



Post-Operative Instructions - Lower Extremity (Knee/Ankle/Foot)

- Activity:** **Rest today.** Gradually return to more normal activities.
- While you are up, use your boot/crutches and/or immobilizer as instructed.
 - Limit use of operative extremity as instructed.
 - Exercise the toes/ankle (as permitted) to reduce stiffness and swelling.
 - Physical therapy in _____ days.
 - Weight bear as tolerated/PARTIAL weight bear/NO WEIGHT BEARING

Diet: Start with clear liquids, advance diet to regular as tolerated.

- Dressing:** **Do not remove dressing, unless otherwise instructed.**
- Keep clean and dry.
 - May remove dressing in ____ days, use bandaids as needed.
 - May shower with plastic bag for cover.

- Pain and Comfort:**
- Use pain medication as directed.
 - May use over-the-counter Ibuprofen as needed. Do not take with other anti-inflammatory medications or aspirin.
 - Ice area** 20 min/hr for next 2-3 days. Ice is important to prevent swelling and decrease pain. Cover ice bag with towel or pillowcase to keep dressing dry.
 - Use ice cuff** 5-7 days continuously as tolerated.
 - Elevate** the extremity to decrease pain and swelling for 72 hours.
 - Protect affected extremity from injury until normal sensation returns.

Follow up: Your next appointment is on _____ @ _____ with _____.

Additional Instruction: _____

Call the office of Alaska Orthopedic Specialists at 907-771-3500 if you have:

- ***Excessive bleeding or drainage on dressing or cast.***
- ***Toes that become blanched white or bluish, or new numbness* or tingling.***
- ***Dressing or cast that becomes wet.***
- ***Questions or concerns.***

* Our surgeons routinely use numbing medicine around the surgical site, which may cause numbness for 12-16 hours.

****If you develop leg pain, swelling or redness in your leg, shortness of breath or chest pain please call 9-1-1 as this could be an emergent condition.**

I have received a copy of the discharge instructions. I have had the opportunity to ask questions and all of my questions have been answered to my satisfaction.

Escort signature: _____ Relationship: _____

Nurse signature: _____ Date/Time: _____