asked Questions

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Who will tell me which medications to stop prior to surgery?

- The hospital's pre surgical team will call you 1-2 weeks prior to surgery. During this phone call they will obtain a list of your current medications including all supplements and vitamins. They will then tell you which medications need to be discontinued prior to surgery. If they have not called you one week before surgery please refer to the contact number on the last page.
- If you have diabetes the hospital will also instruct you on any adjustments in oral or insulin medications and food restrictions.
- Dr. Mangone requests aspirin and anti-inflammatories be stopped at least three days prior to surgery and Coumadin at least five days. If you do take Coumadin you will need to contact the prescriber to make sure it is OK to stop your Coumadin, and if you will need other medication prescribed while off of your Coumadin. You may resume your Coumadin as prescribed the day after surgery. No restrictions on Tylenol.

What are my food and water restrictions?

- The hospital's surgical team will also give you your food and water restrictions. Generally if you have an early morning surgery you will not be allowed to eat or drink after midnight, although this can vary based on health concerns/and or diabetes. Dr. Mangone's office is not in charge of this; please call Mission's SATU with questions. (828) 213-2106.

When do I need to arrive at the hospital/surgery center?

This aspect of your surgery is also determined by the individual hospital or surgical center. Listed below are the general guidelines for surgery arrivals, but may vary. The hospital may chose to have you arrive earlier if there are individual circumstances that would require more time to prepare you for surgery. Always follow the hospital's instructions.

- Mission Hospital- 3 hours prior to surgery
- Asheville Surgery Center- 2 hours prior if having a block, 1.5 hours if only general anesthesia
- Pardee Hospital- 2 hours prior to surgery
- Orthopedic Surgery Center- 2 hours prior to surgery
- Please try your best not to be late as the pre-operative staff needs ample time to get you prepared for your procedure. If you are running late please call Mission or Dr. Mangone's office. Your case may need to be rescheduled if this occurs.
- With any schedule there may be delays that are unforeseen. Please understand we do our best to stay on time, yet certain circumstances can delay our cases including extended surgical times or hospital delays. Please be patient with the pre-operative staff and understand that we will get to your surgery as soon as we can. If there will be an excessive delay we will let you know and will give you the option to reschedule if you prefer.

What type of anesthesia will I be having?

- There are four types of anesthesia available during foot and ankle procedures. These will be discussed with you at your office visit and Dr. Mangone will give his recommendation.
 - 1. General Anesthesia- you will be put to sleep and intubated during the procedure. This is done for most cases that require at least two hours of surgical OR time. Local numbing medication can be put in after the surgery to help reduce your pain when you wake up.
 - 2. Regional Anesthetic (Block)- this is done in the pre-operative area by the anesthesiologist to numb the surgical site prior to surgery. The benefit is that if the numbing medication is working well you can be given light sedation (like a colonoscopy) instead of being put to sleep all of the way. You may choose how alert or asleep you are. They can make sure you don't remember, hear, or feel anything. Another benefit is that the ankle or popliteal block will last approximately 8-16 hours after surgery in which the goal is to have minimal pain and discomfort. Lighter sedation usually allows you to go home sooner after the surgery and decreases post operative risks of nausea, headache, vomiting, and other anesthesia side effects. Not all blocks work equally on all patients and the anesthesiologist will explain this and other options to you prior to surgery. The general success rate of doing a regional block with light anesthesia is approximately 85%, and those not functioning as well will need to have heavier sedation and possible general anesthetic in addition to their block.
 - 3. Spinal Anesthetic- if you are high risk to be intubated or have had adverse reactions to anesthesia in the past the anesthesiologist can do a spinal block to make your lower body numb. This requires at least an overnight stay.
 - 4. Local Block- This is done by numbing up the surgical site alone without any sedation or anesthesia. This can be performed in some hardware removal cases, toenail removal cases, and other focused procedures.

- In larger foot and ankle reconstruction cases Dr. Mangone may chose to use a continuous popliteal block to help with post operative pain. This entails the anesthesiologist locating the nerve plexus behind your knee in pre-op. While you are under light sedation they will insert a very small catheter into the area that will be attached to a pump filled with numbing medication. This pump is left in place approximately 72 hours after surgery to provide local anesthetic to your leg, in turn reducing your overall pain. If you have problems, redness, or other concerns at the site of the block you must call the anesthesia team at Mission directly. (828)-274-3477. Their website is available at www.ashevilleanesthesia.com
- Dr. Mangone will give his recommendation for the type of anesthesia he suggests, but ultimately the decision will be made by you and the anesthesiologist at the time of surgery. The anesthesiologist is ultimately in control of your surgical anesthesia, and we suggest following their recommendations. If you have questions that need to be answered to help make your decision please contact Asheville Anesthesia at the number or website listed in the paragraph above.

How long after the surgery before I may go home?

- Outpatient Procedures- typically 1-2 hours after the surgery is over, after eating and drinking.
- Observation Procedures (at Mission)- you will be kept overnight at the hospital to make sure your pain is controlled and work with physical therapy once the morning after surgery. If you are feeling well you may go home the day after, or may stay longer if having problems with pain control or physical therapy.
- Inpatient Procedures- These are typically larger reconstructive procedures or cases where the patient chooses to go to a skilled nursing or rehabilitation facility. The average stay is 3 days.
- There are always scenarios that can delay your departure after surgery such as nausea, pain, grogginess, and other hospital protocols that need to be completed. Please be patient with the hospital staff and they will do their best to get you on your way home safely.

What will be on my foot immediately following surgery?

- 1. Post operative Sandal: typically in all forefoot surgeries (bunion, hammertoes, neuromas), cyst excisions/soft tissue procedures, and toenail procedures. The sandal is to be on at all times while out of bed. You may remove it when resting and elevating and are encouraged to use ice packs around the soft dressing for swelling and pain control.
- 2. Black CAM boot with Velcro straps: in certain ankle or hindfoot procedures. More commonly used after the first post operative visit. Dr. Mangone will send home instructions after surgery directing the use, removal, and care of the boot dependent upon your individual procedure.
- 3. Custom molded splint: most common after flatfoot, cavovarus foot, hindfoot/ankle fusions, Achilles tendon surgery, and other ligament repair

procedures. This is made with plaster and is molded to fit your foot and ankle. This will allow for swelling after the surgery and can expand, unlike a fiberglass cast. Do not remove this splint until seen by Dr. Mangone.

- 4. Solid fiberglass cast: used in rare cases immediately after surgery if indicated by Dr. Mangone

What medication will be prescribed to help with my pain?

- Typically narcotics will be used initially for post operative pain. The two we use most commonly are Percocet (oxycodone) and Vicodin (hydrocodone). If you have had adverse reactions to these medications there are other options such as Nucynta, Tramadol, and other prescription medication. We do not routinely prescribe oxycontin, morphine, or dilaudid as they can cause over sedation and post operative complications when taken at home.
- Make sure to explicitly let Dr. Mangone know, and write on the intake forms, if you have adverse reactions to Percocet or Vicodin to avoid prescription complications.
- Take all pain medication with at least a small amount of food to reduce the risk of nausea
- Do not take more pain medication than you need as all medications can have side effects.
- Percocet and Vicodin contain Tylenol, so do not take any additional Tylenol tablets
- You may use OTC ibuprofen products in addition to your pain medication if having severe pain. Do not wait until you are in extreme pain. Do not use ibuprofen if you have a history of GI ulceration, take coumadin, plavix, or any blood thinners as ibuprofen can cause adverse reactions with those medications.
- If you had a nerve block we suggest starting to take at least one tablet of pain medication when you begin to have sensation or feel tingling/pain as the block wears off.
- You will be slowly weaned off of the pain medication as you recover. Narcotics will be discontinued 4-6 weeks after forefoot surgeries and at most 2-3 months after hindfoot reconstruction or fusion surgeries. If you are in a chronic pain scenario your primary care or a pain management physician will need to take over care of this.
- We WILL NOT refill pain medication earlier than due. You may not take more pain medication than prescribed as this can cause over sedation and tylenol toxicity that can affect your organs. If your pain medication is not controlling your pain, you must call Dr. Mangone's office to discuss this. There will be no exceptions made to this policy. We will not refill your prescription if you drop it down the toilet, lose it, or have someone steal it unless there is a police report.
- You must call for medication refills during normal office hours M-F 7:45-5:30pm. Please allow up to 24 hours for your medication to be refilled. No narcotics will be prescribed after hours or on the weekends. This is a strict Blue Ridge Bone and Joint policy.

What is my weight bearing status and what does it mean?

After any surgery on the foot or ankle you will likely be required to keep at least partial weight off of the leg to reduce swelling and to let the incisions and surgery heal. Your specific weight bearing status will be discussed prior to your surgery and more common procedures can be viewed on our website for general guidelines. Below is an explanation of common restrictions.

- **Touchdown:** This means you must keep as much weight off of the operative leg as possible. You may touch your foot down to the floor for balance, and may rest if on the floor when sitting, but do not transfer your weight onto the leg. You must be using a walker, crutches, or wheelchair at all times, no matter how short the distance.
- **25%:** This means you must keep the majority of weight off of the foot using a walker or crutches. You may put a small amount flatfooted or on the heel for assistance.
- **50%:** This means you may put up to half of the weight on your surgical foot, and the other half on your upper body using a walker or crutches. This does not mean you may go without assistance hopping or walking on your heel. Any time you go without an assistive device you are full weight bearing. You may use a scale at home to estimate what half of your body weight is, otherwise just put a portion of weight on the foot and a similar portion on your arms.
- **WBAT- weight bearing as tolerated:** This means you may begin to put as much weight on your operative leg as you feel comfortable. You may want to transition from a walker or crutches to a cane or one crutch instead of throwing everything away. After being partial weight bearing or off of your foot from surgery it may take a few weeks to a month before you feel comfortable going without any assistance.

What are indications to call Dr. Mangone's office after surgery?

- Fever 101.0 or greater
- Redness extending above your dressing
- Nausea, vomiting, itching, rashes
- Inability to urinate
- Excessive pain
- Dressing soaked with blood. A small amount can be normal and you may reinforce it.
- Dressing that got wet in shower/tub
- Toes turning very dusky or cold (toes may look purple when your foot is down normally)
 - Purplish discoloration of the foot, especially when the foot is down, is not uncommon following surgery. This is due to blood pooling in the foot. As long as the purple discoloration improves when you elevate the foot there is no concern.
- You will be receiving a post surgical foot and ankle discharge sheet following your procedure with further information and reference in regards to this.

When may I shower?

- If you are in a sandal post operative shoe after surgery or had a forefoot procedure:
 - Generally you may shower after the first post-op visit, once the dressing has been removed. This is to be done with light soap and water, no soaking, lotion, or peroxide until at least a month out from surgery.
 - If you have pins stabilizing your toes you should dry between the toes with a kleenex, paper towel, or Q-tip to make sure the area does not stay too moist.
 - If you have pins from toe surgeries you should do daily pin care around the site. This is to be done with a mix of water and peroxide equally. Dip a Q-tip into the solution and gently rub around the pin as it protrudes from the toe to remove any blood or discharge. This is not uncommon, but if you do see pus, bright redness, or the pin pushing its way out of the toe you must call our office. The pins will stay in for 3-4 weeks and are removed in our office. We do not use anesthetic during this as local anesthetic injections are painful and cause a risk of infection. The pin removal process is quick and tolerated well by most patients. The expectation is that of a pressure/pulling sensation, not severe pain. This does vary across the board and you may want to take a pain pill 30 minutes prior to your appointment if you are concerned.
- If you are in a splint or cast:
 - You must keep this dry at all times. You may sit in the shower with the splint/cast covered using either garbage bags, towels, setting your leg to the side, or you may purchase cast covers at local pharmacies such as Kerr Drug or online.
 - If you get your splint or cast wet you must call our office to get this changed as not to leave the surgical site moist.
- If you are in a removable black CAM boot:
 - You may remove the boot for a short period of time once you are comfortably sitting in the shower. Place the boot back on before maneuvering out of the shower as to not increase risk of falling/putting pressure on your leg without your boot on.
- You must sit in the shower or tub, not stand, until you are allowed to put full weight on your operative foot. You can use a small stool or chair you already have at home, or may ask for a prescription for a shower chair.
- Typically steri strips, little white paper strips, are applied across the incision after suture or staple removal. You may remove these strips 1-2 weeks after application. We do not want them on longer than two weeks. The easiest way to remove them is after showering with light soap and water.

When can I drive a car?

- If you had right foot surgery:

- You are not to drive until you have been released to full weight bearing status. You must also feel capable to stop in case of an emergency. It may take a few weeks or longer after you are released to weight bear as tolerated to reduce your soreness and regain strength in the foot to make sure you are safe. You are ultimately responsible to make this decision. No driving when partial weight bearing as this could cause delays or even inhibit healing of the surgical foot, possibly requiring further surgery. We do not condone driving with your left foot.
- If you had left foot surgery:
 - You may drive an automatic car, not a manual transmission, after you are off of narcotics and able to get in and out of the car using your walker or crutches. We recommend waiting at least 2 weeks after surgery to do this as your foot will be down while in the car and you must not be taking any narcotics that will inhibit your judgment and reaction time.

How long do I need to keep my foot elevated? How long can I expect swelling?

- With any foot and ankle surgery you will have swelling. It is suggested to keep the foot elevated at or above the level of the heart as much as possible for the first week after surgery. After that elevation will still help to reduce your overall swelling and pain and is recommended whenever possible. The length of time this is recommended will depend on the procedure you had and your level of pain and swelling.
- The first few weeks you are expected to have swelling in your foot from the trauma of the surgery alone. Elevation will help to control this and over the first few weeks following surgery this will slowly reduce. It may take 3-6 months on a forefoot surgery and up to 6-12 months on a hindfoot surgery before the majority of swelling is gone. This is due to the foot being dependent and the amount of activity done in a day.
- The average person takes 5,000-10,000 steps per day. Think if you had a rotator cuff repair done and were asked to throw a baseball 10,000 times per day. You would expect to have soreness and swelling for an extended period of time during recovery. The same principle applies to the foot, although most do not think of their foot in this way.
- If you feel you are having excessive swelling, increased swelling, pain, firmness, redness, or warmth in your calf following surgery make sure to call Dr. Mangone as this could be a sign of a blood clot. Blood clots after foot and ankle surgeries are uncommon, but can occur, especially if you are sedentary or have a family/personal history of blood clots or bleeding disorders.

Do I need crutches, a walker, or other medical equipment after surgery? And how do I obtain these?

- Almost all procedures will require you to use either crutches or a walker for at least a short amount of time following the surgery.

- Outpatient Procedures- ask Dr. Mangone or Jennifer for a prescription for crutches or a walker. You may take this to local orthopedic companies or pharmacies.
- Observation/Inpatient Procedures- You may ask for a prescription prior to surgery and obtain these on your own, or an order can be placed for the hospital to provide you with these prior to discharge. A discharge planner will also speak to you the day after surgery to see if you have any other needs around the home such as a shower chair etc... and will make these arrangements for you.

What number can I call with questions?

- General orthopedic questions/concerns: Dr. Mangone @ 828-258-8800. You will follow the directions to speak to Dr. Mangone's triage staff. They will take a detailed message and relay it to Dr. Mangone. If this is urgent make sure you let the staff know. You must allow up to 24 hours for medication refills and these must be requested during regular office hours.
- Hendersonville patients should call the Asheville office listed above with questions/concerns so that Dr. Mangone can be reached. Please do not call the Hendersonville office.
- Anesthesia or block questions/concerns: Asheville Anesthesia Associates @ 828-274-3477 Their website is available at www.asheveleanesthesia.com
- Questions about pre-operative medications, arrival times, food and water restrictions etc.. contact Mission SATU (Surgical Admission Testing Unit) @ 828-213-2106
- Billing questions for Blue Ridge Bone & Joint @ 828-258-8800
- Billing or general questions for Mission Hospitals @ 828-213-1111 or their website is available at www.missionhospitals.org
- Billing or general questions for Pardee Hospital @ 828-696-1000 or their website is available at www.pardeehospital.org
- If you are having a true medical emergency, chest pain, shortness of breath, loss of consciousness, etc.. call the Emergency Medical Services at 911.
- If you have records that need to be faxed to Dr. Mangone please fax to 828-281-7174.