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A Patient's Guide to Foot and Ankle Surgery

In our practice we believe that patient and family education are a critical component of providing excellent patient care. We designed this booklet to help guide you and your family through the journey from preparing for the surgery, recovery after and returning to your normal function.

Our objectives are the following:

1. To help prepare you for surgical experience and hospitalization.
2. To help you manage your expectations and limitations during the recovery phase.
3. To help you prepare your home to make life easier on your return from hospital.
4. To give you some idea what impact surgery will have on your daily life during the recovery period.

General Information:

Foot and Ankle surgery can be performed on either an inpatient basis, meaning that after your surgery you will need to stay overnight in hospital, or as a day-case, where you would be able to go home the day of your surgery. In which group you fall will depend on your general health, social circumstances and the procedure that is planned. This will be discussed in detail during your consultation.



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Preparing for your return home:

Regardless whether your procedure is performed as an inpatient or a day-case, it will still have a significant impact on your daily routine while you recover. Each procedure will have its own restrictions and challenges and you will receive detailed instructions for the recovery of your specific procedure.

Important aspect to consider:

- ✓ Most patients would be non-weightbearing after their surgery and will need someone to help them at home until they are comfortable.
- ✓ You may need to use a walking aid such as a cane, crutches or walking frame afterwards.
- ✓ The required walking aids need to be obtained before you go home.
- ✓ Will you be able to get around your home with a walking aid?
- ✓ Stairs will be a challenge for most patients and for some it may not be possible to use safely.
- ✓ While using crutches or a walking frame you will not be able to carry anything, especially if you are non-weightbearing.
- ✓ Going about your daily routine using crutches, a walking frame or standing for a prolonged time on a single leg can be very tiring.
- ✓ You will not be able to drive after your surgery. This will vary from 2 weeks to 3 months and will depend on your specific procedure and whether you drive a manual or automatic vehicle.

Helpful hints:

- ✓ Organize your daily routine so items such as cookware, food and clothing are easily accessible. You may not be able to carry them or reach them after the surgery.



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- ✓ Practice being non-weightbearing with your walking aid from the bed to the bathroom at least.
- ✓ Prepare meals ahead of time and store them in the freezer.
- ✓ Anticipate your need to eat healthy and nutritious foods that are easy to prepare.
- ✓ Arrange for someone to stay with you or be available for at least the first 48 hours at home.
- ✓ Shower or bathing:
 - Do not get your cast or the wounds wet until the sutures have been removed.
 - Protect your cast and dressing with a waterproof cover.
 - If you are non-weightbearing it is safest to sit in the shower on a sturdy plastic chair rather than balancing on one leg.
 - Ensure that the chair fits in your shower before your surgery.
 - Ensure your toiletries and towel are within reach.
- ✓ Ensure your home is a safe environment for you to move around in:
 - Reduce clutter
 - Remove loose wires and cords
 - Anchor rugs to the floor and ensure they are smooth
 - Place non-skid mats at the sink

Leading up to Your Surgery:

Our practice will contact you prior to your surgery to finalise the details for the hospital admission.

Depending on your general health you may need certain investigations to ensure safe anaesthesia and surgery. This will depend on your age, existing health concerns and chronic medications. Each case would be discussed with the



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anaesthetist who will be involved with your surgery and the necessary arrangement will be made to have the investigations done, if required.

This may include:

- Electrocardiogram (ECG)
- Blood specimens
- Chest x-ray
- An examination by a physician

Chronic medication and supplements:

Some medications, herbal preparations and nutritional supplements can interfere with your anaesthesia and surgical procedure. Some may alter your normal bleeding and clotting and can lead to an increased risk of problems with wound healing or life-threatening blood clots.

Please tell your surgeon and anaesthetist about all the medications that you take regularly, especially any rheumatoid arthritis medications, prednisone, steroids, hormone replacement therapy or oral birth control.

Unless you are told otherwise, continue to take the medicine prescribed by your physician. However, anti-inflammatory medicine should be stopped 7 days prior to surgery until you are directed by your surgeon that it is safe to start taking them again.

Smoking cessation:

The use of nicotine products (i.e. cigarettes, cigars, gums and patches) have been shown to increase the risk of complications following surgery. They can inhibit



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bone and wound healing by decreasing the blood flow to the surgical site. They can also increase the risk of deep vein thrombosis. It would be in your best interest to stop using nicotine products.

Foot care:

Leading up to your surgery take care that you do not develop any wounds or abrasions. Due to the nature of the deformities commonly found with the foot and ankle problems, patients are prone to the pressure effects from footwear. Open wounds increase the risk of infections and it may lead to your surgery being postponed until the wound has healed and the risk reduced.

The day of your surgery:

Fasting instructions:

No solid food should be taken within 6 hours before your surgery. You may drink clear fluids (such as water or clear apple juice) up until 3 hours before your surgery. No milk or dairy products. This is to reduce the risk of complications during your anaesthesia. If this is not adhered to your surgery will be postponed until such time that it can be performed safely.

Showering or bathing prior to surgery:

Most of our patients shower or bath the morning of their surgery, but the evening before is also acceptable. Do not shave the surgical leg or apply any body lotion on the surgical day.



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What to wear to hospital?

Please wear loose, comfortable clothing that will fit over a bulky dressing or cast. Sweatpants without the elastic bottom or a pair of shorts work well. You will be provided with a hospital gown to wear for the procedure. Please wear a supportive shoe for the good (unoperated) foot during your physical therapy sessions.

What to bring to hospital?

All valuables will be locked away during your time in theatre.

- ✓ Medical Aid card
- ✓ ID document
- ✓ Diagnostic test results if performed at another hospital
- ✓ Any walking aids that have been provided to you before surgery
- ✓ List of prescription medications and doses
- ✓ A book or magazine to read
- ✓ If staying overnight after surgery
 - Toiletries
 - Chronic medication
 - A change of underwear
 - Pyjamas (short bottoms preferably)
- ✓ If you are having day-case surgery
 - A responsible person to accompany you home



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On arrival at Hospital:

Report to the main reception at the facility where your surgery will be performed. They will be expecting you and will have your file ready.

Please remember to bring along your Medical Aid card, ID and authorisation number.

Your anaesthesia:

Your anaesthetist will discuss your anaesthetic plan with you in detail. However, the majority of foot and ankle procedures are done under a general anaesthesia combined with a regional block for pain relief afterwards.

This means that you will be asleep during the procedure and receive an injection around the nerves of the foot to block the pain during and after the procedure.

After your surgery:

After your surgery you will spend some time in the recovery room of the theatre complex where you will be closely monitored. Once you are fully awake and comfortable you will be transferred back to your ward.

Day-case patients:

If your case is done on a day-case basis, you will remain in the ward until you are comfortable, and the staff are satisfied that the effects of the anaesthetic have worn off. However, you will still need to have a responsible person available to accompany you home. You will not be able to drive yourself.



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Inpatients:

In the ward after your surgery, you will be provided with adequate pain relief and the nursing staff will ensure that you are well looked after. The following morning a physiotherapist will show you how to safely mobilise with the necessary walking aids. Please ask for assistance from the nursing staff if you need to use the bathroom and do not attempt it on your own.

Once the physiotherapist is satisfied with your progress and you are comfortable, you may be discharged home. This usually happens during the day following your surgery, but for some patients it may take another day.

Recovery at home:

Your recovery would vary according to the specific procedure that you have had, but the first 10 to 14 days, a few general rules apply.

Elevation of operated leg:

Elevating your leg will reduce the swelling that occurs after surgery. It would help to minimise pain and discomfort, as well as assist in wound healing. It is helpful to apply the “10 minutes in an hour rule”, meaning you should not have your leg down for longer than 10 minutes in an hour.

Dressings:

Your primary dressing will remain on the surgical site until your first follow-up visit. Please take care of these dressings and ensure that they stay dry and clean.



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What is normal after surgery?

- ✓ Your operated leg may swell or ache more once you are home. This occurs because of your increased activity level. However, if the swelling and pain persist despite elevation and pain medications, please contact our rooms.
- ✓ Bruising may develop along the operated leg or foot. This is due to a small amount of bleeding in the wound and between the muscle but will not cause any harm.
- ✓ A small amount of fluid may leak through the dressings after a few days. This is normally due to the blood clot in the wound breaking down and being reabsorbed. However, if it is a large amount of fluid please contact our rooms.

Follow-up visits:

Your first follow-up visit will be scheduled for 10 – 14 days following surgery. This is to remove any sutures and have new dressing applied. Depending on your surgery, you may also receive a sturdier circular cast to replace the temporary cast that was applied after your surgery.

At your second follow-up, at 6 weeks after your surgery, any casts will be removed, and x-rays will be taken to evaluate your progress.

Each patient's treatment from here onwards, would depend on their specific surgery and progress made so far, from there treatment will be tailored to their specific needs in order to facilitate a full recovery.



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Further information:

If you need any further information, please visit our website at www.drchristoffmarais.capetown or contact our rooms at 021 205 1840 or reception@drchristoffmarais.capetown.