



# TWIN CITIES ORTHOPEDICS

## Pre-Operative Information Sheet for Foot and Ankle Surgery

Jeffrey Seybold, M.D.

### **Scheduling Surgery**

Your surgery can be scheduled through my surgical coordinator, Emily Antony, who can be reached at 952-456-7127.

I operate in Edina or Burnsville depending on the day of the week. The ultimate date of your surgery requires coordination of both your schedule and our schedule, so please have a few dates in mind.

You will also need to schedule a follow-up appointment for your first few post-op visits (typically 2 and 6 weeks after surgery). This should be done at the same time you schedule your surgery.

You will be called within 48 hours before the surgery to confirm the time of the operation.

Please note that the operative schedule is confirmed 1-2 days in advance by the hospital and we may not have any specific information about surgery timing prior to that time.

Do NOT plan any long-distance travel for the first 6 weeks after surgery. This will minimize the risk of complications such as wound healing problems, swelling, and blood clots after surgery.

If for any reason you need to cancel your surgery, please call Emily as soon as possible.

For work releases, disability forms, handicap parking permits, etc., please discuss this with myself, Emily, or my team prior to your surgery date as these forms often take time to process and obtain required information!

### **Risks of Surgery**

Surgery is a significant stress to the body. There are, of course, risks of surgery, which also include the risks of anesthesia. Surgery should only be carried forth if you understand and accept these risks. Almost without exception, there is no foot and ankle surgery which is life threatening and, although we may recommend surgery as an option, only you bear the risks. The risks associated with any foot and ankle procedure include but are not limited to: infection; blood loss; damage to the adjacent nerves, vessels, muscles, and tendons; and painful scar tissue or persistent pain. In procedures where bone healing is required, additional risks include nonunion (failure of bones to unite/heal), and malunion (bones uniting/healing in an imperfect position). While my team is trained to deal quickly and appropriately with complications when they occur, management may necessitate further surgery. Major risks of surgery, while rare, include but are not limited to: stroke, heart attack, permanent nerve damage, deep vein thrombosis (DVT, or blood clots), pulmonary embolus (PE, blood clot in the lungs), amputation and death.

**\*\*PLEASE NOTE – If you are a smoker, you are at much higher risk to have a post-operative wound complication or difficulty healing bones.\*\*** For this reason, smoking cessation is required before any fusion surgery for your own protection! Patients with diabetes are also at

increased risk of wound healing complications, infection, and poor bone healing. Good diabetic control is critical to limit these risks for the months before and after surgery.

### **Preoperative Medical Clearance**

Please schedule an appointment for a history and physical examination with your primary care doctor within 30 days of your scheduled surgery. The letter and form for this is in your surgical packet. Please ask your doctor to fax the results of the exam to the appropriate hospital or surgery center as indicated. If you have any history of heart or lung problems, ask your doctor or your specialist about any further testing that may be required (such as a stress test) before the H&P appointment. Please do not hesitate to contact my office if you have any questions about this!

### **Prior to Surgery**

Have your assistive devices (crutches/walker) prescription filled and ensure that you know how to use them. Remember to bring your crutches with you on the day of surgery! If you did not receive a prescription and will require one, please call my office so we can have this arranged for you. If you haven't used crutches before, my office will give you a prescription for physical therapy to learn how to use them.

You must arrange for transportation home after the surgery. Regardless of the procedure performed, you will NOT be able to drive yourself home.

### ***Medications***

- Please inform us of any and ALL medications that you are taking.
- Stop taking any NSAID's (non-steroidal anti-inflammatory medications) and aspirin products 7 days before surgery (ibuprofen, Motrin, Advil, Naprosyn, Aleve, Orudis, Celebrex, etc.). If you take aspirin for a heart condition or as specifically prescribed by a doctor, this will likely be ok to continue throughout the surgery period but please let my office know.
- If you are on Coumadin or other blood thinning agent, please discuss with your primary doctor when to discontinue this medication (usually one week before). You may have to use blood thinning shots until after the surgery when the Coumadin can be started again.
- Tylenol may be taken up to 8 hours before surgery.
- Other medications are generally safe to take the morning of surgery but this should be discussed with your primary care doctor, especially insulin and other diabetes medications.
- If you take medications for rheumatoid arthritis or other autoimmune conditions, contact your rheumatologist to discuss which medications are safe to take during the surgery period and which you should discontinue. Medications such as Humira and Enbrel (or other medications that end in "-ab") are generally stopped for at least 2 weeks before surgery and not started again until many weeks after surgery to limit risks of infection.
- Do not take any herbal supplements one week prior to surgery. Discontinue diet pills two weeks prior to surgery.

### **Night Before Surgery**

Do NOT eat or drink ANYTHING after midnight. There is a very high anesthetic risk if there is anything in your stomach. This includes chewing gum. If you eat or drink after midnight, your

surgery may be cancelled – this is for your own safety! You may take your daily medications the morning of surgery with a sip of water only.

### **Day of Surgery**

Shower or bathe with antiseptic soap.

- Antiseptic soap such as Technicare, Hibiclens, or Cidastat can be purchased at any discount store or local pharmacy. These soaps will decrease the number of bacteria on your skin and help decrease the risk of a wound infection after surgery.
- Shower or bathe only ONCE on the morning of your surgery.
- Apply the antiseptic soap to your entire body. You may use this as a shampoo as well. If you choose to use your own shampoo, do this prior to using the antiseptic soap.
- Rinse thoroughly in the shower.
- Dry with a freshly laundered towel and dress in freshly laundered clothing.
- You do not have to use the whole bottle.
- Thank you for following these instructions!

Do not wear makeup. Please leave jewelry and other valuables at home. Remove any nail polish.

You will be provided with a time to arrive prior to your scheduled surgical time. This allows the nursing, anesthesia, and surgical teams to ensure with you that everything is safe and ready for a successful procedure! The time you are provided is an estimated start time. Occasionally, your surgery may be delayed. Please be understanding of these time delays. The entire team understands your time is important, however, we always strive to do what is best for all of our patients.

You will meet with the anesthesiologist to discuss the types of anesthesia available to you. The following is a brief description of the types of anesthesia commonly used for my surgeries.

- general anesthesia: you are “put to sleep” through IV medication and the anesthesia team helps make sure you are breathing appropriately
- sedation: this is “relaxing medication” given through an IV; most patients will still sleep throughout the procedure and typically do not remember events around the surgery
- local or regional block: a nerve is injected around the knee, ankle, or foot to numb the surgical site
- spinal/epidural: you are numbed from the waist down with medicine injected into your back

You and your anesthesiologist jointly make the final decision for your anesthesia type with input from your surgeon.

I will mark the correct leg for the operation in the preoperative area. Do not mark the leg yourself as this may create confusion for the staff.

You will be given your prescription for pain medications on the day of the surgery.

Thank you for your attention to these instructions! If you have any further questions, please do not hesitate to contact my office.

You can often find additional information about your procedure or condition on the TCO website at <https://www.tcomn.com/physicians/jeffrey-seybold> or <https://www.tcomn.com/specialties/ankle-care>.

Additional information from reputable orthopaedic foot and ankle surgeons affiliated with the American Orthopaedic Foot and Ankle Society can be found at <http://www.footcaremd.com>.