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Requirements to Schedule Surgery

Thank you for choosing Austin Foot and Ankle Specialists for your outpatient surgical needs!

Following are the most important items we must receive prior to scheduling your surgical procedure. We consider the surgical journey to be a shared responsibility and we will work our hardest to help along the process.

Your first order of business is to provide our office with any dates that DO NOT work for your surgery. Although we can try our best to accommodate a specific date request the surgical schedule of your surgeon and the hospital operate on a first come first serve basis. However, should you require a specific date; we of course, will try our best to make it work.

Secondly, you will leave with an "H&P" or history and physical packet. This must be given to your "PCP" or primary care physician for immediate follow-up. Your timeline has everything to do with us proceeding in scheduling your surgery. The faster you schedule and request to have your H&P provided to us the faster we can schedule for you. Please keep in mind a completed history and physical is only valid for thirty (30) days. After thirty days you will be required to get an updated release. Please have your PCP fax us the H&P at (512) 328-8903.

Additionally, depending on your history you might be required to have cardiac clearance. We keep in constant contact with your primary care doctor's office to obtain this paperwork once you've been seen. Should this need arise both of our offices will be in contact with you to make sure you have everything you need to get this done quickly.

Lastly, our team works with your insurance company regarding an estimate for your procedure. You will be provided with an email that breaks down all corresponding pricing for your surgeon only. The email we send to you will also have pertinent contact information for the facility and the anesthesiologist. This information allows you to contact everyone involved in your healthcare for a final estimate. Your surgical payment for your surgeon fee is due prior to scheduling your surgery.

When our staff has received your completed surgical clearance (H&P/Cardiac Clearance) and payment for your surgery we will begin the scheduling process. Each process is completed quickly, typically a twenty-four to forty-eight-hour turn-around. Should you require a quicker response please just let our front office staff know so that we may coordinate for you.

Once we have scheduled your surgery a hospital team member (typically a nurse) will coordinate your directions for surgery including what time to arrive.



Surgical Scheduling Frequently Asked Questions

1. Where do we begin?

Now that we have completed your surgical consent, we typically begin with a date range that does not work for your surgery. Our surgeons provide surgical codes to our staff in a 24-hour turnaround protocol. Our surgery scheduler will then contact your insurance for you as a courtesy. No surprises! We provide an estimate for your surgical procedure prior to booking a case with the surgical facility. The estimate will be provided to you within 24 hours if this is an emergency case and within 5-7 business days for an elective case. *At Austin Foot and Ankle Specialists our team works very diligently for you and typically our staff will return all benefits checks as quickly as possible.*

2. What is the \$50 fee for?

Your surgical estimate fee will help cover your cost for obtaining your estimate from your insurance. Non-refundable fee is however applied towards your surgical estimate prior to booking surgery.

3. How do I schedule my surgery?

You will receive a phone call from our Surgical Scheduler to provide the surgical estimate, collect any deductible or co-insurance amounts and pinpoint a date range. From this point you are responsible for getting a History and Physical (H&P) and Surgical Clearance from your Primary Care Doctor (PCP) and/or Cardiologist. Once we have received your payment, history and physical and surgical clearance our Surgical Scheduler will contact the surgical facility and schedule your surgery for you. Our Surgical Scheduler will work side-by-side with your insurance company to schedule with an in-network facility. The facility will be determined based upon who you are in-network with, availability and coordination of our pre-scheduled surgical procedures. Should you wish to request a specific facility please alert our Surgical Scheduler so that they may accommodate your request.

4. I was instructed to have blood work, a history and physical or surgical clearance; what do I do?

Our surgeon's and the surgical facility require blood work, history and physical and/or surgical clearance. Please contact your primary care physician for a history and physical and/or surgical clearance. If you have a known heart condition or at the behest of your Primary Care Physician, you may be required to obtain cardiac clearance as well. These requirements are in no way to impede your recovery but more so to ensure your safety as a surgical candidate. It is of the utmost importance to everyone involved in your healthcare to ensure your well-being. Of course, if during these components you find that you require help do not hesitate to contact us with any needs or questions.

5. When will my surgery be scheduled?

As soon as possible for emergency cases or at your convenience for elective cases. Our surgeons perform surgical procedures on weekday mornings. It is always best to provide us with a set of dates that do not work for surgery. This helps to maximize the amount of time available and broaden the date range available at the surgical facility.

6. How many days do I have to schedule my surgery?

You will have a 30-day window to schedule your surgery. After 30 days your surgical consent, history and physical and clearance are void. After 30 days we will need to reschedule your surgical consent and you will have another office visit charge. You will also need to revisit and set-up a new history and physical with clearance for surgery with your Primary Care or Cardiologist. This is a State mandated precedent to comply with Medicare Guidelines ("State Operations Manual: Appendix A-Survey Protocol, Regulations, and Intraoperative Guidelines for Hospitals"). If you wish to see this mandate in writing, please request a copy from our Practice Administrator.



7. Why do I only have a 30-day window?

At Austin Foot and Ankle Specialists it is our goal to have you receive maximum recovery from your surgical procedure. After 30 days your surgical condition has the possibility of changing drastically. Due to this change and in our effort to supply the highest care possible we require a follow-up surgical consent to assess any changes and account for those changes prior to your surgical procedure. As well, in accordance with State law it is required that all your surgical information is within a 30-day window. See answer to number four above.

8. Will you know what I owe the surgical facility?

We try our best to get the most accurate estimate for your surgical procedure for our surgeon's portion. Should you wish to inquire on the surgical cost for the facility we can gladly supply all the information needed for you to contact the facility to receive a quote. Unfortunately, as we only bill for the surgeon's associated fees we do not have access to the facilities billing information.

9. When I call the surgical facility what will I provide?

We will provide you with the surgical procedure codes, amount of time in the operating room, and the type of anesthesia you will require. Armed with this information you will be easily able to get an estimate from the surgical facilities billing department.

10. What forms of payment do you accept?

For your surgical procedure Austin Foot and Ankle Specialists accepts payment by cash, cashier's check, credit card and CareCredit. Our Surgical Scheduler will contact you and supply the surgical estimate. Prior to scheduling your surgical procedure, we kindly ask that funds are secured and paid in full. Should you wish to inquire further about CareCredit please contact one of our Clinic Coordinators at (512) 328-8900.

11. When will the surgical facility contact me?

In our experience, most surgical facilities will contact you within 72 hours to discuss your surgical estimates. Once you are scheduled a nurse with the facility will contact you to provide directions for your specific surgical procedure including where to arrive, what time to arrive and any additional requirements typically with 1-3 days prior to your surgery. However, should you wish to speak to a nurse prior to your surgical procedure we will gladly supply contact information to you.

12. Can my prescription be filled prior to my surgical procedure?

At Austin Foot and Ankle Specialists our practice systems allow for any medication that is prescribed for your surgical case to only be filled out and picked up from your pharmacy the day of your surgery.

13. Won't I be in pain!

You will leave the surgical facility with the benefit of your anesthesia and or surgical anesthetic block still active. You will not be expected to be in any pain for hours after your surgical case. We recommend having your designated driver deliver you and your prescription to a pharmacy on your way home.

14. Who do I contact for additional questions?

- a. **Surgeons:** Your Surgeon along with our staff are equipped to answer your additional questions, otherwise we can always schedule a time for your surgeon to speak with you in person during clinic hours.
- b. **Billing information for Austin Foot and Ankle Specialists Questions and or Concerns:**
Please contact Austin Foot and Ankle Specialists Billing Coordinator;
(512) 328-8900
- c. **Scheduling coordination and payment:** Please contact our Surgical Scheduler (512) 328-8900.
- d. **Surgical Facilities (facility fees, anesthesia, directions, etc):**
 - St. David's South Austin Hospital – Anesthesia Quote: (512) 343-2292 &
Hospital Quote: (512) 816-6178
 - 901 West Ben White Blvd
 - South Austin Surgical Center- Anesthesia Quotes: (972) 715-5080 & Surgery Center (512) 486-7002
 - 4207 James Casey St #203
 - Austin Surgical Hospital – Anesthesia Quote: (512) 343-2292 & Hospital Quote: (512) 314-3921
 - 3003 Bee Cave Road
 - Seton Medical Center – (512) 324-1000
 - 1201 W 38th St
 - Central Park Surgery Center: (512) 323-2061
 - 900 W 38th St #200

At Austin Foot and Ankle Specialists we wish to supply you with a well-rounded experience. We do trust and hope that should you require any further information that you will contact us prior to your surgical case so that we may answer any additional questions you may have. We wish you the best in your surgical journey with our practice and we will be seeing you soon!
~ The Staff at Austin Foot and Ankle Specialists ~

How do I prepare for foot surgery?

Always review your pre-operative preparation instructions prior to your surgery. Typically, instructions may include but are not always or limited to include:

1. Complete any pre-operative tests or lab work prescribed by your primary care physician or your surgeon.
2. Arrange to have someone drive you home from the hospital.
3. Call the appropriate hospital or surgery center to verify your appointment time if you have not heard from either our office or the surgical center. You may need to be at the hospital 2 hours prior to your scheduled surgery time.
4. Please ensure that your foot is clean, and the toenails are trimmed when you present for surgery. A general podiatric visit can be useful to remove the dead skin from around the foot and make sure your nails are appropriately short. As your foot will be bandaged for some time this will make your foot much more comfortable post operatively.

What should I do the night before foot surgery?

Do not eat or drink anything after midnight.

What do I need to do the day of surgery?

1. If you currently take any medications, take them the day of your surgery with just a sip of water.
2. Refrain from taking diabetic pills or insulin on the morning of surgery.
3. Do not wear any jewelry, body piercing, makeup, nail polish, hairpins or contacts.
4. Leave valuables and money at home.
5. Wear loose-fitting, comfortable clothing.

What happens when you arrive at the hospital?

1. You will be met in the reception area or at the information desk and will have to fill out administrative forms.
2. You will then meet with the nursing and anesthetic team.
3. Your foot will be initialized by the surgeon and any remaining questions can be answered.

What Is Worn on the Foot Following Surgery?

Immediately after surgery, the entire foot will be carefully wrapped in a bulky dressing or cast as protection for the first few days. Keeping the foot elevated during this time will help minimize swelling. Some swelling and stiffness can be expected following surgery, for as long as eight to twelve weeks. Crutches may be needed for walking or standing as the foot heals. Each surgical procedure requires a different type of foot immobilization such as a bandage, splint, surgical shoe, cast, or open sandal. Good postoperative results require proper foot support to

prevent future problems. Early use of leg and foot muscles hastens recovery. After enough healing time, most patients can resume wearing their usual footwear.

What happens after surgery?

1. It is not unusual to experience numbness, tingling, and burning sensations in your foot or ankle. You should elevate your foot above your heart for 48 hours after the procedure, in order to relieve pain and swelling. If this does not resolve the problem, your cast or surgical dressing may be too tight, and you may need to call your surgeon. Avoid prolonged sitting or standing, and refrain from putting weight on the operative site unless given permission by your surgeon.
2. Your surgeon will give you pain medication, which may cause nausea or constipation. Eat lightly on the day of surgery.
3. Keep your bandages clean and dry.
4. Follow-up: X-rays may be required to ensure the foot is healing properly. These are usually done at your first post-operative visit as well as the 3, 6 and 8 weeks following the surgery. Additional X-rays throughout the post-operative course may be necessary.
5. Most patients are typically required to wear a post-operative shoe.
6. Please review your complete post-operative instructions.

How long is the recovery period after foot surgery?

Full recovery typically requires between 6 and 12 weeks. Swelling is the “enemy” after surgery and precautions must be taken to minimize it. A slow, gradual return to activities is encouraged.

What is the rehabilitation after surgery?

Foot and ankle surgery rehabilitation can be done at home but usually requires some formal physiotherapy. The physiotherapist will advise you on correct exercises, walking patterns and stretches to ensure optimal post-operative recovery.

Some patients require orthotics (foot supports), and special footwear. This care helps ensure that the results of the operation are long-lasting.

How can I manage at home during recovery from foot surgery?

After the first 48 hours of foot elevation, you can usually gradually return to most activities wearing your post-operative shoes. The dressing placed at the time of surgery is left intact until your first postoperative visit. The surgical dressing cannot get wet. Therefore, baths are not encouraged. If one chooses to shower, then an “over-the-foot” cast bag is necessary. These are available in our office.

How frequently should I schedule follow up appointments after surgery?

Typically, you should visit your surgeon within one week post-operatively for the first dressing change. After this appointment will be made depending on your surgery.



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Why should I seek a second opinion regarding treatment for this procedure?

As modern medical care grows more complex, patients can feel overwhelmed. The opportunity to consult a recognized authority about a diagnosis and treatment can bring peace of mind at an emotionally difficult time. A second opinion may be beneficial when:

You are uncertain about having surgery.

You still have questions or concerns about your current treatment.

You have multiple medical problems.

You have choices to make about treatment.

How much does surgery cost?

It is very difficult to give a cost of a surgical procedure prior to the surgeon reviewing your foot as all feet are different and each procedure is tailored specifically to your foot. The office will give a written quote for your procedure after your consultation and prior to your surgery. This quote is only for the surgeon and most times 100% of what you may owe is due prior to the surgery date.

You will also have an anesthetic cost, and this is billed by the anesthetist on a per half hour basis. The day surgery facility or Hospital also bills your health insurance directly and there may be a co-insurance or deductible that you will need to pay on the day of surgery. Please call the surgery center or Hospital directly to confirm these costs.

PREPARING FOR SURGERY

➤ STARTING NOW

- **STOP SMOKING:** Smoking reduces circulation to the skin and impedes healing.
- **TAKE MULTIVITAMINS:** Start taking multivitamins twice daily to improve your general health once you have scheduled your surgery.
- **DO NOT TAKE ASPIRIN OR IBUPROFEN:** Stop taking medication containing aspirin or ibuprofen 14 days before your surgery. Review the included list of drugs containing aspirin and ibuprofen carefully. Such drugs can cause bleeding problems during and after surgery. Instead, use medications containing acetaminophen (Tylenol).
- **LIMIT VITAMIN E:** Limit your intake of Vitamin E to less than 400 mg per day.

➤ THE DAY BEFORE SURGERY

- **CONFIRM SURGERY TIME:** The surgery center will call you to confirm the time of surgery. If you are not going to be at home or at your office, please call your specified surgery center to confirm.
- **PRESCRIPTIONS:** Your surgeon will write your prescriptions for you in recovery after the procedure for you to take home from the hospital and fill on your way home.
- **CLEANSING:** The night before surgery, shower and wash the surgery areas with over the counter Chlorhexidine Antiseptic Skin Cleanser.
- **EATING AND DRINKING:** Do not eat or drink anything after 12:00 midnight, unless otherwise notified by the surgery center. This includes water.

➤ THE MORNING OF SURGERY

- **SPECIAL INFORMATION:** Do not eat or drink ANYTHING. If you take a daily medication, the surgery center will instruct you on how and when to take it.
- **ORAL HYGIENE:** You may brush your teeth but do not swallow the water.
- **CLEANSING:** Shower and wash the surgical areas again with Chlorhexidine Antiseptic Skin Cleanser.
- **MAKE-UP:** Please do not wear moisturizers, creams, lotions, or makeup.
- **CLOTHING:** Wear only comfortable, loose-fitting clothing that does not go over your head. Remove hair pins, wigs, and jewelry. Please do not bring valuables with you.
- **CHECK IN/PREPARATION:** Surgery time will not be confirmed until the day before your surgery.
- **PRESCRIPTIONS:** Your surgeon will write your prescriptions for you in recovery after the procedure for you to take home from the hospital and fill on your way home.

Medications to Avoid Before and After Surgery

If you are taking any medications on this list, they should be discontinued 10 days prior to surgery and only Tylenol should be taken for pain. All other medications that you are currently taking must be specifically cleared by your doctor prior to surgery. It is necessary that all your current medications be specifically cleared by your doctor and the nursing staff.

Aspirin Medications to Avoid

4-Way Cold Tabs	5-Aminosalicylic Acid	Acetylsalicylic Acid
Adprin-B products	Alka-Seltzer products	Amnesic
Anacin products	Anexsia w/Codeine	Argesic-SA
Arthra-G	Arthriten products	Arthritis Foundation products
Arthritis Pain Formula	Arthritis Strength BC Powder	Arthropan
ASA	Asacol	Ascriptin products
Aspergum	Asprimox products	Axotal
Azdone	Azulfidine products	B-A-C
Backache Maximum Strength Relief	Bayer products	BC Powder
Bismatrol products	Buffered Aspirin	Bufferin products
Buffetts II	Buffex	Butal/ASA/Caff
Butalbital Compound	Cama Arthritis Pain Reliever	Carisoprodol Compound
Cheracol	Choline Magnesium Trisalicylate	Choline Salicylate
Cope	Coricidin	Cortisone Medications
Damason-P	Davron Compound-65	Darvon/ASA
Dipentum	Disalcid	Doan's products
Dolobid	Dristan	Duragesic
Easprin	Ecotrin products	Empirin products
Equagesic	Excedrin products	Fiorgen PF
Fiorinal products	Gelpirin	Genprin
Gensan	Goody's Extra Strength Headache Powder	Halfprin products
Isollyl Improved	Kaodene	Lanorinal
Lortab ASA	Magan	Magnaprin products
Magnesium Salicylate	Magsal	Marnal
Marthritic	Meprobamate	Mesalamine
Methocarbamol	Micrainin	Mobidin
Mobigesic	Momentum	Mono-Gesic
Night Time Effervescent Cold	Norgesic products	Norwich products
Olsalazine	Orphengesic products	Oxycodone
Pabalate products	P-A-C	Pain Reliever Tabs
Panasal	Pentasa	Pepto-Bismol
Percodan products	Phenaphen/Codeine #3	Pink Bismuth
Proposyphene Compound products	Robaxial	Rowasa
Roxeprin	Saleto products	Salflex
Salicylate products	Salsalate	Salsitab
Scot-Tussin Original 5-Action	Sine-off	Sinutab
Sodium Salicylate	Sodol Compound	Soma Compound
St. Joseph Aspirin	Sulfasalazine	Supac
Suprax	Synalgos-DC	Talwin
Triaminicin	Tricosal	Trilisate
Tussanil DH	Tussirex products	Ursinus-inlay
Vanquish	Wesprin	Willow Bark Products
Zorpin		

Medications to Avoid Before and After Surgery

Ibuprofen Medications to Avoid

Actron	Acular (ophthalmic)	Advil products
Aleve	Anaprox products	Ansaid
Cataflam	Clinoril	Daypro
Diclofenac	Dimetapp Sinus	Dristan Sinus
Etodolac	Feldene	Fenoprofen
Flurbiprofen	Genpril	Haltran
IBU	Ibuprin	Ibuprofen
Ibuprohm	Indochron E-R	Indocin products
Indomethacin products	Ketoprofen	Ketorolac
Lodine	Meclofenamate	Meclomen
Mefenamic Acid	Menadol	Midol products
Motrin products	Nabumetone	Nalfon products
Naprelan	Naprosyn products	Naproxen
Naproxen	Nuprin	Ocufen (ophthalmic)
Orudis products	Oruvail	Oxaprozin
Piroxicam	Ponstel	Profenal
Relafen	Rhinocaps	Sine-Aid products
Sulindac	Suprofen	Tolectin products
Tolmetin	Toradol	Voltaren

Other Medications to Avoid

4-Way w/Codeine	A.C.A.	A-A Compound
Accutrim	Actifed	Anexsia
Anisindione	Anturane	Arthritis Bufferin
BC Tablets	Childrens' Advil	Clinoril C
Contac	Coumadin	Dalteparin injections
Dicumerol	Dipyridamole	Doxycycline
Emagrin	Enoxaparin injection	Flagyl
Fragmin	Furadantin	Garlic
Heparin	Hydrocortisone	Isollyl
Lovenox injection	Macrochantin	Mellarill
Miradon	Opasal	Pen-PAC
Pentoxifylline	Persantine	Phenylpropanolamine
Prednisone	Protamine	Pyroxate
Ru-Tuss	Salatin	Sinex
Sofarin	Soltice	Sparine
Stelazine	Sulfonopyrazone	Tenuate
Tenuate Dospan	Thorazine	Ticlid
Ticlopidine	Trental	Ursinus
Virbamcysin	Vitamin E	Warfarin
Xarelto	Pradaxa	

Tricyclic Antidepressant Medications to Avoid

Adapin	Amitriptyline	Amoxapine
Anafranil	Asendin	Aventyl
Clomipramine	Desipramine	Doxepin
Elavil	Endep	Etrafon products
Imipramine	Janimine	Limbitrol products
Ludiomil	Maprotiline	Norpramin
Nortriptyline	Pamelor	Pertofrane
Protriptyline	Sinequan	Surmontil
Tofranil	Triavil	Trimipramine

OVERVIEW OF YOUR SURGICAL DAY

➤ GENERAL INFORMATION

- The doctor and the nursing staff have given you prescriptions for your comfort and care. It is important that you use the medications as directed unless you experience abnormal symptoms that might be related to medication usage.
- Symptoms such as itching, development of a rash, wheezing, and tightness in the throat would probably be due to an allergy. Should these occur, discontinue all medications and call 911 and the office for instructions.

GOING TO THE SURGERY FACILITY

➤ THE OPERATING SUITE

- Going to the operating room is not a normal experience for most of us. The doctors at Austin Foot and Ankle Specialists and all the professional staff caring for you recognize the natural anxiety with which most patients approach this step in the process of achieving their goals. We believe a description of the surgery experience will be helpful.
- Your surgery will be performed in a state-of-the-art operating suite/room. Specialists using the most modern equipment and techniques will attend to you. The team includes a board-certified anesthesiologist, a trained operating room technician and a registered nurse in charge of the operating room.
- When you arrive at the surgery facility, you will be transported to the pre-operative surgery suite. You will be asked to change into a gown and robe.
- Your Surgeon and the anesthesiologist will meet with you before you enter the operating suite. This is the time for final surgical planning; it is also when we will do basic preparation or draw on your skin as needed. There will be time for last minute questions.
- Once you enter the operating room, the staff will do everything they can to make you feel secure. You will be placed on a deeply padded operating table. The nurse or the anesthesiologist will start an intravenous drip in your arm and will administer medication that will make you drowsy. At the same time, to ensure your safety, our staff will connect you to monitoring devices.

➤ THE RECOVERY ROOM

- When your surgery has been completed and your dressings are in place, you will be moved to the recovery room. You will be connected to monitoring equipment constantly. During this period, a fully trained recovery room nurse will always take care of you and remain with you. The registered nurses in the recovery room are specially certified for advanced cardiac life support.
- Your stay in the recovery room will last from 1 to 4 hours, depending on how soon you are ready to leave. Most patients are fully awake within 30-60 minutes after surgery but may not remember much about their stay in the recovery room.

➤ AT HOME

- You must arrange for someone to bring you to and drive you home from the surgery center. A family member, a friend, or a nurse must remain with you the first night after surgery because you will have been sedated.

➤ RECOVERY CENTER

- If your initial recovery is going to be at a nursing or recovery center, transportation will be provided.

GENERAL SURGICAL RISKS

➤ ABOUT RISKS

- We want you to understand fully the risks involved in surgery so that you can make an informed decision. Although complications are infrequent, all surgeries have some degree of risk. We will use our expertise and knowledge to avoid complications, in so far as we are able. If a complication does occur, we will use those same skills to solve the problem quickly. The importance of having a highly qualified medical team and the use of a certified facility cannot be overestimated.
- In general, the least serious problems occur more often, and the more serious problems occur rarely. If a complication does arise, you, the doctor, and the nursing staff will need to cooperate in order to resolve the problem. Most complications involve an extension of the recovery period rather than any permanent effect on your result.

➤ NORMAL SYMPTOMS

- **SWELLING AND BRUISING:** Moderate swelling and bruising are normal after any surgery. Severe swelling and bruising may indicate bleeding or possible infection.
- **DISCOMFORT AND PAIN:** Mild to moderate discomfort or pain is normal after any surgery. If the pain becomes severe and is not relieved by pain medication, please call us at 512-328-8900.
- **CRUSTING ALONG THE INCISION LINES:** We usually treat this with antibiotic ointment
- **NUMBNESS:** Small sensory nerves to the skin surface are occasionally cut when the incision is made or interrupted by undermining of the skin during surgery. The sensation in those areas gradually returns usually within 2 or 3 months as the nerve endings heal spontaneously.
- **ITCHING:** Itching and occasional small shooting electrical sensations within the skin frequently occur as the nerve endings heal. Ice, skin moisturizers, and massages are frequently helpful. These symptoms are common during the recovery period.
- **REDNESS OF SCARS:** All new scars are red, dark pink or purple. Scars on the body may take a year or longer to fade completely.

➤ COMMON RISKS

- **HEMATOMA:** Small collections of blood under the skin are usually allowed to absorb spontaneously. Larger hematomas may require aspiration, drainage, or even surgical removal to achieve the best result.
- **INFLAMMATION AND INFECTION:** A superficial infection may require antibiotic ointment. Deeper infections are treated with antibiotics. Development of an abscess usually requires drainage.
- **THICK, WIDE, OR DEPRESSED SCARS:** Abnormal scars may occur even though we have used the most modern surgery techniques. Injection of steroids into the scars, placement of silicone sheeting onto the scars, or further surgery to correct the scars is occasionally necessary. Some areas on the body scar more than others and some people

scar more than others. Your own history of scarring should give you some indication of what to expect.

- **WOUND SEPARATION OR DELAYED HEALING:** During the healing phase, any incision may separate or heal unusually slow for several reasons. These include inflammation, infection, wound tension, decreased circulation, smoking, or excess external pressure. If delayed healing occurs, the outcome is usually not significantly affected, but secondary revision of the scar may be indicated.
- **SENSITIVITY OR ALLERGY TO DRESSINGS OR TAPE:** Occasionally, allergic or sensitivity reactions may occur from soaps, ointments, tape, or sutures used during or after surgery. Such problems are usually mild and easily treated. In extremely rare circumstances, allergic reactions can be severe and require aggressive treatment or even hospitalization.
- **INCREASED RISKS FOR SMOKERS:** Smokers have a greater chance of skin loss and poor healing because of decreased skin circulation. (See Preparing for Surgery)
- **INJURY TO DEEPER STRUCTURES:** Blood vessels, nerves, and muscles may be injured during surgery. The incidence of such injuries is rare.

➤ RARER COMPLICATIONS

- If they are severe, any of the problems mentioned under *Common Risks* may significantly delay healing or necessitate further surgical procedures.
- Medical complications such as pulmonary embolism, severe allergic reactions to medications, cardiac arrhythmias, heart attack, and hyperthermia are rare but serious and life-threatening problems. Having a board-certified anesthesiologist present at your surgery reduces these risks as much as possible. (Failure to disclose all pertinent medical data before surgery may cause serious problems for you and for the medical team during surgery.)

➤ UNSATISFACTORY RESULTS & NEED FOR REVISIONAL SURGERY

- All foot and ankle surgery treatments and operations are performed to improve a condition, a problem, or appearance. While the procedures are performed with a very high probability of success, disappointments occur, and results are not always acceptable to patients or the surgeon. Secondary procedures or treatments may be indicated. Rarely, problems may occur that are permanent.

- **POOR RESULTS:** Asymmetry, unhappiness with the result, poor healing, etc. may occur. Minimal differences are usually acceptable. Larger differences frequently require provisional surgery.

ANESTHESIA & OTHER INFORMATION

➤ GENERAL ANESTHESIA

- When general anesthesia is used, you will be sound asleep and under the care of your anesthesiologist throughout the operation. Once you are settled on the operating table, you will be connected to several monitors and an intravenous catheter. A quick-acting sedative will be given through the intravenous tubing after you have breathed pure oxygen for a few minutes. Once you fall asleep, your anesthesiologist will usually slip an end tracheal tube through your mouth into your windpipe to guarantee that your breathing is unimpeded. An anesthetic gas that you will breathe and other medications that will be given through the intravenous catheter will keep you asleep and pain free.
 - Many patients have an instinctive fear of general anesthesia. Extremely sensitive monitors used during the surgery have greatly reduced the risks of anesthesia. A minute change in the oxygen level in your blood, in the amount of carbon dioxide you breathe out, in the percentage of anesthetic gas administered, in your heart rate, or in your blood pressure would be reported immediately. Most complications of anesthesia in the past have occurred because of “simple” problems that were not recognized quickly enough. The sophisticated monitoring now used makes recognition and treatment of problems with anesthesia almost immediate.
 - The anesthesiologist spends all his or her time during the procedure ensuring your safety. Any significant changes in blood pressure, heart rate, or other vital functions are treated immediately.
 - The current level of sophistication of anesthesia monitoring equipment makes general anesthesia much safer than in the past. The anesthesia and monitoring equipment are routinely maintained and is of the same quality as the equipment in any major hospital. Your anesthesiologist will discuss the specific risks of general anesthesia with you before your surgery.

OTHER RISKS

- We have outlined the common and not-so-common risks of surgery in general. The specific risks and complications of each surgical procedure have been explained elsewhere in this

preoperative packet. We have not discussed every possible problem that may occur, and you cannot assume that a problem will not occur simply because it is not discussed here.

- I acknowledge that the risks and complications of the surgery I am to undergo have been explained and discussed with me in detail by your Surgeon. I have been given the opportunity to ask questions and any concerns I have about my surgery have been explained to me. My signature here attests to my understanding and satisfaction with the answers I have been given.

AS YOU HEAL

➤ FAMILY & FRIENDS

- Support from family and friends are very helpful, but because they may not understand what constitutes a normal postoperative course, their comments may unintentionally create emotional turmoil for you. We will tell you honestly how you are doing and what we expect your result to be. Please trust in our knowledge and experience when we discuss your progress with you.

➤ DEPRESSION

- Quite frequently patients experience a brief period of “let down” or depression after any surgery. Some may subconsciously have expected to feel better “instantly”, even though they rationally understand that this will not be the case. Patients commonly question their decision to have surgery during the first few days after surgery. As the healing occurs, these thoughts usually disappear quickly. If you feel depressed, understanding that this is a “natural” phase of the healing process may help you to cope with this emotional state.

➤ HEALING

- Everyone has the capacity to heal themselves to one degree or another. Clearly this ability is variable and depends upon several factors such as your genetic background, your overall state of health, and lifestyle (exercise, diet, smoking, drinking, etc.). Many people believe the surgeon “heals” the patient. No one person can make another heal. The doctor can facilitate (but not accelerate) the healing process. Your cooperation and close attention are extremely important and in your best interest.

- **FOLLOWING INSTRUCTIONS:** Another major factor in the course of healing is whether you follow the instructions given by Your Surgeon verbally and in this booklet. Such guidelines are designed to promote the healing process and to prevent the occurrence of anything which may interfere with recovery. It is imperative

that you recognize that you are a partner in this process and have a responsibility to follow instructions carefully. The instructions, based on broad experience, are designed to give you the best opportunity for healing without delay or surprise.

- **COMPLICATIONS:** Unexpected occurrences are very infrequent. When they occur, it is seldom a consequence of malpractice. It is far more likely to be a result of the variable healing capacity or the patient's failure to follow instructions. Rest assured we will assist you in any way possible regarding such events. Should the unexpected occur, it is in your best interest to ally yourself with Your Surgeon and the staff. We will support you through any difficulties and assist you in reaching your goal.

GENERAL "AS YOU HEAL" INFORMATION

➤ SWELLING AND BRUISING

- The operative area will be swollen and will usually have an area of black and blue. All swelling will not disappear for about 6 months. In certain cases, this time may extend to about 12 months.

➤ FIRMNESS UNDER SKIN

- If you feel hardness under the skin or chronic discomfort, long-term massage is very helpful.

➤ BANDAGES

- After the steri-strips are removed, hand creams work well to help cleanse the surgery site and remove dead skin. It is also beneficial for softening the scar. We recommend creams containing Vitamin A and D. This may be purchased at your local pharmacy or health care center.

● OUR COMMITMENT TO YOU

- We enjoy our work and the relationship with you and our other patients. As foot and ankle surgeons, we always make every attempt to obtain an ideal result for all our patients. We take our responsibilities very seriously. We always use accepted techniques and see that the operating facility and staff meet the highest qualifications. However, despite these efforts, we cannot guarantee that an ideal result will occur.

- In the unlikely event that some postoperative problem comes up, it is our absolute desire to maintain our relationship and work with you to resolve that problem in order to achieve the best possible outcome. If you do not heal properly, if an infection occurs, or if some other unforeseen result transpires after surgery (review the list of potential complications); how should we handle it?
- We make a moral commitment to you to work with you through any complication of surgery. Our staff will also assist you in any way necessary.
- **YOUR COMMITMENT TO US**
 - We need from you a moral commitment to approach your surgery with the same attitude. If you are unable to make such a commitment, we will be happy to give you the names of other qualified foot and ankle surgeons in the community and ask that you choose one of them to be your surgeon.
 - Be sure to keep all appointments in our office. It is important that your recovery be monitored. During the rehabilitative stage, all discomforts should gradually disappear, and you will be ready to experience the results of our combined efforts. In the meantime, if you feel uncertain about the progress of your healing or observe an unusual condition, please call the doctor or one of our surgery coordinators at 512-328-8900.
- **OUTCOME**
 - We look forward to our relationship together and anticipate that we will achieve excellent results (hopefully without postoperative problems).
- **KEYS TO RECOVERY:**
 1. Minimized activity
 2. Dry, clean dressings.
 3. Elevation to decrease swelling.
 4. Using prescribed medications.

POSTOPERATIVE CARE-OUTPATIENT SURGERY

➤ YOUR FIRST 48 HOURS

- **VERY IMPORTANT:** If you have excessive bleeding or pain, call the office at (512) 328-8900, day or night.
- **DUE TO THE IV SEDATION YOU RECEIVED, WE RECOMMEND THE FOLLOWING:**
 1. Have a responsible adult drive you home and remain with you overnight.

2. Rest on the day of surgery (you may be tired the next day).
3. Dizziness is not an unusual side effect the first day.

- **FOR THE FIRST 24 HOURS, DO NOT:**

1. Drive a vehicle.
 2. Operate hazardous machinery, power tools, or appliances.
 3. Make personal or business decisions or sign legal documents.
 4. Ingest alcohol, tranquilizers, or sleeping pills.
- **DIET:** Begin with clear liquids and light foods such as water, soup, Jell-O, or 7-up and advance to a normal diet if no nausea is present. If nausea is severe, use the prescribed nausea medication as instructed. Eat a well-balanced diet to include high protein and Vitamin C.
 - **ACTIVITY:** For the first 48 hours after your surgery, we recommend bed rest and elevation of your feet on a pillow. Take it easy and pamper yourself. Try to avoid any straining. You may go to the bathroom, sit and watch TV, etc., but **NO MATTER HOW GOOD YOU FEEL, DO NOT CLEAN THE HOUSE, REARRANGE THE ATTIC, ETC.!!** We do not want you to bleed and cause any more swelling and bruising than is unavoidable. You may get up to use the bathroom **ONLY**.

After the first 48 hours you may get up but **LIMIT** your activities for the first week after surgery. Always use your surgical boot or prescribed shoe gear while walking. This includes going to the bathroom during the night. It may be removed when resting or sleeping as cleared by your Surgeon. When not walking, elevate your foot. Placing one or two pillows under your leg can easily accomplish this. It is important that your foot receive adequate blood circulation. Do not allow any pressure on the back of your knee or your ankle by crossing your legs or feet or by pressing the back of your knee against a chair.

- **ICE PACKS:** Cold or ice packs help to reduce swelling, bruising, and pain. Use frozen peas in the package or crushed ice cubes and put the ice into a zip-lock bag. This should help, not hurt. If the ice feels too uncomfortable, don't use it as often. Please avoid getting the dressing moist. If the dressing gets wet, please notify us at once.
- **SMOKING:** Smoking reduces capillary flow in your skin. We advise you not to smoke at all during the first 10 days after surgery.



- **ALCOHOL:** Alcohol dilates the blood vessels and could increase postoperative bleeding. Please do not drink until you have stopped taking the prescription pain pills, as the combination of both can be dangerous.

- **DRIVING:** Please don't drive until released by your doctor to do so, or while taking prescription pain medications.

- **POSTOPERATIVE APPOINTMENTS:** It is very important that you follow the schedule of appointments we establish after surgery.

- **WHAT TO EXPECT:** Because most surgery involves remodeling of the bone, your feet will probably experience some degree of pain and swelling. Usually, this discomfort only lasts a few days after surgery. The area will be sensitive, and you may experience TINGLING or SHOOTING type pains. You may also experience bruising to the toes and/or foot in addition to bruising of non-operative areas. All these feelings and discomforts will gradually lessen and should be completely gone within a few months. The exact healing time will vary from patient to patient and depends on your natural healing ability, as well as your adherence to the instructions that follow, and exact nature of the surgery performed.

- **DRESSINGS:** DO NOT REMOVE THE WHITE BANDAGES FROM YOUR FOOT FOR ANY REASON. The sterile dressing on your foot must remain clean, dry, and intact. If you were discharged from the surgical facility with an ace wrap on your foot, remove the wrap for up to 15 minutes and wiggle your foot for exercise. When rewrapping the ace begin at your toes and wind upwards to above the ankle. Remember that the dressing must be kept dry. Trying to cover the bandage with a plastic bag when showering seldom works. (Cast/Dressing Protectors, which do a better job of keeping your foot dry, may be purchased at our office.) If the bandage gets wet dry it as best as possible with a hair dryer. A small amount of blood seepage on your dressing is normal and is no cause for concern. Elevating the foot can usually control it. However, if there is active and persistent bleeding after elevation (BLOOD RUNNING OUT OF YOUR BANDAGE), please call the office at 512-328-8900.

- **CAST:** If you were released from the surgical facility with a cast on your foot, please keep it clean and dry. If your cast does get wet use a hairdryer to dry it as best as possible and contact the doctor or his surgery coordinator for further instructions. DO NOT bare weight on the cast UNLESS you have been given instructions stating it is okay to do so.



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- **MEDICATIONS:** It is important to take the medication that has been prescribed for you. Severe pain following surgery is rare. If severe pain persists despite taking prescribed medications, call the office. Do not drink any alcoholic beverages while taking medication and do not operate a motor vehicle.

If throbbing, pulsating pain persists, notify the office immediately. If your medication causes stomach upset or adverse reactions, discontinue the medication and notify the doctor or surgery coordinator.

GENERAL POST-OPERATIVE GUIDELINES

***YOUR FOOT MAY HAVE A TAN-COLORED COMPRESSION ACE WRAP WHICH IS OVER THE INNER WHITE DRESSING. STARTING TOMORROW, YOU MAY REMOVE THIS TAN BANDAGE FOR 15 MINUTES A DAY. WHEN REAPPLYING THE WRAP, START FROM THE TOES UP. DO NOT REMOVE THE INNER WHITE DRESSING!**

***KEEP THE DRESSING DRY. SPONGE BATH ONLY UNTIL AFTER YOUR APPOINTMENT WITH THE DOCTOR.**

***WEAR YOUR SURGICAL SHOE/BOOT WHENEVER YOU ARE ON YOUR FEET.**

***ELEVATE YOUR FOOT ABOVE THE LEVEL OF YOUR HEART WHENEVER YOU ARE SITTING.**

***CALL THE DOCTOR IF YOU DEVELOP FEVER.**

***TAKE YOUR MEDICATIONS ACCORDING TO DIRECTIONS ON THE PRESCRIPTION BOTTLE. THEY ARE PROVIDED TO REDUCE SWELLING AND EASE DISCOMFORT. IF THEY DO NOT RELIEVE THE PAIN CALL THE DOCTOR.**

***CALL THE DOCTOR IF YOU GET YOUR BANDAGE WET OR IT BEGINS TO FALL OFF.**

IF YOU HAVE ANY QUESTIONS, PLEASE CALL:

OFFICE: 512-328-8900

EMERGENCY AFTER HOURS: (512) 328-8900: Follow prompts and leave detailed message.

Post-Operative Frequently Asked Questions

1. When will I be released from the surgical facility?
There are many factors that contribute to your release time; including, type of anesthesia, type of procedure performed, presence of nausea, vomiting, or fever. Typically, with a general anesthetic you can expect to remain in the surgical facility between 2-3 hours after your surgical procedure. A nurse will call you prior to your surgery and we recommend coordinating release times with the designated nurse.
2. Can I drive home?
As a surgical patient you will be required to have a driver deliver you to your home after your surgery. Neither your surgeon nor your surgical team at the facility will allow a taxi, bus or other form of public transportation to drive you. You must have a friend or family member participate in your care regarding transportation.
3. Can my surgeon call in my prescription?
Should your surgeon prescribe pain medication he will write the prescription on the day of your surgery and this will be in the possession of the post-operative nurse at the facility that will be charged with your care. You will receive a paper copy of your prescription to deliver to any pharmacy of your choice.
4. I am home now, and I am experiencing nausea; what do I do?
If it is within 6 hours of your procedure it is likely you are experiencing a reaction to the anesthesia. Initially, we recommend finding a comfortable position to rest and further recommend you eat toast and drink light tea. After eating and drinking tea we recommend you begin to hydrate by drinking water. After 6 hours if you are still experiencing nausea and/or if you cannot hold down any food please contact us to prescribe anti-nausea medication.
5. When can I shower?
You may shower at any time after the effects of your anesthesia have worn off. However, we recommend that you do not bathe in any way that your surgical dressings may be submerged in water. For your post-operative convenience, we offer over-the-counter shower bags for purchase.
6. I showered and got my bandage wet; what do I do?
This is a common occurrence. However, you will need to contact our office so that we may schedule you an appointment to change the bandage as soon as possible. A wet or damp bandage can be a possible breeding ground for post-operative bacteria and infection. For your convenience we offer over-the-counter shower bags for purchase. The shower bags are specifically engineered to keep a tight hold around your ankle or thigh to avoid additional visits and associated costs.
7. My foot is throbbing, what is happening?
Often you are experiencing a throbbing sensation due to the bandage on your operative site being too tight. We recommend you or your surgical caretaker (spouse, friend, etc) loosen your bandage just a bit to allow the bandage to breathe. We then recommend you elevate your foot with pillows in a comfortable position to allow for blood flow.
8. Should I change my bandage?
No, your Surgeon will change your bandage on your first post-operative visit and on any other visits to the office. You will only be asked to change your bandage should you get your bandage wet or damp and you cannot make it to the office immediately (i.e....8 o'clock at night).
9. What does it mean to be non-weight bearing?
As a post-operative patient, you will not be allowed to perform physical weight bearing activity on your surgical site. You are to remain non-weight bearing until advised otherwise by your Surgeon. Dependent upon your surgical procedure this may be 2-6 weeks or longer. You may request crutches at the hospital or from your local pharmacy. As well, if you wish to receive additional information on non-weight bearing scooters please visit the following sites (we are not affiliated with these companies. You must contact them to receive information on payment & delivery):



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Phone (512) 328-8900
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- Knee Walkers of Texas
 - www.kneewakersoftexas.com
 - 1-888-380-3650 Toll Free or (512) 771-9849
- 10. When do I follow-up with my Surgeon?

You will follow-up with your Surgeon sometime between the first 10-14 days after your surgical procedure. We will call you the evening of your surgical procedure to check on your well-being and at this point we will schedule your first post-operative appointment. Appointments after your first visit will be determined by your Surgeon first assessing your recovery.
- 11. When I need a prescription refill what do I do?

Please contact your pharmacy and have them fax a prescription refill request form to our office; (512) 328-8903. Your Surgeon will determine the need for additional medication and fax his decision back to the pharmacy. Please call our office prior to expecting to arrive to receive your prescription refill. Your Surgeon does all that he can to accommodate your needs however, as a functioning clinic we request that you contact us to make sure your Surgeon has had time to review and respond to your request.
- 12. I need to submit my FMLA paperwork; what do I do?

Please submit FMLA paperwork to our Clinical Coordinator. Please allow 48 hours for a turnaround to you or your insurance company. Our practice system is only set up to accommodate FMLA requests after your surgical procedure. We do not fill out and submit FMLA prior to your surgical case.
- 13. Do I ice or elevate after surgery and if so, how often?

We suggest you ice and elevate every 20 minutes every hour for the first 2 days after surgery.
- 14. When do I start physical therapy?

Beginning a physical therapy regime typically depends upon the type of procedure you have performed. However, physical therapy usually begins 6-12 weeks after your procedure. Your Surgeon will monitor this closely and keep you up to date on your recovery and rehabilitation needs.
- 15. Can I wiggle and move my toes after surgery?

Yes, and it is imperative that you do this often and as soon as you can. However, please only wiggle and move them lightly.
- 16. I made a pre-surgical payment, but I overpaid your office; when can I expect my reimbursement?

Austin Foot and Ankle Specialists reviews accounts that have overpaid our office once per month. When all money with your insurance company has cleared your account, we have all EOB's received and all monies have been applied we will send a reimbursement check to the address you have provided for correspondence. Typically, we receive EOB information between 30 and 60 days and up to 90 days. Please call and speak to our Manager, Rhiannon, with any questions; (512) 328-8900.
- 17. Do I have to pay a copay for my post-operative visit?

Typically, after surgery you are in a "global period" which is a designated time frame after surgery where certain procedures performed are part of your recovery. However, as per your insurance company all amounts are an estimate of benefits to be received and not a guarantee. You will not be responsible for your copay on the date of your visit; however, upon billing your insurance you may receive after your visit an additional statement regarding monies owed. All questions regarding why a particular visit or service were not in your global period should be directed to your customer service representative with your respective insurance company.



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18. Can I walk after my surgery?

- **YES – you may walk to tolerance on your post operative foot.**

If yes, what am I wearing on my foot?

- Post op Shoe (dispensed at time of surgery)
- CAM boot (dispensed at post op visit)
 - Even Up (device for non-surgical foot to prevent possible Hip instability)
- **NO – you may not place any weight on the operative limb; you must use crutches, wheelchair, walker or scooter.**

If no, what do I have on my foot?

- Posterior Splint
- Fiberglass cast
- CAM walker
- Bandage

Contact our office with questions or concerns: (512) 328-8900.



Instructions for Crutch Use for Non-Weight Bearing Patients

Crutches:

1. Weight is supported on hands NOT on armpits. Possible nerve and/or blood vessel damage may result from too much pressure.
2. To keep crutches from slipping out from under armpits, hold elbows in close.
3. Always turn to your good side when turning or changing direction, move toward the uninjured side.
4. Carry injured leg in a relaxed position. Don't swing your cast, this can cause a fall.
5. When walking, maintain good posture. Stand tall.
6. Keep rubber tips clean. Dusty tips are slippery.
7. Never use crutches on wet surfaces or throw rugs.
8. Use a sturdy low heel shoe with a non-slip sole on good foot.
9. Do not try to go fast or take giant steps. These could cause a fall.
10. Always stay close to railing on stairs.

Sitting:

1. Back up, so your good leg touches chair.
2. Never try to slide down with your crutches still under your arms.
3. To get up, place crutches together on your weak side. Push up with your other hand against chair. Straighten your good leg.

Stairs:

1. Up with the good, down with the bad.
2. Crutches always stay on the step with the operated leg.
3. Always stay close to railing on stairs.

To go up:

1. Leave crutches on level where you are standing.
2. Put weight on hands.
3. Raise good foot to higher step.
4. Straighten good leg and advance crutches and weak leg.

To go down:

1. Place crutches on lower step while extending operated foot forward.
2. Put weight on hands.
3. Bend good leg while slowly lowering body.
4. In a controlled motion, move good foot to lower step.

You will receive a call the afternoon or evening after your surgery to check on your progress.

PLEASE REMEMBER THE FOLLOWING GUIDELINES:

***TRY NOT TO DISTURB THE POST OPERATIVE DRESSINGS IN ANY WAY.**

PROPER TECHNIQUES

To get up from a chair:

- hold both crutches on your affected side
- slide to the edge of the chair
- push down on the arm of the chair on the good side
- stand up, check your balance
- put crutches under your arms, press into ribs

To walk with crutches

- put crutches under your arms and press them into your ribs
- move the crutches ahead of you 6 to 12 inches
- push down on the handgrips as you step up to or slightly past the crutches
- make sure to bear your weight on your hands, not under your arms
- check your balance before you continue

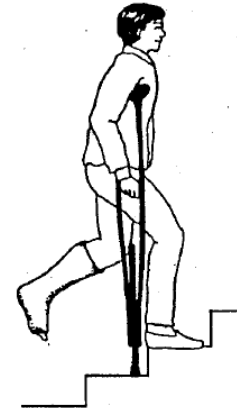
To sit down in a chair:

- back up to the chair until you feel the chair on your legs
- put both crutches in your hand on the affected side, reach back for the chair with the other hand
- lower yourself slowly in to the chair, bending at your hips

HOW TO HANDLE THE STAIRS

To go upstairs:

- start close to the bottom step, and push down through your hands
- step up to the first step, remembering that *the good foot goes up first!*
- next, step up to the same step with the other foot, making sure to *keep the crutches with your affected limb*
- check your balance before you proceed to the next step
- make sure someone is there to help if you need it



To go down the stairs:

- start at the edge of the step, keeping your hips beneath you
- *slowly bring the crutches with your affected limb down to the next step (the bad foot goes down first!)*
- be sure to bend at the hips and knees to prevent leaning too far forward, which could cause you to fall
- check your balance before you continue
- have help handy
- a handrail will make things easier for you. Simply hold both crutches on one side.

Antibiotic Information Sheet

Antibiotics are medicines that are used to fight off bacterial infections. These medicines should be taken **ONLY** as directed. It is important to review your drug allergies and the medications you are taking with the doctor before starting antibiotics and other medications.

One of the more common side effects of antibiotic treatment is gastrointestinal discomfort. We recommend that you eat yogurt daily to help reduce the chance of stomach discomfort. Yogurt helps to replenish the normal bacteria found in the stomach and intestines. This normal bacterium can be affected by antibiotic therapy.

While you are taking antibiotics, you should not drink any alcoholic beverages.

It is important to complete the entire dose prescribed. Failure to do so can lead to your body developing a resistant strain of bacteria that will inhibit future antibiotic therapy.

Women who are taking oral contraceptives should be aware that antibiotics may interfere with the efficacy of their birth control pills. Therefore, a second form of birth control should be utilized while on an antibiotic regimen.

FINANCIAL POLICIES

- As patients approach surgery, they frequently need information about the various payment options and have questions about their potential insurance benefits. We hope the following information will be helpful.
- Our financial coordinators are readily available to meet with you personally to provide the specific information you desire. They specialize in this area and will use their expertise to help you obtain the maximum benefits from your policy.

➤ PAYMENT OPTIONS

- **CASH OR CHECK:** Cashier's check or cash.
- **CREDIT CARDS:** Visa, MasterCard, Amex, Discover, & Care Credit.



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➤ INSURANCE COVERAGE

- The benefits paid by insurance companies vary greatly from carrier to carrier and plan to plan. Therefore, we make every effort to determine in advance if insurance coverage exists. We ascertain the projected payment and the required co-payment. We do this because we believe you need to be as informed as possible before surgery. We know you realize that you are ultimately responsible for the full payment of your account, but we found that our knowledge and experience can be an important factor in assisting you to collect your maximum benefits.
- Please discuss all agreements regarding payment of your account with us.