



EmergenceOrtho
Blue Ridge Region

Dr. Hedrick's General Surgical Information

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

- The hospital's pre-surgical team will call you during the week before 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 stopped before surgery.
- If you have diabetes, the hospital will also instruct you on any adjustments in oral medications or insulin and any food restrictions.
- Stop anti-inflammatories such as ibuprofen or Celebrex one week before surgery. Stop Tylenol the day before surgery. Stop aspirin and Coumadin five days before surgery. (If you take Coumadin, you will need to contact the prescribing doctor to make sure you can stop your Coumadin without taking another medicine in its place. You may resume your Coumadin as prescribed the day after surgery, but you may need to continue taking a replacement blood thinner until your INR levels are appropriate.) Stop Xarelto or Plavix 48 hours before surgery.

What are my food and water restrictions on the day of surgery?

- The hospital's pre-surgical team will also tell you your food and water restrictions. If you have an early morning surgery, you generally will not be allowed to eat or drink after midnight, but this can change based on health concerns or illness. Dr. Hedrick's office is not in charge of this.

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

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

- Mission Hospital or Advent Health Hendersonville: 3 hours before surgery
- Asheville Surgery Center or Outpatient Surgery Center: 2 hours before if having a block, 1.5 hours before if general anesthesia only
- Please try your best not to be late so that the pre-operative staff has enough time to prepare you for your procedure. If you are running late, please call the surgical facility. Your case may need to be rescheduled if this occurs.

- There may be unforeseen delays. Please understand that we do our best to stay on time, but certain circumstances—including extended surgical times or hospital delays—can delay our cases. Please be patient with the pre-operative staff and understand that we will get to your surgery as soon as possible. If there will be an excessive delay, we will let you know and will give you the option of rescheduling.

What type of anesthesia will I have?

There are four types of anesthesia available during foot and ankle procedures. These will be discussed with you at your office visit and Dr. Hedrick will give his recommendation.

- **General anesthesia** means you will be put to sleep and intubated during the procedure. This is done for most surgeries that are expected to last longer than two hours. The general anesthesia is usually combined with a regional anesthesia or local anesthesia (see below) to help you with post-operative pain.
- **Regional anesthesia (block)** numbs the surgical site, usually at the level of the ankle or knee. It is performed in the pre-operative area prior to surgery by the anesthesiologist. The pain relief that the block provides can allow your surgery to be done under light sedation (like the sedation used during a colonoscopy) instead of general anesthesia. The general success rate of doing a regional block with light anesthesia is approximately 85%; if your block does not function well enough, you might need to have heavier sedation or general anesthesia in addition to your block.
 - If your block works well enough to allow the procedure to be done under light sedation, you may choose how alert or asleep you are during the procedure, and the anesthesiologist will make sure you don't remember, hear, or feel anything. Lighter sedation usually allows you to go home sooner after surgery and decreases risks of post-operative nausea, vomiting, and headache. Another benefit of the regional block is that it can provide 12-24 hours of pain relief after surgery.
- Spinal anesthesia may be performed if you are a high risk to be intubated or have had adverse reactions to anesthesia in the past. A spinal block makes your lower body numb and is performed by the anesthesiologist prior to surgery. This requires at least an overnight stay in the hospital.
- Local block is numbing of 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.

Dr. Hedrick 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 anesthesiologists are in control of your surgical anesthesia, and we suggest following their recommendations.

How long after the surgery before I can go home?

- **Outpatient procedures:** typically 1-2 hours after the surgery is over, after eating and drinking
- **Observation procedures:** You will be kept overnight at the hospital to make sure your pain is controlled and to work with physical therapy the morning after surgery. If you are feeling well, you may go home the day after surgery. You can stay longer if you are having problems with pain control or physical therapy.
- **Inpatient procedures:** The usual hospital stay is 3 days. These are generally larger surgeries or if you choose to go to a skilled nursing or rehabilitation facility for part of your recovery.

Departure after your surgery can be delayed by circumstances such as nausea, pain, grogginess, or other hospital protocols that need to be followed. Please be patient with the hospital staff and they will do their best to get you home safely and quickly.

What will be on my foot immediately following surgery?

- **Post-operative shoe:** used in many forefoot surgeries (bunion, hammertoes, neuromas), cyst excisions/soft tissue procedures, and toenail procedures. The shoe should often be kept on at all times until your first follow-up appointment; check your discharge instructions for guidance. You may use ice packs around the soft dressing for swelling and pain control.
- **CAM boot:** used in most ankle or hindfoot procedures. It should be kept on at all times until your first follow-up appointment.
- **Solid fiberglass cast:** used in some tendon procedures. The cast must be kept dry. If it gets slightly wet, you can try to dry it with a hair dryer set on cool. If it is soaked, cracked, or painful, call our office to come in and have it replaced.

What medication will be prescribed to help with my pain?

You will usually be given narcotics for pain after your surgery. The two we use most commonly are Percocet (oxycodone and acetaminophen) and Vicodin (hydrocodone and acetaminophen). If you have had adverse reactions to these medications, there are other options such as Nucynta and Tramadol. We do not prescribe oxycontin, morphine, or Dilaudid because they can cause over-sedation and post-operative complications when taken at home. You may use ibuprofen products in addition to your pain medication if you are having severe pain. Do not use ibuprofen if you have a history of GI ulceration or if you take a blood thinner.

Here are some general guidelines for post-operative pain control:

- 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. All medications can have side effects.
- Percocet and Vicodin contain Tylenol, so do not take any additional Tylenol. Make certain you do not take more than 3g of Tylenol in a single 24-hour period.
- If you had a nerve block, begin taking pain medicine when you begin to have sensation as the block wears off.
- You will be slowly weaned off pain medication as you recover. Narcotics will rarely be given for longer than one month after surgery, but we will continue to provide non-narcotic pain medicine for an additional period of time if you need it. If you have chronic pain, your primary care or a pain management physician will need to take over for this problem.
- You should take pain medication only as prescribed. Taking too much pain medicine can cause over-sedation or damage your organs. If your pain medication is not controlling your pain, you should call Dr. Hedrick's office to discuss this.
- Pain medication will not be refilled early if you take more than is prescribed. There will be no exceptions made to this policy. We will not refill your prescription if you drop it in the toilet, lose it, or if it is stolen.
- You must call for medication refills during normal office hours (Monday through Friday 7:45am-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.

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

After any foot or ankle surgery, you will probably be required to keep at least some weight off of your foot to reduce swelling and to encourage healing. Your specific weight bearing status will be discussed prior to your surgery and you will be provided with written instructions when you leave the hospital or surgery center. Below is an explanation of the most common restrictions.

- **Toe touch weight bearing** means you must keep as much weight as possible off of the operative leg. You may touch your toes down to the floor for balance, and may rest it on the floor when sitting, but do not transfer your weight onto the leg. You must use a walker, crutches, wheelchair, or knee scooter at all times, no matter how short the distance.
- **Partial (50%) weight bearing** means you may put up to half of your weight on your surgical foot. You must use a walker or two crutches to take the other half of your body weight onto your upper body. Any time you go without an assistive device you are full weight bearing, so you must continue to use a device during this time.
- **Weight bearing as tolerated** means you may put as much weight on your operative leg as you feel comfortable with. You may want to transition gradually

from a walker or crutches to a cane or one crutch before you discard all assistive devices. It may take weeks to feel comfortable going without any assistance.

What are reasons to call Dr. Hedrick's office after surgery?

- Fever 101°F or above
- Redness extending above your dressing
- Nausea, vomiting, itching, rash
- Inability to urinate
- Excessive pain
- Dressing soaked with blood. A small amount of bleeding can be normal and you may add dressing material and apply pressure to stop it. Call Dr. Hedrick's office if the bleeding will not stop.
- Dressing that got wet in shower or tub
- Toes turning very dusky or cold, even if the foot is elevated. It can be normal for your toes to look purple when your foot is hanging down due to blood pooling in the foot. You should not be concerned as long as the purple discoloration improves when you elevate the foot.

When can I shower?

Between your surgery and your first post-operative appointment, you are generally required to leave your dressing undisturbed and keep it dry, but specific instructions will be provided when you leave the surgical facility.

Bathing options are a sponge bath, a regular bath while keeping the operative extremity elevated and covered, or a shower while keeping the operative extremity covered and dry. Showering will generally be more comfortable and safe if you use a chair or stool to sit on. Sitting while showering is very important if you have weight restrictions on your operative extremity. If you do not have a usable stool or chair at home, you can ask for a prescription for a shower stool. Options for covering your operative extremity include a cast cover (available online or at a pharmacy) or using garbage bags and duct tape in a double layer.

If you have a cast that gets slightly wet, you can try to dry it with a hair dryer set on cool. If it is soaked, call our office to come in and have it replaced.

When can I drive a car?

If you have right foot surgery, you cannot drive until you have been released to full weight bearing status and are in a regular shoe. You must also feel that pain would not prevent you from driving safely. You are ultimately responsible for making this decision. If you have weight bearing restrictions on your right side, you cannot drive since this could delay healing. We do not condone driving with your left foot. It is unsafe to attempt driving in a cam boot or cast.

If you have left foot surgery, you may drive an automatic car after you are off narcotic pain medicine and are able to get in and out of the car using your walker or crutches. We recommend waiting at least two weeks after surgery.

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

You will have swelling with any foot or ankle surgery. We suggest you keep your foot elevated as much as possible for the first week after surgery.

After the first few weeks of surgery, your swelling will slowly decrease, but elevation will still help reduce swelling and pain and is recommended whenever possible. This length of time depends on your specific procedure and your level of pain and swelling. It may take 3-6 months after forefoot surgery and 6-12 months after hindfoot surgery for there not to be swelling in your foot at the end of the day.

If you feel you have excessive swelling; increased swelling; or pain, firmness, redness, and warmth in your calf after surgery, call Dr. Hedrick's office immediately. This could be a sign of a blood clot in your leg, which could lead to life-threatening complications. Blood clots are uncommon after foot and ankle surgery, but can occur, especially if you are sedentary or have a family or personal history of blood clots or bleeding disorders.

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

Most foot and ankle surgeries will require you to use either crutches or a walker for a period of time.

- Outpatient procedures: Ask for a prescription for crutches, walker, wheelchair, or knee scooter. You may take this prescription to a local orthopedic company or pharmacy or you can buy them online.
- Observation/inpatient procedures: You may ask for a prescription before surgery and obtain these on your own. If you wait until the time of your surgery, the hospital may help you obtain these before discharge. A discharge planner will work with you in the hospital and can help you with any other needs (such as a shower chair or bedside commode).

What number can I call with questions?

- General orthopedic questions: Dr. Hedrick's office, 828-258-8800. Dr. Hedrick's triage staff will take a detailed message and relay it to him. If your question is urgent, make sure you let the staff know. You must allow up to 24 hours for medication refills, which must be requested during regular office hours. You can also submit questions through the patient portal.
- Billing questions for Blue Ridge Bone & Joint: 828-258-8800

- Billing or general questions for Mission Hospitals: 828-213-1111
- If you are having a true medical emergency such as chest pain, shortness of breath, or loss of consciousness, call 911.