

## Shore Foot & Ankle

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### Post-Operative Discharge Instruction Sheet

It is our privilege to have provided operative treatment to you regarding your most recent foot ailment. As you are aware, you have just undergone a surgical procedure requiring anesthesia. Specialized care has been provided to you and it requires specific attention during the post-operative period to optimize healing. Please read this sheet carefully and follow the instructions below concerning your post-operative course so that any complications will be minimized. If you do not understand what you have read or what has been explained to you, please ask for clarification of these discharge instructions **BEFORE** you leave the hospital.

- 1) **Your dressings should remain dry, clean and intact.** Do not touch or change the dressings that have been applied by your doctor. If the dressings become loose, wet, feel tight, or become dirty contact the office immediately.
- 2) **Use the appropriate equipment when ambulating.** Refer below to your doctor's specific instructions as to if you can bear weight on your foot.  
\_\_ Non-weight bearing    \_\_ Partial weight bearing \_\_%    \_\_ Full weight bearing  
With: \_\_ Crutches \_\_ Walker \_\_ Wheelchair \_\_ Surgical shoe \_\_ Cast \_\_ Splint \_\_ Boot
- 3) **Reduce your activity.** Your activity level should be reduced for the next 3 days after surgery. Activity should then be to tolerance so that the initial phases of healing are uncomplicated and any swelling minimized.
- 4) **Elevate your foot to a horizontal level.** Please do not elevate the foot higher than horizontal. In some cases, elevating the foot higher can increase foot discomfort.
- 5) **Perform range of motion exercises as instructed.** In some surgical cases, it is necessary to move the operative site to prevent post-operative stiffness and blood clots. Your specific instructions include:  
\_\_ Wiggle toes    \_\_ Manually move toes    \_\_ Flex /extend ankle and knee    \_\_ other \_\_\_\_\_
- 6) **Take prescribed medications as ordered.** Please read your prescriptions carefully and take the medicine(s) as instructed. If you have any adverse reactions, immediately stop taking the medicine and contact the office.
- 7) **Complications sometimes occur with any type of surgery and should be cared for immediately.** If you develop signs of infection: fever, chills, night sweats, have severe pain, have an abnormal amount of drainage, or cause trauma to your operative site, contact our office immediately. Signs of blood clots in the legs / lungs include acute calf pain, swelling, or redness. Shortness of breath, chest pain, coughing up blood, sweating and increase heart rate may also occur. Contact our office immediately.
- 8) **Should you have any questions concerning your post-operative care, please contact our office.**
- 9) **Call our office to schedule your first post-operative appointment in the AM hours tomorrow or next business day.** The office phone number is **410-629-0222**.

By signing this form, I acknowledge that I have received my post-operative instructions, understand my post-operative care, and had the opportunity to have any questions answered prior to discharge.

\_\_\_\_\_  
Signature of Doctor / Date

\_\_\_\_\_  
Nurse / Date / (Make copy for chart)

\_\_\_\_\_  
Signature of Patient / Date