



We know you have many questions about your surgery and what to expect. The following pages contain answers to the questions most commonly asked by our patients and their families and was created with their input. Please take time to read through the material.

The following phone numbers will also be helpful for your pre- and post-operative care. Please do not hesitate to contact the Foot and Ankle Center with your pre- and post-operative questions and concerns.

Dr. Paul Cooper, Francis McGuigan, and the Foot and Ankle Center staff

**Foot and Ankle Center
202-444-3668**

Surgical scheduling (Caroline)
202-444-8331

Administrative Assistants
202-444-8340 (**Dr. Paul Cooper**) (Barbara)
202-444-6012 (**Dr. Francis McGuigan**) (Ya-Hawnia)

Appointments
202-444- 3668
(**press option 1 then option 2**)

Orthopedic resident on-call
202-444-PAGE

Fax number
202-444-5391
202-444-5393

Nascott
1-800- 801- 3335

Georgetown University Hospital

Switchboard
202-444-2000

Patient Advocacy
202-444-CARE

Pre-operative testing department
202-444-2746

Outpatient pharmacy
202-444-3772

Pre-registration
202-444-1407
1-877-208-1590

Table of Contents

I. Pre-operative (before surgery)

- 1) Scheduling surgery
- 2) Pre-operative testing
- 3) Pre-certification
- 4) Referrals
- 5) Extended care for patients admitted to the hospital
- 6) Pre-operative physical therapy
- 7) Parking
- 8) Eating and drinking before surgery
- 9) Medication Guidelines
- 10) Smoking
- 11) Your Surgery
- 12) Medication prescriptions
- 13) Forms and out of work notes
- 14) Handicapped parking
- 15) Worker's compensation

II.

Post-operative

- 16) Pain management
- 17) Ice to the surgical sites
- 18) Drainage and bleeding
- 19) Numbness
- 20) Skin itchiness
- 21) Constipation
- 22) Urination
- 23) Nausea and vomiting

III. Post-operative appointments

- 24) Your post-operative appointments and what to expect
- 25) Physical therapy

IV. General post-operative and office information

- 26) Worker's compensation
- 27) Forms
- 28) Driving and flying
- 29) Questions
- 30) Your input
- 31) For ankle replacement patients only: A note for the future

Frequently Asked Questions

Pre-operative

1. Scheduling surgery

Once the nursing staff has completed the necessary paperwork, our Scheduling Coordinator will contact you to coordinate a surgical date. The date is based on your schedule, the schedules of Dr. Cooper and Dr. McGuigan, and availability of the operating room. **Please do not contact our Scheduling Coordinator before 3 business days.**

We work very hard to schedule surgeries that work with the schedules of our patients and to schedule surgery as soon as we possibly can. **Unfortunately, we cannot guarantee dates or times nor do we have a cancellation list. If Dr. Cooper or Dr. McGuigan indicate that your surgery is emergent, you will be scheduled accordingly.**

2. Pre-operative testing

If you are above the age of 50, you will need to obtain labs and an EKG two weeks prior to your surgery date. These labs include: CBC, Chem 7, PT/PTT.

In some cases, Dr. Cooper and Dr. McGuigan will require that you have special testing before you are scheduled for surgery, especially if you have heart disease or diabetes, smoke, or have problems with circulation of blood to your feet. These tests are necessary to be sure you are safe for surgery and that the surgery will be successful.

Please have your primary care provider fax your pre-operative testing results to the Pre operative Testing (202) 444-4208.

If you are unable to have your primary care provider obtain labs you may contact pre-operative testing, at the Hospital by calling (202) 444-2746.

3. **Pre-certification**

If you need precertification for your surgery the surgical scheduler will complete the surgery pre-certification with your health insurance company. In rare instances, your surgery may be delayed due to health insurance issues. You will be notified if this occurs and our staff will work diligently at providing the needed information to the insurance company in order to receive approval.

4. **Referrals**

Referrals. If your health insurance company requires you to have referrals to see Dr. Cooper and Dr. McGuigan, **you must obtain that referral from your primary care provider before any appointments. It is your responsibility to contact the appropriate parties to ensure that the referral reaches the office.**

Pre-authorization. Pre-authorization (or pre-certification) is often confused with referral but is very different. Information from the referral is used to authorize procedures, such as those performed in the office, outpatient testing (i.e., MRI or CT scan), and surgery.

5. **Extended care facility for patients admitted to the hospital.**

In some instances, you may want to consider recuperating in an extended care facility or rehabilitation center. In order for your insurance company to pay for the admission, strict criteria must be met. Alternatively, visiting nurse care may be arranged to assist you for short periods of time each day. **You will need to contact your insurance company to obtain specific details. Arrangements for admission to the extended care facility will begin once you are admitted to the inpatient unit following surgery.**

Some health insurance companies do not pay for admission to an extended care facility or for visiting nurse care. You may choose to pay for these services on an out-of-pocket basis. **We urge you to contact your health insurance company to discuss your needs and your coverage as soon as your surgery date has been determined.**

6. **Pre-operative physical therapy**

If you anticipate having difficulty getting around your home or have special physical needs, we can provide you with a pre-operative prescription for physical therapy. They will teach you how to safely use mobility aids, crutches, and/or wheelchairs, to navigate stairs, to get in and out of your vehicle, and to get in and out of your bathroom, among other things. Family members and friends who plan to assist you may also attend these appointments.

In addition, we highly recommend physical therapy for patients who plan to have an ankle fusion or replacement. Pre-op physical therapy will help to maintain or increase range of motion; reduce swelling, and aide in overall post-operative recovery. **You will need to contact your health insurance company to find out what is covered and to verify the number of visits you have available.**

7. **Parking**

Your family or friends may temporarily park in the area near the Surgery Center at Entrance 2 while you check in for surgery; they can then park in the Visitors Parking Garage. They will be instructed where to meet you and the staff when you are discharged. **Be sure to request a patient parking sticker to avoid large parking fees.**

8. **Eating and drinking before surgery**

The anesthesiologist requires that you have **absolutely nothing to eat or drink after midnight the night before surgery** (including gum, hard candy, and brushing your teeth). **Having anything in your stomach places you at risk for complications being under anesthesia. (For example: aspiration of fluids into your lungs).**

9. **Medication Guidelines**

The Testing Center will give you specific instructions on which medications you may or may not take the morning of surgery. If you do not get this information, please contact your primary care provider for instructions.

Medications such as Aspirin (baby or adult), Vitamin E, Ibuprofen (Motrin, Advil), Naprosyn, Fish Oil, Lodine, and Relafen MUST be stopped 10 days before surgery. Surgery may be cancelled if you do not stop these medications.

If you take medications such as Coumadin, Lovenox, Insulin, Immunosuppressants, or Steroids, contact the prescribing provider for specific instructions on stopping or tapering the dosage before your surgery. Again, surgery may be cancelled if these medications are not stopped or the dosing modified.

10. **Smoking**

It is essential that you stop smoking a minimum of one month before surgery and continue for at least three months postoperatively. There is up to a 20-fold increase in complications with wound and bone healing for patients who smoke. If you continue to smoke, you will place your own surgery and outcome at risk. In some cases, surgery will not be performed if you choose to continue smoking. Please contact your primary care provider for assistance in quitting. The following internet-based resources may also be helpful:



1. <http://www.smokefree.gov> (National Network of Tobacco Cessation Quit lines 1-800-QUITNOW)
2. http://www.cdc.gov/tobacco/quit_smoking (Centers for Disease Control: 1-800-CDC-INFO)
3. <http://www.cancer.org> (American Cancer Society: 1-800-ACS-2345)

11. **Your surgery**

Dr. Cooper and Dr. McGuigan perform surgery on their patients with a team of orthopedic residents, anesthesiologists or Certified Registered Nurse Anesthetists, Registered Nurses and surgical technicians who all work together to closely monitor you in the operating room. If you are admitted to the hospital, Dr. Cooper or Dr. McGuigan, the orthopedic residents, and/or a nurse practitioner will see you on a regular basis.

12. **Medication prescriptions**

Following surgery, you will be discharged with prescriptions for pain medication and antibiotics. **You may ask for these prescriptions when you check in for surgery and have a waiting family member or friend get them filled. We will not prescribe any pain medication and/or antibiotics prior to your surgery.** Georgetown University Hospital has an outpatient pharmacy that participates with most health insurance companies. The outpatient pharmacy phone number is 202-444-3772.

If you have allergies or reactions to antibiotics or pain medications, please inform the nursing staff and physicians.

13. **Forms and out-of-work notes**

If your employer requires documentation that you are having surgery and will be out of work, our office will provide a brief note to that effect. The note will indicate only that you will be out of work until your first post-operative appointment. Further work status issues may be discussed at subsequent appointments.

There is a \$15.00 to \$45.00 (depending on the complexity of the form) charge for short-term disability, FMLA, and DMV forms. Once you have paid the fee, we will complete the forms within 10 business days. Please submit forms and payments prior to first post operative visit.

We understand that you need your forms completed as soon as possible in order to maintain your worker's compensation and/or short- and long-term disability benefits. Due to the nature of our practice, you can imagine that many of our patients are unable to work and have forms for completion. **Our staff requires time to complete the forms as thoroughly and correctly as possible to ensure that your benefits will continue uninterrupted.** Also we should have a copy of your job description to accurately determine you're out of work status.

14. **Handicapped parking**

You will want to obtain a temporary handicapped-parking tag for your vehicle. Handicapped parking applications are available on the following websites or at your local DMV office:

District of Columbia (<http://dmv.dc.gov/main.shtm>)

Maryland (<http://www.marylandmva.com/index.html>)

Virginia (<http://www.dmv.state.va.us/>)

West Virginia (<http://www.wvdot.com/>)

Download the form and fax or mail it to the office. We will mail the completed form back to you. We will return your form by mail within 10 business days. Forms cannot be completed during your appointment due to clinic operations. There is a \$15.00 charge for our office to complete this form.

Temporary handicapped parking tags will be approved for a **6-month timeframe only**. In rare instances, we will sign forms extending your need for temporary tags beyond 6 months. **If you feel you are in need of permanent handicapped parking tags, you must contact your primary care provider.**

15. **Worker's compensation**

If your surgery is a result of a work-related accident or injury, we must have all contact information as soon as possible. If you are working with an attorney or have a case manager, please be prepared to provide that information. **We will not be able to schedule surgery or subsequent follow-up appointments without clearance from the worker's compensation carrier. In some instances, surgery will be delayed pending approval from the carrier.**

Please be advised that we are required to complete considerable paperwork and documentation for worker's compensation cases. **Worker's compensation information is not protected under the HIPAA and your signed consent is not required each time documentation is requested.** We strive to maintain the confidentiality of your information and will release only that information which is specifically requested by the carrier or adjustor.

Post-operative

16. Pain management

Expect to be in some degree of pain following surgery. The bones in your foot and/or ankle are being manipulated in the operating room to correct the problem, which will cause pain. In general, the pain subsides after a few days to a week after surgery, depending on the type of surgery. Keep in mind that pain is subjective and specific to each person.

Dr. Cooper and Dr. McGuigan place numbing medicine into your foot and/or ankle so you are more comfortable post-op. Since the numbing medicine will wear off, start taking the prescribed pain medications when you get home.

In general, our patients are discharged with two prescriptions for pain medication: Oxycontin and Percocet. You will be discharged with enough pain medications to last until your first post-operative appointment. It is important that you take the pain medications on a regular basis as prescribed so that you will be as comfortable as possible.

If you are unable to obtain the medication as prescribed or have a reaction to the medications, please contact the office as soon as possible.

Elevation is essential in reducing pain and swelling especially in the first 2 weeks after surgery. Just as we do in the office, try to regularly rate your post-operative pain on a 1 – 10 scale to judge the effectiveness of your medication. If you take the medication, elevate your leg above the level of your heart, apply ice, and still have severe pain that you cannot control, call the Foot and Ankle Center for additional guidance.

17. Ice to the surgical sites

Polar pack. Depending on the type of surgery you had, you **may be** sent home with a self-enclosed, sterile Polar pack wrapped into your post-operative bandages. The Polar pack is connected by tubing to a portable ice chest to provide continuous cooling to the surgical site. You may disconnect yourself from the tubing for mobility. Refill your ice chest with ice when there is no more ice present in the polar pack.

Ice. If you were not discharged with a Polar pack, ice may be applied. A bag of frozen vegetables is lightweight and inexpensive, can be molded around your foot and/or ankle, and provides the necessary cooling effect.

Knee incisions. If you had a tibial bone graft and have a small incision near your knee, ice may also be applied here.

18. Drainage and bleeding

Drainage and bleeding after surgery are normal. You may notice blood or drainage on the dressing or splint. It is OK to place extra gauze or an ACE wrap over the dressing but do not take the entire dressing off.

If the blood or drainage continues to drip and the dressing is saturated with wet blood after the first 24 hours, call the Nurse Line or page the orthopedic resident on call.

19. Numbness

Numbness in your foot and/or ankle is normal, as long as your toes are warm and their usual color. A regional nerve block at your ankle causes the temporary numbness, which may last anywhere from 8 hours to a few days.

20. Skin itchiness

Skin itching may be a side effect of the antibiotics, pain medications, or anesthesia. Over-the-counter diphenhydramine (Benadryl) 25 – 50 mg may be used after checking with your primary care provider. **If large reddish welts or hives or a rash accompanies the itching, call the Foot and Ankle Center for further instructions.**

If at any time, your mouth, tongue or eyes begin to swell or you have problems breathing, you must go to the nearest Emergency Room.

21. Constipation

Narcotic pain medications and anesthesia can cause constipation. The over-the-counter stool softener, Docusate sodium (Colace), should be taken daily to prevent constipation. You may take 200 mg every day. Drinking plenty of water and eating fruits and vegetables will also help. If you have not had a bowel movement five days after your surgery, contact your primary care provider or the Foot and Ankle Center for further instructions.

22. Urination

A Foley catheter *may* be placed into your urethra and bladder during surgery for urination (for patients being admitted to the hospital). The catheter will be removed before you go home. **If you are not able to urinate within 24 hours of your leaving the hospital, you must call the office. If the office is closed, page the on-call orthopaedic resident for further instructions.**

Be sure you drink plenty of fluids!

23. Nausea and vomiting

Anesthesia, pain medications, and antibiotics can cause nausea and vomiting. Eating bland foods, such as crackers, toast, rice, bananas, and clear liquids, are the best options for nausea. Take prescribed medications with food. If you continue to have nausea and/or vomiting, anti-nausea medications, such as Compazine, Phenergan or Zofran, may be prescribed.

Post-operative appointments

24. Your post-operative appointments and what to expect

First appointment. The scheduling coordinator will schedule your first post-operative appointment for you. **If you will be admitted to the hospital, however, please contact the office as soon as possible following your surgery to schedule your post-operative appointment.**

What to expect. Each post-operative appointment will be slightly different, depending on your surgery. In general, expect to be brought into the clinic room by our staff, have your blood pressure and temperature taken, questions regarding your level of pain and medication use asked, and have your dressing or cast removed. **X-rays are not done at the first post-op appointment. Dr. Cooper's patients will be seen by the Nurse Practitioner for the first post-operative appointment and specific post-operative questions will be addressed at the second post-operative appointment.**

Expect to be in the Foot and Ankle Center a minimum of 2 – 3 hours for each appointment, depending on the type of surgery you had and whether you will need to have your sutures, staples, or pins removed, to have a cast removed and replaced, to discuss custom footwear or orthotics, and to receive appropriate referrals. In some instances, the Wound Healing Center staff will be asked to examine your surgical site or the physical therapists to evaluate the need for therapy.

Medications. Your pain and medication use will be discussed at each appointment. **Oxycontin and Percocet will be stopped at the first post-operative appointment and Vicodin will be prescribed.** This is patient-specific so your pain level and pain management may differ. **Do not drive while taking any of these pain medications.**

Please make lists of your questions so they may all be answered during your appointments.

27. Physical therapy

Many of our patients are referred for physical therapy. You will be given a prescription and a list of therapists who specialize in therapy of the foot and ankle. These therapists have been trained by the physical therapy staff at the Foot and Ankle Center and/or worked in the center and are highly qualified in caring for you.

If our referral is out of network, contact your health insurance company to find a physical therapist that is in network.

General post-operative and office information

28. Worker's compensation

It is the philosophy of the office that our patients return to work as soon as is reasonably expected and that your employer be given the opportunity to provide accommodations if able. Many businesses have restricted duty programs in place for injured employees. Upon request, we will provide you with a work limitations note based on the type of surgery you had, and the date of your follow up appointment. Your worker's compensation case manager and/or attorney will assist you as you transition back to work.

29. Forms

Walk-in: We will not complete forms on a walk-in basis. Completion of forms requires that your medical record be pulled and that a clinician review your chart. With a busy clinic schedule, time cannot be taken from patients who have scheduled appointments to complete your forms.

Mailed and faxed forms: this is the preferable manner in which your forms will be completed. There is a charge for disability, and FMLA forms as these take time on the part of the clinician to complete as thoroughly and correctly as possible to ensure that your benefits will continue uninterrupted.

Disability: we will not sign forms that declare you as permanently disabled or which require a disability rating. We will be happy to provide you with a list of providers you may contact for this. It is preferable that you contact your primary care provider to discuss permanent disability.

Department of Transportation physical examination forms for CDL licensure: due to the complexity of the exam and future legal liability, we will not complete these forms. Please contact your primary care provider to discuss this specialized examination.

30. Driving and flying

Driving: If surgery was performed on your right foot or ankle, you will not be able to drive until you are able to wear street shoes on both feet. **It is not safe to drive while you are in a cast or boot. Do not drive while using any of the pain medications.**

Flying: Flying too soon after surgery may place you at risk for developing a blood clot in your leg. **In general, if you have a cast, you may not fly.** If you have travel plans that involve flying, please remember to consult with Dr. Cooper and Dr. McGuigan at your post-operative visits.

31. **Questions**

We have attempted to include as much information as possible in this packet. If you have questions, please do not hesitate to contact us by calling the Foot and Ankle Center at 202-444-3668. **Please be aware that we may be in clinic and not able to answer the phone directly. If you leave a message, your call will be returned within 24 to 48 business days. Calls will be returned in the order of urgency.**

32. **Your input**

The Foot and Ankle Center staff prides itself on providing the highest quality of care possible. We value your input. We ask that you share your experiences with the Clinic Manager or with the Patient Advocacy Department at 202-444-CARE.

33. **For ankle replacement patients only: A note for the future**

You should **always** tell your dentist or physician that you have an ankle replacement. If you are having dental work performed, notify your dentist or physician so he/she can prescribe antibiotics for the day before and the day after your dental care. Antibiotics must be used before and after any medical or dental procedure. **This precaution must be taken for two years**

Any infection must be promptly treated with proper antibiotics because infection can spread from one area to others through the blood stream. Every effort must be made to prevent infection in your ankle joint.