



Sam Singh MA (Cantab) MSc FRCS (Orth)
Guy's and St Thomas' NHS Foundation Trust
Consultant Orthopaedic Foot & Ankle Surgeon

Senior Medical Secretary: Lorna Duncan
Medical Secretary: Teresa Stewart
1st Floor, 29 Tooley Street, London SE1 2PR
T: 0207 234 2167, 0207 234 2719 F: 0207 234 2030
Email: singhhealthcareltd@uk-consultants.co.uk
Website: www.samsingh.co.uk

Consulting at:
London Bridge Hospital
Lister Hospital Chelsea
Chelsfield Park Hospital

OPERATION:

Time-Line for recovery from Correction of Forefoot Deformity

THE DAY OF THE SURGERY: Mr Singh will see you before and after the procedure. The anaesthetist will also see you before the operation, any queries about the anaesthesia is best discussed with him directly on the day.

Waiting for your Operation : Please note that you may not be the first patient on the operating list. Depending on your place on the list you may have a variable amount of time during which you will be queuing or waiting to go to theatre. This can last for up to three or four hours if you are the last patient to be done on the list. You should therefore come prepared for a wait. Some reading material is provided by the day case unit but we appreciate a wait of several hours can be tedious and you may wish to bring a book or some other material/work to keep you occupied.

An ankle block will be administered in the operating theatre. This numbs the small sensory nerves around the foot helping to control the pain and to minimise the dose of general anaesthetic. Your foot will be heavily bandaged to protect it and to reduce the swelling. The gauze bandage which is applied in theatre in a sterile environment will stay on for 2 weeks. There will be no plaster cast.

The physiotherapist will issue you crutches and a special surgical sandal to wear. If you already have, either of these then bring them with you. The crutches are not essential but as the foot is sore when weight bearing you may prefer it.

At London Bridge or the Lister, you will also be given a waterproof shower cap, which allows you to shower. It is important that the bandages are kept clean and dry. If you wish to obtain one independently I can suggest "Sealtight cast bandage protector". Can Google it or try Physiosupplies.com on 01775 640972. You will need the half leg cover.

You will be given medicines to take home to control the pain. The nurse will go through the medicines with you, including how often and when to take them. There will be a combination of strong and weak pain killers.

When you feel comfortable and ready you will be allowed to go home. You should have made arrangements to be picked up from the hospital and have at least someone staying with you overnight if you are a day case.

As a day case patient, you normally go home about 3-5 hours after the surgery. As an overnight, you will be discharged around 10 am the next day.

The Next Day: The block will start to wear off so you will feel sorer. You can pre-empt this by taking the painkillers. You can get up to use the loo etc but do try to rest for the next few days.

Day 3 - 7: Try and rest with the leg elevated as much of the time. Whenever the foot is put down, it will swell and become sore. As the foot swells cooking will be uncomfortable but simple reheating of meals/ making tea should be fine. It is normal to see mild bruising and some dry blood on the foot. By the end of this period the post operative pain will have significantly reduced.

Day 7 - 14: Things get a bit easier. Do still elevate the foot as much as possible. You can start working from home but you must try and keep the foot up. Those patients that elevate their foot report minimal post-operative pain

experience the least amount of swelling and require the least amount of things get a bit easier. Do still elevate the foot as much as possible. You can start working from home but you must try and keep the foot up. Those patients that elevate their foot report minimal post-operative pain experience the least amount of swelling and require the least amount of pain medication. A reduction of foot swelling during this period will have a significant effect on the entire recovery process. You may walk short distances within the home or to a car during this period, using the surgical sandal. You can visit a friend or maybe even a casual restaurant where you could keep the foot up.

Day 12 - 16: You will have an appointment for the dressing clinic. You will first see the team nurse and then Mr Singh. At this appointment, the bulky dressings are removed. If needed the tails of the stitches are trimmed back. Steristrips, which are paper dressings, may be applied. With larger corrections, a toe alignment splint will be applied, which you need to try and wear for at least 16 hours a day. Simple toe bending exercises will be demonstrated to you. You will leave with the same surgical shoe on.

After bunion surgery, the big toe joint becomes very stiff. This can be prevented by regularly performing the range-of-motion and stretching foot exercises after bunion surgery. Until this appointment, no exercises are required as only rest and elevation are to be observed by the patient. These exercise routines will help you in fast recovery after bunion surgery, prevent stiffening of the big toe joint and prevent painful adhesion, which is scarring. Start with mild assisted range-of-motion exercises. To perform this exercise, grab the big toe and hold the fingers close to the big toe joint. Make sure you are not holding the interphalangeal joint, which is the joint in the middle of the big toe, closest to the toenail. Now, gently flex this toe upwards till you feel resistance and mild discomfort. Hold this for a count of 10 seconds approximately and perform 3 times. In a similar manner, perform the exercise by flexing the toe downwards. Remember it is the joint closest to where the bunion was that we need to maintain movement in. This exercise routine should be performed 6 times in a day, in the 3rd and 4th week.

You can start driving if surgery was on your left foot and you have an automatic car but as motor insurance companies vary in their policies, check with them first.

Day 21: All dressings can be removed by you. It is best to soak them in the shower. You can consider flying at this stage, though with long-haul do expect some swelling and pain in the foot.

Skin emollients such as aloe Vera, Vitamin E or Bio-oil may be applied around the healing wound. Once the wound is totally closed, these lotions may be applied over the wound.

For the 5th and 6th week routine, just follow the same exercises. But for these two weeks, instead of performing the exercises 3 times a day, switch to performing this exercise 6 times a day.

Swimming can be started if the wound is dry.

Day 28: Milder corrections now start full weight bearing in a more regular shoe. The bone has not fully mended but is 'sticky enough' that walking short distances should not be a problem.

At this stage, the foot is still swollen. **Do not expect** to fit into your existing shoes. If you don't have a pair of loose shoes then plan ahead and pick up a cheap pair of wider, loose shoes (with a strap over the ankle or a lace). Trainers are a good option, your existing running shoes with the far end laces left loose or removed is a supportive shoe. A rubber 'croc' type shoe possibly a size up is also a good option. It may be 8 - 10 weeks or longer before you can wear your broader old shoes.

Week 5 - 6: At this stage you will have a follow up with Mr Singh. Come 20 minutes early for your appointment. At the reception desk will be a form left for you to have an x-ray. This is just to check the bones are healing.

You will find your mobility will improve over the next few weeks. There is no real merit in walking long distances.

When you return to work, travelling outside of the rush hour is a good way of phasing back into work. The first few days are always slightly miserable as you are not able to keep the foot up as easily in the office.

Low impact gym work such as the exercise bike, cross trainer can be started. Driving is fine but check with your insurance.

If you require Physiotherapy then Mr Singh will refer you for it at this stage. He will write the referral in the clinic.

Week 12 Onwards: Now you start enjoying the foot but the final shape of the foot in terms of the swelling and fading of the scar can take 6-9 months. Running can be started at 10-12 weeks. Other high impact exercise can be started at the same time. A gentle heel can be introduced and you can move into higher heels with time though within limit as we know that they are not great for your feet.

PLEASE NOTE: THE ABOVE IS A GENERAL GUIDE ONLY. SOME PATIENTS WILL PROCEED MORE SLOWLY AND SOME FASTER. IF BOTH FEET ARE BEING DONE THEN THIS TENDS TO SLOW THE WHOLE PROCESS.

Action to be taken in the event of a suspected infection

If, at any time in your post-operative recovery, there is any sign whatsoever of infection, either suspected by you or diagnosed by your GP, please contact me via:

My Secretaries Lorna or Teresa at my London Bridge Office (within office hours, Mon – Fri) 9:00am– 5:00pm on 0207 234 2167

OR

The London Bridge Hospital (the orthopaedic ward – open 24 hrs/day) on 0207 234 2431

The Lister Hospital Orthopaedic (the orthopaedic ward Level 5 – ask for the Duty Sister) on 020 7730 7733

The Chelsfield Park Hospital (the orthopaedic ward) on 01689 877 855