

Guidebook for Ankles/Feet



ST PETER'S HEALTH
PARTNERS

A Member of Trinity Health



TABLE OF CONTENTS

SECTION ONE: General Information	1
Welcome	1
Using the Guidebook.....	1
Your Medical Team.....	2
Introduction to Foot/Ankle Surgery	3
SECTION TWO: Getting Ready for Surgery	4
Your Pre-Surgery Class.....	4
Your Caregiver and Support Team	4
Pre-Admission Testing.....	5
Medical and Anesthesia Evaluations	6
Medications.....	6
Personal Medication List.....	7
Smoking.....	8
Advance Directives.....	8
Planning for Leaving the Hospital.....	9
- Preparing Your Home for Your Return From the Hospital	9
Exercising Before Surgery.....	10
Pre-Surgery Instructions.....	10
- Two-to-Four Weeks Before Surgery	10
- One Week Before Surgery	11
- The Day Before Surgery: Confirming Your Arrival Time	11
- Fasting Instructions	11
- The Day of Surgery (Before Your Arrival).....	12
- What to Bring/Not to Bring to the Hospital.....	12-13
SECTION THREE: At the Hospital	14
Day of Surgery.....	14
Activity.....	14
Equipment	15
Breathing Exercises.....	16
Circulation.....	16
Discomfort.....	16
Pain Scale	17
Pain Control	17
Pain Medications and Side Effects.....	18
Food/Fluids.....	18
Going to the Bathroom.....	18
- Preventing Falls	18
Wound Care.....	19
Discharge	19
Going Home.....	19
Going to an Inpatient Rehabilitation Facility	19-20

TABLE OF CONTENTS *(continued)*

SECTION FOUR: Caring for Yourself at Home	21
Comfort and Rest	21
- Changes in Your Body.....	21
Recognizing and Preventing Potential Complications	21
- Infection	21
- Blood Clots in the Legs.....	22
- Pulmonary Embolus.....	22
Activities of Daily Living	23
- Standing	23
- Walking.....	23
- Crutch Walking.....	23-24
- Bathing and Showering	25
- Dressing Activities.....	25
- Car Transfers	26
Around the House	26
- In the Kitchen.....	26
- In the Bathroom	27
- Safety and Avoiding Falls	27
Preparing Your Home	27
Ambulation Equipment.....	27
SECTION FIVE: Exercises	28
Range of Motion and Strengthening Exercises	28-30
SECTION SIX: Frequently Asked Questions (FAQs)	31
General FAQs.....	31-33
Understanding Anesthesia	32
SECTION SEVEN: Helpful Resources	34
Outpatient Therapy Services	34
Short-term Rehabilitation	35
Things to Do Before Surgery Chart.....	36
Caregiver's Checklist.....	37
Directions	38

SECTION ONE:

General Information

Welcome

We are pleased that you have chosen St. Peter's Health Partners for your surgery. Your decision to have surgery is the first step toward a healthier lifestyle. Our programs at St. Peter's Hospital and Samaritan are designed to return you to an active lifestyle as quickly as possible.

Your health care is a cooperative effort between you, your doctor and the hospital staff. Your team includes physicians, physician assistants, patient care technicians, nurses, clinical care coordinators, and physical therapists specially trained in foot/ankle care.

A comprehensive course of treatment has been planned for you. We believe that you play a key role in promoting a successful recovery. Preparation prior to your surgery will improve your transition back home after your surgery. The long-term benefit of your surgery depends very much on the success of your continued rehabilitation at home. Therefore, we hope that you will continue to practice what the team teaches you long after you return home.



Overview of St. Peter's Health Partner's

St. Peter's Health Partners is the Capital Region's most comprehensive not-for-profit integrated health care network, which provides high-quality, compassionate, and sophisticated care to thousands of people every day. St. Peter's Health Partners is a member of Trinity Health, one of the nation's largest Catholic health systems.

Using the Guidebook

The information in this guidebook is designed to help you through your surgery and recovery process by teaching you:

- How to be prepared for your surgery experience
- What to do prior to surgery
- What you will need to do during your recovery
- How to live as independently as possible after ankle/foot surgery

Please bring this book to the hospital with you. You should refer to this guide throughout your recovery process. The information in the guidebook covers many details, so it may look overwhelming. You and your support team should carefully read this



entire book at a comfortable pace for you. Refer to it as needed throughout your recovery process. You should keep your guidebook as a handy reference for at least the first year after your surgery.

Your physician, physician assistant, nurse, or therapist may add to, or change, any of the recommendations in this guidebook. Always use their recommendations first, and ask questions if you are unsure about any information.

Your Medical Team

Orthopedic Surgeon - The orthopedic surgeon is the specially trained doctor who will perform the procedure to repair your foot/ankle.

Physician Assistant (PA) – The PA works with your doctor to prescribe, diagnose and treat health problems. Physician assistants often see you before, during or after surgery.

Registered Nurse (RN) – The RN is a professional nurse who is responsible

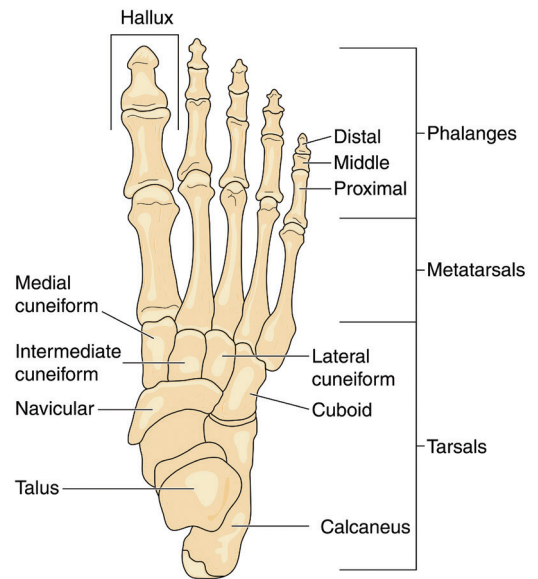
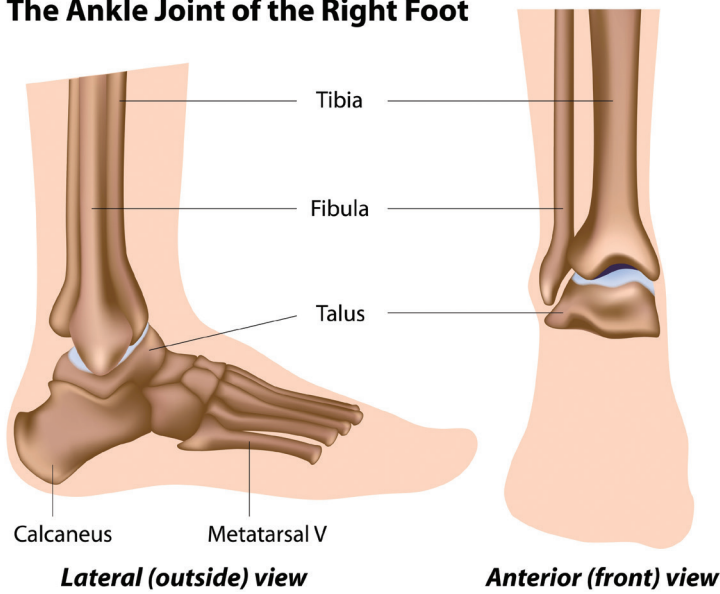
for managing your nursing care following your surgery, using the surgeon's instructions to guide your care. RNs offer educational information to you and your family about health and safety needs – before and after surgery. RNs also provide care and education in your surgeon's office.

Clinical Care Coordinator (C3) – This registered nurse works closely with your surgeon and the other team members to understand your needs, plan for your care in the hospital and help you prepare for discharge. Your plan may include outpatient therapy, home equipment and/or any skilled nursing care, if needed.



Physical Therapist (PT) - The physical therapist will guide your return to functional daily activities. They will train you and your caregiver in safe transfer and ambulation techniques, and teach exercises designed to regain your strength and motion after surgery.

The Ankle Joint of the Right Foot



SECTION TWO:

Getting Ready for Surgery

Introduction to Foot/Ankle Surgery

The foot is a complex part of the body. The ankle/foot is made up of more than 30 bones and many joints, ligaments, tendons, nerves and blood vessels. Surgery can vary depending on the condition that needs to be corrected.

The information in this section explains everything you need to know and do before you arrive at the hospital for your surgery.

Your Pre-Surgery Class

To prepare you for your surgery, we will ask you to watch a video class for patients scheduled for foot/ankle surgery. Members of the team will present answers to the most frequently asked questions. It is strongly suggested that your family member/friend that will act as your caregiver also watches the video. The caregiver role will be explained in the video presentation.

The class outline is as follows:

- Meet part of the medical team
- Welcome and overview
- Getting ready for surgery
- Review possible exercises

- What to expect on your day of surgery
- Anesthesia and pain control
- Physical Therapy
- Discharge Planning/Insurance/Obtaining Equipment

Your Coach and Support Team

Your friends and family who are involved in your daily life are important to you. Choosing a family member or friend to act as a caregiver will help you through your surgery and recovery process. This person will be with you as you make preparations for surgery, and through your discharge to home. Your caregiver will watch the video, give support and keep you focused on healing. He or she will encourage you to continue activity as prescribed when you return home and ensure that your home remains safe during your recovery. A caregiver's checklist is located on Page 37.

NYS Caregiver Advise, Record and Enable (CARE) Act

The CARE Act allows a hospital patient to list a family caregiver in his or her medical records. This designated caregiver is someone who will help you take care of yourself after you go home. He or she must be given information before you are discharged including instructions for tasks you may need. For more information, ask your nurse.

Pre-Admission Testing

The pre-admission testing (PAT) process is an essential part of the preparation for your surgery. Our pre-admission testing staff will assist you through this process by:

- Acting as a liaison between the doctor's office, the hospital and the testing facilities during the coordination of your pre-surgery care
- Providing a link to the online patient education video
- Confirming your appointments for medical testing
- Confirming that you have made an appointment, if necessary, with your medical doctor and/or cardiologist, and have obtained the pre-surgery tests your doctor has ordered
- Answering questions and directing you to specific resources within the hospital

After your surgeon's office has scheduled you for surgery, please call the PAT department at the hospital where your surgery was scheduled:

St. Peter's Hospital (518) 525-1545 or

Samaritan Hospital (518) 271-3405

Call to schedule two appointments:

1. An appointment for any tests your surgeon or anesthesiologist has ordered, AND
2. A pre-anesthesia telephone assessment/interview with a nurse.

THIS TELEPHONE INTERVIEW IS A VERY IMPORTANT PART OF THE PREPARATION FOR YOUR SURGERY.

The nurse will review your medical and surgical history, inform you of the things you will need to do in preparation for your surgery (such as fasting), and tell you which medications to take (or **NOT** take) the morning of surgery.

Please have the following information ready for this telephone interview:

- A list of medications, vitamins and herbal supplements you are taking (both prescription and over-the-counter), including the dose and spelling of each medication (See Page 7 for a place to write down your medications.)
- Your neck size (This information is needed to complete the pre-anesthesia assessment. Please measure around the base of your neck.)
- The name and phone number of your primary care doctor and any other physician specialist you routinely visit
- The name and phone number of your pharmacy

To help us be sure we have all of the reports required for your medical record, please tell the PAT staff if you have had any blood work, electrocardiograms (EKG) or pre-surgical evaluations within the last 30 days. Please note that your doctor **must have completed** a history and physical exam within 30 days prior to your surgery and faxed that form to St. Peter's Hospital (518-944-2505) and Samaritan Hospital (518-880-0992).

If you have questions between 8:30 and 4:30 to St. Peter's Hospital 518-525-1545 and Samaritan Hospital 518-271-3405.

Please use the space provided to record your appointment times.

Telephone Interview Appointment

Date _____ Time _____

Pre-Admission Testing Appointment

Date _____ Time _____

Medical Pre-Surgery Evaluation

Date _____ Time _____

Cardiac Pre-Surgery Evaluation

Date _____ Time _____

History/Physical Exam

Date _____ Time _____

For information about confirming your surgery, see Page 11.

Medical and Anesthesia Evaluations

When you were scheduled for surgery, you should have received a medical evaluation letter from your surgeon. The letter will tell you whether you need to see your primary care doctor and/or a specialist for a medical evaluation before surgery. This is in addition to seeing your surgeon before surgery. Please follow the instructions in the letter. The PAT team may order additional physician consults after discussing your medical history with the anesthesiologist.

Medications

Discuss with your surgeon which medications should be stopped, and when. This includes

Plavix®, Coumadin®, Predaxa®, Eliquis®, Xarelto® and pain medications. Other medications and supplements that are often stopped prior to surgery include:

- Aspirin (or pain medications that include aspirin)
- Some anti-inflammatory medicines (like Motrin®, Aleve®, etc.)
- Some vitamins
- Fish oils
- Herbal supplements (such as ginseng, ginkgo biloba and garlic pills)
- Herbal teas
- Fortified cereals that contain vitamin E

Some over-the-counter and prescription pain medications can continue until the time of surgery.

Please be honest about your drug and alcohol use. It is important to know, as it can relate to your anesthesia and pain management.



Personal Medication List

Medication Name/Dosage	Instruction	Reason for Therapy	Duration
What is the name of your medication? What is the dosage?	When and how do you take this medication?	Why are you taking this medication?	How long have you been taking this medication?

Doctor Name: _____ Phone Number: _____

Pharmacy Name: _____ Phone Number: _____

Emergency Contact Name: _____ Phone Number: _____

Diet and Nutrition

A healthy diet is important before and after surgery. A balanced diet includes lean meats, fruit, vegetables, healthy fats and low sugar. Improving your nutritional health can lessen your risk of wound infection and improve healing after surgery.

Flu/Pneumonia Vaccines

When scheduling foot/ankle surgery, it is important to choose the right time to be vaccinated. **Your surgeon requests that you receive either vaccine 2 to 3 weeks before or 2 to 3 weeks after your surgery.** Low grade fever and flu-like symptoms are common after vaccination. Your surgeon would like to decrease these symptoms during your surgery period.

Smoking

It is recommended to stop smoking four weeks before surgery. Your anesthesiologist requires no smoking beginning at 6 pm on the evening prior to surgery. (To learn more about an anesthesiologist, see Page 40.) Smoking raises your blood pressure and heart rate. It delays your healing process by limiting the size of your blood vessels and the amount of oxygen circulated in your blood. Smoking can also increase blood clotting which can cause problems with your heart, brain and lungs.

If you quit smoking before you have surgery, you will improve your ability to heal. If you need help quitting, St. Peter's Health Partners offers excellent programming for smoking cessation. For more information, contact

our Smoking Cessation program, "The Butt Stops Here," at (518) 459-2550 or visit www.healthprograms.org/quit-now. You may also contact the New York State Smoker's Quitline at 1 (866) NY-QUITS (697-8487).

Alcohol/Drug Use

Research shows that stopping use of alcohol or illegal drugs two weeks prior to surgery will improve your ability to heal. Your anesthesiologist requires that you do not use alcohol or illegal drugs after 6 pm on the evening before surgery.

Advance Directives

An advance directive is a written or verbal statement that explains your wishes about your health care. If you become unable to express your wishes to the doctor, family, or hospital staff, an advance directive can help ensure that your wishes are followed.

There are different types of advance directives. You may wish to talk to your attorney or your doctor about which is the most appropriate for you.

- **Living Wills** are written instructions that explain your wishes for health care if you are unable to speak for yourself. Although they are not legal documents in New York state, they do provide what the court calls "clear and convincing" proof of your wishes about your health care.
- A **Health Care Proxy** is a form which names a person (your agent) to make medical decisions for you, if you become unable to do so. This person's role is to represent your wishes for care and

treatment if you cannot speak for yourself. Your agent's authority does not start until a doctor finds that you lack the ability to make decisions personally.

- **Do Not Resuscitate (DNR)** forms are used to explain that you do not wish to be resuscitated (brought back to life) if your heart stops or if your breathing stops.
- **Medical Orders for Life-Sustaining Treatment (MOLST)** are intended for use with people who are at the end of their lives or dealing with life-threatening illnesses. These forms may include your decisions about resuscitation, breathing assistance, hydration and nutrition, and use of pain medications. These orders are in place as soon as they are signed by a doctor.

During your pre-admission testing process and on admission to the hospital, you will be asked if you have an advance directive. If you do, please bring copies of the documents with you so they can become a part of your medical record. Advance directives are not a requirement for hospital admission.



Planning for Leaving the Hospital

Understanding your plan for discharge from the hospital is an important task in the recovery process. You can expect help from your medical team to develop a plan that meets your particular needs. You should expect to be able to go directly home to recover in the privacy and comfort of your home. (See Page 19 for information on short-term rehabilitation if this is not the case for you.)

Preparing Your Home for Your Return from the Hospital

It is important to have your house ready for your arrival back home. Use this checklist as you complete each task.

- Provide a firm chair with arm rests, or a recliner chair. (A special bed is not necessary.)
- Put things that you use often (like an iron or coffee pot) on a shelf or surface that is easy to reach.
- Check railings to make sure they are not loose.
- Clean your home.
- Do the laundry and put it away.
- Put clean linens on the bed.
- Prepare meals and freeze them in single-serving containers.
- Cut the grass, tend to the garden, and finish any other yard work.
- Pick up throw rugs and tack down loose carpeting.
- Remove electrical cords and other possible dangers from walkways.

- Install night-lights in bathrooms, bedrooms and hallways.
- Install handrails/grab bars in the shower/bathtub. Put adhesive slip strips in the tub.
- Arrange to have someone collect your mail and take care of pets.
- Practice walking with an assistive device, non-weight-bearing.
- Practice going up and down your stairs, non-weight-bearing.
- Set up a bedroom/bathroom downstairs if appropriate/able.

Exercising Before Surgery

Many patients with arthritis favor the painful leg. As a result, the muscles become weaker, making recovery slower and more difficult. It is important to be as flexible and strong as possible before undergoing foot/ankle surgery. Exercising before surgery can make recovery faster and easier.

There are 10 basic exercises that your doctor may instruct you to begin doing before surgery, and continue until your procedure (see list below). Always consult your orthopedic doctor before starting these exercises. You should be able to do them in 15 to 20 minutes, and it is typically recommended that you do all of them twice a day. Consider this a minimum amount of "training" prior to your surgery.

Remember that you need to strengthen your entire body, not just your legs. Strengthen your arms by doing chair pushups. (See Page 29 for details on armchair pushups.) You

will be relying on your arm strength to support you when walking with the walker or crutches. Your arm strength will also help you get in and out of beds and chairs, as well as on and off the toilet. You should also exercise your heart and lungs by performing light activities such as walking for 10 to 15 minutes each day.

RANGE OF MOTION AND STRENGTHENING EXERCISES

(See pages 28-29)

1. Toe Pumps
2. Quad Sets
3. Gluteal Sets
4. Abduction and Adduction
5. Heel Slides
6. Short Arc Quads
7. Knee Extension - Long Arc Quads
8. Armchair Pushups
9. Straight Leg Raises
10. Seated Knee Flexion

Do NOT do any exercise that is too painful.

Pre-Surgery Instructions

The following instructions will help you prepare your body for surgery before you arrive at the hospital.

Two-to-Four Weeks Before Surgery

Select a caregiver who can assist you during your recovery process.

Watch the pre-operative education class to help you prepare for your surgery and recovery. Your caregiver is also encouraged to watch.

Prepare your home. Suggestions provided on Page 26 under "Around the House."

Practice walking, including stairs if necessary, following the weight-bearing plan created by your doctor. If you have trouble maintaining your weight-bearing precautions, physical therapy may help to make you stronger before your surgery.

Discuss over-the-counter medications with your doctor.

Attend physical therapy if needed to practice gait/stair techniques, or if you need strengthening prior to your surgery.

One Week Before Surgery

Stop taking non-steroidal, anti-inflammatory medications/herbal supplements (for example: ASA; blood thinners; Coumadin®, Plavix®) as directed by your surgeon, primary care doctor or PAT nurse.

The Day Before Surgery

Confirming Your Surgery Arrival Time

You will need to confirm when to arrive and where to report the day of surgery. If your surgery is on a Monday, you need to call the operating room scheduling office on the Friday before the surgery. If you are having surgery Tuesday through Saturday, you need to call the day before your surgery. Please call the appropriate number depending on the hospital performing your surgery between 1 pm and 4 pm.

St. Peters Hospital (518) 525-1113 or

Samaritan Hospital (518) 271-3999

If you are unable to call during that time, you may call the extended hours line

St. Peter's Hospital (518) 525- 1545 or

Samaritan Hospital (518) 271-3574

Plan to arrive to the hospital on time. Your surgery time could be moved to an earlier time with little notice. If you are late, it may create a significant problem with starting your surgery on time. In some cases, lateness could result in moving your surgery to a much later time.

The Night Before Surgery

Shower with antibacterial soap if directed. Wash hair with your own shampoo the night before or morning of surgery. **DO NOT** apply any products after washing such as hairspray, gel or mousse.

DO NOT use lotion, powder, deodorant, makeup, or perfumes/colognes after your shower the night before and morning of surgery.

Use clean bed linen.

Stop Eating at Midnight

It is necessary to have an empty stomach so that you do not vomit during anesthesia. Vomiting during anesthesia may cause food to enter the lungs and increase your chances of developing pneumonia.

- **DO NOT eat anything (including milk, coffee creamer, chewing gum, candies, lifesavers, etc.) after midnight the night before your surgery.**

- It is encouraged to drink clear liquids up until 2 hours before your scheduled time to report to the hospital. Some examples of clear liquids include water or clear carbonated beverages, transparent fruit juice with no pulp, clear tea (no cream/ no sugar/no honey) and black coffee (no cream/ no sugar).

- If your pre-admission testing nurse told you to take certain medications with a small amount of water during your fasting time, it is OK to do so.
- **DO NOT smoke tobacco products, drink any alcoholic beverages or use illegal drugs after 6 pm the night before surgery.**

Your surgery will be cancelled if the fasting instructions are not followed. Please call the pre-admission testing office at St. Peter's Hospital 518-525-1545 and Samaritan Hospital 518-271-3405 between the normal business hours if you have any questions about what medications to take the morning of surgery.

The Day of Surgery (Before Your Arrival)

- Try to relax.
- Take any medications your physician or nurse told you to take before surgery.
- Remove makeup, and fingernail and toenail polish.
- Take a shower as instructed. Your foot must be clean. Be sure to wear clean

clothes following this shower.

- You will be asked to arrive two to three hours before your surgery.

For Your Information

You will be asked to remove the following the day of your surgery:

- All jewelry, eyeglasses, hearing aids, wigs and toupees (This helps to avoid loss or damage while in the operating room.)
- Contact lenses (This will prevent damage to your eyes while under anesthesia.)
- Dentures (This helps prevent damage to the teeth.)
- Tampons (before going into the operating room) (It is best to wear a sanitary napkin.)



What to Bring to the Hospital

Use the following list to help you pack for your hospital stay.

Clothing

- Loose** pajamas or short nightgown and short robe, if desired
- Underwear or incontinence briefs if used before admission
- Loose** shorts, jogging suit, sweats, tops
- Slippers with backs and rubberized sole or walking sneakers/shoes with Velcro® closures or elastic shoe laces
- Socks (thin)

Personal Care Items

- Toiletries (toothbrush, toothpaste, denture cleanser/cup, deodorant, electric or other razor, shaving cream and comb; avoid powders)
- Eyeglasses
- Make-up or hand mirror, if desired
- Hearing aid and batteries
- CPAP machine settings, tubing, and machine
- Insulin pump, supplies

Important Papers

- Your most current list of medications and supplements, noting which ones have been stopped and when
- Driver's license or photo ID, insurance card, Medicare/Medicaid card
- Copy of your advance health care directive
- If insured through Workers' Compensation, bring all paperwork, case number, date of injury and your caseworker's name and phone number

- Important telephone numbers (include person bringing you home)

- Your guidebook

Other Items

- Long-distance calling card or cell phone and charger
- Hard candy or gum
- Reading material or music; you will need to bring your own headphones and personal music player
- Small amount of cash and a credit card for phone and television purchase, and to buy any needed equipment

What NOT to Bring to the Hospital

- DO NOT bring valuables (jewelry, laptops, personal handheld devices, etc.) with you the day of surgery. Any personal belongings you bring, including wedding bands, should be left with a family member until you have a permanent room assignment.
- DO NOT bring electrical appliances (radio, hair dryer, portable TV). Battery operated appliances may be used. Men may use electric razors to shave their faces.

SECTION THREE:

At the Hospital

Day of Surgery

After you arrive at the hospital, you will be registered. You will then be taken to the pre-surgery area where nurses will prepare you for surgery. You will put on a hospital gown and sign consent forms. Your support team may be with you on the day of surgery; however, we ask that there be no more than two visitors at your bedside. Please do not bring small children.

There may be times when visitors are asked to leave you while the medical team is working with you. We appreciate your patience and cooperation at these times.

Intravenous (IV) infusion will be started by putting a needle in your hand or arm. You will receive fluids, nourishment and medications through the IV. You will discuss your anesthesia with an anesthesiologist or nurse anesthetist. You may be given medication to relax. You will then be taken to the operating room for your surgery.

After your surgery has ended, you will be taken to the Post-Anesthesia Care Unit (PACU). It is normal to feel a little “hazy” when you wake up from anesthesia. A nurse will give you some oxygen either through tubes placed in your nose or through a face mask. The usual length of stay in the PACU is one-to-two hours.

You will receive medicine to help relieve any pain, and your vital signs will be monitored. Depending on the type of anesthesia used, you may experience blurred vision, a dry mouth or chills. Nurses will monitor you closely until you are stable and then move you back to the ambulatory recovery unit (ARU) until you are ready to leave, or to a hospital room if you are staying overnight. Your surgeon will talk with your family.

Activity

Weight-Bearing Precautions

Often after foot or ankle surgery, you will be non-weight-bearing on the affected foot for at least 6 to 8 weeks while the bone heals. Other types of foot surgeries may allow different amounts of weight bearing. You will be instructed on weight-bearing status following surgery.

- **Non-weight-bearing:** Keep ALL weight off the affected foot using crutches or walker.
- **Touch-Down weight-bearing:** You may put the foot down to stabilize yourself, but you should not put more than the weight of your leg down on the affected side.
- **Heel weight-bearing:** You may put your full weight on heel only, but no weight should be placed on your forefoot, so when you walk you should not roll onto your toes. This type of weight bearing is often used after surgery on the forefoot and toes. You will still need to use crutches or a walker.
- **Full weight-bearing:** You may put as much weight as you feel comfortable on the foot.

You should also begin using your incentive spirometer and doing the deep breathing exercises that you learned in class (see Page 16).

A nurse or therapist will help you in and out of bed and give you instructions on walking after surgery. It is important to get out of bed and walk as soon as possible because it helps the healing process. You will be asked to sit up in a special chair for meals and throughout the day.

Therapists will teach you movements that you need to avoid, as well as exercises to strengthen your muscles, and how to walk safely.

Your healing will continue after you go home. Each day, your activity level will increase to improve your strength and mobility. You will walk further each day and progress toward independence with bathing and dressing.

Restriction of Activity

We want you to remain as active as possible during recovery without compromising your surgical restrictions. If you have a regular exercise program, try to maintain it while following your weight-bearing precautions. Limit the amount of time your foot is down to reduce swelling.

EQUIPMENT

After surgery, you may need special equipment to help you walk and care for yourself. This equipment is available through Northeast Home Medical Equipment (a member of St. Peter's Health Partners) and other local vendors. Your therapist can answer any questions you have about the equipment and can help you to order equipment before you are discharged from the hospital, or even prior to your surgery (see Pages 34 to 35 for contact information). Equipment costs may be covered by insurance, or you may have to pay out-of-pocket.

Breathing Exercises

You will do deep breathing and coughing exercises for several days after surgery. You will be asked to use a breathing device called an incentive spirometer. This is done to expand your lungs and help get oxygen to your tissues. These techniques may also help you recover more quickly.

DEEP BREATHING

- To deep breathe, you must use the muscles of your abdomen and chest.
- Breathe in through your nose as deep as you can.
- Hold your breath for 5 to 10 seconds.
- Breathe out slowly through your mouth. As you breathe out, do it slowly and completely. Breathe out as if you were blowing out a candle (this is called "pursed lip breathing"). When you do this correctly, you should notice your stomach going in. Breathe out for 10 to 20 seconds.
- Take a break and then repeat the exercise 10 times.

COUGHING

To help you cough:

- Take a slow, deep breath. Breathe in through your nose and focus on filling your lungs completely.
- Breathe out through your mouth and focus on your chest emptying completely.
- Repeat with another breath in the same way.
- Take another breath, but hold your breath and then cough hard. When you cough, focus on emptying your lungs.
- Repeat all steps twice.

Circulation

It is important to perform the leg exercises taught by your therapist to help your blood circulate. Sometimes snug stockings and/or sleeves wrapped around your legs or feet can help the blood flow in your legs. The sleeves fill with air and then relax. The foot of your bed will be flat.

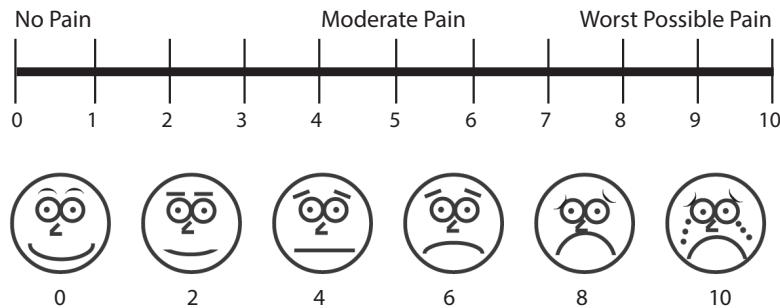
You will be given medication to reduce the chance of a blood clot. These medications are known as blood thinners (anticoagulants).

Discomfort

We will partner with you to manage your pain so that you can rest and take part in physical therapy. You may receive pain medication through your IV and/or you may be given pain pills. An ice pack may be used to lessen pain and swelling. If you need more help with your pain management, talk to a member of your medical team.

PAIN SCALE

Using a number to rate your pain can help the medical team understand the severity of your pain and help them make the best decision to help manage it.



SET A GOAL!

Discuss your pain goal with your nurse.

- Your goal represents the pain you can tolerate and still perform recovery activities.
- Remember “0” represents your level of pain before injury, and what you will be back to eventually after recovery.
- A goal of “4” is a good place to start. Aiming for lower than this can lead to more side effects from medications used to treat your pain.
- Don’t be a “10.” Ask for pain medications as soon as you start to feel uncomfortable. Do not wait until the pain is intolerable. The higher your pain level, the more difficult it will be to get relief.
- Ask for pain treatment BEFORE physical therapy or other potentially painful tasks.
- **Speak Up!** Inadequate relief of your pain can delay your recovery. Tell your caregiver if your medications are not helping to relieve your discomfort.

PAIN CONTROL UPON DISCHARGE

- You will need to be on oral medications before leaving the hospital.
- Have a family member/caregiver pick up your at-home pain medication prior to your discharge.
- You may use ibuprofen/Advil® if approved by your physician for milder pain instead of the prescribed pain medication.
- You will likely be instructed by your doctor to take enteric coated aspirin twice daily until you return to normal activity and full weight-bearing activity. This is to reduce the risk of developing a blood clot. If you have trouble with aspirin products, please let us know so we can make other arrangements. You will be informed when you may discontinue taking the daily aspirin.
- Pain medications can be constipating. You may use an over-the-counter laxative or stool softener (Colace®, Metamucil®, Milk of Magnesia, etc.) as needed until bowel functions return to normal.
- Your doctor will taper down your medications over the next weeks until they are no longer needed.

TYPES OF PAIN MEDICATIONS

There are multiple types of medications to treat your pain. Some are given as tablets/capsules; others are injected directly into your blood or muscle. Using multiple types of medications allows smaller doses to be used, which can mean fewer side effects.

If you had a nerve block to numb your nerves before surgery, the numbing effects usually wear off six or more hours after your surgery. Be sure to start taking pain medication BEFORE it wears off so your pain level does not get too high.

SIDE EFFECTS OF PAIN MEDICATIONS

Let your caregiver know immediately if you feel any of the symptoms below after you receive a medication. You may need a dosage adjustment or another medication to manage the side effects.

- Overly drowsy or sedated
- Sick to your stomach
- Short of breath

Food/Fluids

You will have fluids going through your IV. The IV will be stopped when you are eating and drinking well. Your nurse will help you decide when you can eat solid food. Increasing food slowly can help to avoid nausea that sometimes happens after anesthesia or the use of pain medication. You may not be very hungry for some time. It is important that you eat as best you can in order to heal well.

Going to the Bathroom

It may take a day or more to have a bowel movement. Anesthesia and pain medication can cause constipation. Drink plenty of fluids and eat whole grains, fruits and vegetables. A stool softener or laxative can help normal bowel function to return if you are having problems.

Preventing Falls

Ask for help going to the bathroom or walking around the room or in hallways.



You are at a great risk to fall when you try to get out of bed to go to the bathroom or walk around the room by yourself. Follow the tips below to prevent falling in the hospital:

- **Use your call button to ask for help getting out of bed.**
- Wear your glasses while walking if you need them to see.
- Use canes, walkers or other equipment as needed.
- Wear non-slip slippers/socks or shoes when walking.
- Avoid areas with spills or clutter.
- Tell us if your medicine is making you feel sleepy, light-headed, sluggish or confused.

Wound Care/Dressing

- Do not, under any circumstances, remove the sterile dressing unless given specific instructions to do so. Some bleeding on the dressing is normal and expected.
- Keep the dressing clean and dry until the first post-operative visit. If your dressing gets wet or soaked, call your doctor's office to schedule an earlier appointment or for instructions.
- Wires sticking through the skin CANNOT get wet at any point.
- If a wire becomes partially or completely dislodged, do NOT push it back in. Call your doctor's office for further instructions.

Discharge

A clinical care coordinator (C3) will meet with you to help you plan for going home. Your discharge date is based on several factors including the recommendations of your therapists. Patients typically are discharged home the day of surgery or the day right after surgery (post-op Day 1). You will need to have someone present who will be responsible for driving you home.

You will receive written discharge instructions concerning medications, physical therapy, activity, etc. Your C3 will help arrange for any needed equipment. Be sure to keep your guidebook with you.

Follow-Up Appointment

Your post-surgical appointment is scheduled when you meet with your surgical coordinator before your surgery. The appointment is usually scheduled for about 10 to 16 days after your procedure. If you are not scheduled, please call the office.

Going Home

Most patients go directly home. If you are going home, you must arrange for someone to drive you home from the hospital. (Your driver may have his/her parking ticket validated for free parking the day of discharge.)

Your need for home health services will be determined by your medical team. If you are going home needing these services, please be aware that these services are provided based on your insurance coverage. If these services are needed, your C3 will make arrangements for you.

Short-Term Rehabilitation Facility

Occasionally, the goals for safe transfer to your home environment are not met and a short-term rehabilitation is recommended.

Some insurance companies may not cover inpatient rehabilitation or may charge a co-pay. It may be a good idea to check on your coverage before surgery. We recommend that you call your insurance company to verify benefits and co-pays regarding outpatient physical therapy, home physical therapy and inpatient rehabilitation.

What to Expect at Home/ Rehabilitation Facility

Remember, each patient is unique and each surgical procedure is different based on your particular problem. The instructions in this booklet are general guidelines, so do not be concerned if your physician instructs you differently.

Each person's recovery will be different. In general, it will be difficult to stand or walk for long periods of time for the first three months. It is not uncommon for swelling to persist for at least six months.

PLEASE CALL YOUR DOCTOR IF YOU HAVE ANY QUESTIONS OR CONCERNS.

SECTION FOUR:

Caring for Yourself at Home

The information in this section will help you be more comfortable and safe during your recovery at home.

For Comfort

- Elevate your surgical foot/ankle above heart level to prevent swelling. To achieve this height, lie on your back and use three pillows under your foot. A recliner does not work as well as a couch or a bed. You will need at least 2 to 3 full days of elevation and rest, possibly more. As swelling increases, your pain may increase, along with your risk of infection.
- Gradually wean yourself from prescription medication to a non-prescription pain reliever as directed by your doctor.
- Change your position every 45 minutes.
- Use ice for pain control. Applying ice to your operated foot/ankle will lessen discomfort. It is recommended to use ice for at least 3 to 4 times per day (20 minutes on/20 minutes off) for 3 to 4 days to help decrease swelling. A bag of frozen peas wrapped in a kitchen towel works well because the bag will easily mold to the shape of your foot/ankle. Mark the bag of peas and return them to the freezer so they can be used again later. Do not apply ice directly to the skin. If you are in a cast or splint, apply the ice on top of the cast or splint.

For Rest

While you are recovering, try not to nap during the day so that you will sleep better at night.

Changes in Your Body

- Your appetite may be poor. Drink plenty of fluids to keep from getting dehydrated. Your desire for solid food will return.
- Your energy level will be lower for at least the first month.
- Narcotic pain medication can lead to constipation. Use stool softeners or laxatives as directed.

If you are experiencing any of the following symptoms, call your doctor immediately:

- Fever greater than 100.4°F
- Excessive redness, swelling or drainage from incision
- Your toes change color or temperature
- Calf pain and/or tenderness

Recognizing and Preventing Potential Complications

Infection

Signs of Infection (notify your surgeon when the signs are present):

- Increased drainage, redness, pain, odor, or heat around the incision
- Increasing pain in the foot or leg.
- Fever greater than 100.4 degrees (Take your temperature if you feel warm or sick.)

To Prevent Infection:

- Take proper care of your incision as explained.

Blood Clots in the Legs

Surgery may cause the blood to slow and pool in the veins of your legs, creating a blood clot. This is why you have been given a prescription for a blood thinner (anticoagulant) medication after surgery. Blood thinners help to prevent clots from forming in the blood. If a clot occurs, you may need to be admitted to the hospital to receive intravenous blood thinners.

Taking Blood Thinners

- Blood thinners may be in pill or shot form (a tiny needle that goes into the abdomen).
- You may also need lab work done to make sure your medication is working properly.
- Take this medication for as long as directed by your doctor.
- Usually you will take this medication for 3 to 6 weeks after your surgery.

Signs of Blood Clots in Legs:

- Swelling in thigh, calf or ankle that does not go down with elevation
- Pain, heat and tenderness in the calf, back of knee or groin area

NOTE: Blood clots can form in either leg.

To Help Prevent Blood Clots:

- Perform toe pumps.
- Walk several times a day.
- Wear your compression stockings.
- Take your blood thinners as directed.

Pulmonary Embolus

An unrecognized blood clot could break away from the vein and travel to the lungs. This is an emergency and you should CALL 911 if you suspect this may have happened.

Signs of a Pulmonary Embolus:

- Sudden chest pain
- Difficult and/or rapid breathing
- Shortness of breath
- Sweating
- Confusion

To Prevent Pulmonary Embolus:

- Prevent blood clot in legs.
- Recognize if a blood clot forms in your leg and call your surgeon quickly.



Activities of Daily Living

Standing

Standing Up from a Chair:

DO NOT pull up on the walker to stand! Sitting in an armchair is preferred. However, firm pillows may be added to a chair to make transfers easier.

1. Keep your surgical leg non-weight-bearing if instructed.
2. Scoot your hips to the edge of the chair.
3. Push up with both hands on the armrests. If sitting in a chair without armrests, place one hand on the walker while pushing off the side of the chair with the other.
4. Balance yourself before reaching for the walker.

Stand to Sit:

1. Back up to the center of the chair until you feel the chair on the back of your legs.
2. Slide out the operated foot, keeping the strong leg close to the chair for sitting.
3. Reach back for the arm rest using one arm at a time.
4. Slowly lower your body to the chair, keeping the operated leg forward as you sit.

Walking

Ambulate with crutches or a walker per your weight-bearing instructions.

Using a Walker (non-weight-bearing):

1. Place the walker forward one step length.
2. Step forward with the operated leg first.
3. Put weight through your hand as you bring your non-operated leg forward by hopping to the walker. DO NOT step past the front legs of the walker.

NOTE: Take small steps. Keep the walker in contact with the floor. Don't let the walker get too far out in front of you.

Crutch Walking

To measure crutches properly:

- Stand straight but with shoulders relaxed.
- The tips of the crutches should be 6 inches to side of feet and 6 inches to front of feet.
- There should be two fingers width between the top of the crutch and the arm pit. The crutch must not touch the arm pit.
- The hand pieces should be adjusted so that when they are grasped, the elbow is slightly bent (15 to 30 degrees). (Hand piece is approximately at hip level.)

To Stand:

Hold the hand grip of both crutches in one hand and push off from chair with the other hand. When balanced, place crutches under arms.

To Sit:

Take the crutches out from under the arms and place them in one hand. Reach for the chair with the free hand and lower yourself into the chair. You should be able to balance yourself on your stronger leg while doing this.

Stairs:

To go up stairs, move as close to the bottom step as possible. Weight is taken on the hands and the stronger leg is brought up onto the first step; the crutches and weaker leg then come up at the same time.

To go down stairs, the crutches and weaker leg are lowered to the step below and a normal step is take with the stronger leg.

(Up with the **good** foot first, **down** with the **bad** foot first.)

CAUTION:

Never lean on the crutches with your arm pits. Constant pressure in the arm pit can cause damage to nerve fibers in this area resulting in temporary paralysis in arms. Weight should **always** be taken on **hands**. If you have any questions regarding these instructions, please feel free to ask.

*Periodic checking of wing-nuts on the crutches is recommended as loosening may occur.



Bathing and Showering

You may only shower after your doctor allows you to do so. This is typically after your sutures or staples are removed.

Tub seats, grab bars, long-handled bath brushes and handheld showers make bathing easier and safer. However, these items are typically not covered by insurance.

Remember that you must adhere to all limitations of movement or precautions when performing self-care tasks.

Dressing Activities

Tips for Getting Dressed:

- Arrange clothing in an area where you can sit comfortably within your precautions (for example: edge of the bed, side chair or toilet/commode).
- Be sure that you have your dressing equipment nearby, or have arranged for someone to assist you.
- Safety first: Remain seated to put on and remove garments over your feet, and then stand to pull up/adjust clothing.
- For energy conservation purposes, put on and remove pants and undergarments, and then stand only once to pull them up.

Putting on Pants and Underwear:

1. While sitting on a supportive surface, lower the pants to the floor.
2. Gently raise your operated leg into the pants.
3. Pull the garment up to you knee.
4. Repeat above on the non-operated leg.
5. Once both pant legs are pulled up to your knees, stand up, secure your balance and pull the garments up to fasten.

Taking off Pants and Underwear:

1. Back up to the chair or bed where you will be undressing.
2. Unfasten your pants and let them drop to the floor.
3. Lower yourself down, keeping your operated leg out straight.
4. Take your non-operated leg out first and then the operated leg.

A reacher or dressing stick can help you remove your pants from your foot and off the floor.

Car Transfers

Getting Into the Car:

1. Push the car seat all the way back; recline the seat back to allow entering and exiting, but always have it in the upright position for travel.
2. It may be more helpful to place a plastic bag on the seat to help you slide.
3. Back up to the car until you feel it touch the back of your leg.
4. Hold on to an object that does not move (car seat, dashboard, etc.) and keep your operated foot out in front of you. **Be careful of your head** as you sit down. Slowly lower yourself to the car seat.
5. Lean back as you lift the operated leg into the car.



Around the House

Saving Energy and Protecting Your Joints in the Kitchen:

- DO NOT get down on your knees to scrub floors. Use a mop and long-handled brushes.
- Store frequently used items and heavy items such as canned goods and boxes at waist level. This eliminates unnecessary bending and reaching. For example, do not store your cutting board on the top shelf of your cupboards if you use it every day.
- Be organized. Keep a can opener next to the canned goods, and dishes next to the dishwasher or sink, etc., to prevent needless movement, bending and stretching.
- Store lighter items up in your higher cupboards.
- Gather all items needed to prepare a meal or snack and place them on the counter top or table that you plan to use to prepare the food.
- Never carry items in your hands when using a walker/crutches. An apron with pockets or a bag/basket attached to the walker will allow you to move items around the kitchen safely.

In the Bathroom:

- DO NOT get down on your knees to scrub the bathtub.
- Use a mop or other long-handled brushes for cleaning.

Safety and Avoiding Falls:

- Pick up throw rugs and tack down loose carpeting. Cover slippery surfaces with carpets that are firmly secured to the floor or that have non-skid backs.
- Be aware of all floor hazards such as pets, small objects or uneven surfaces.
- Provide good lighting throughout. Install night lights in the bathrooms, bedrooms and hallways.
- Keep extension cords and telephone cords out of pathways. DO NOT run wires under rugs. This is a fire hazard.
- DO NOT wear open-toe slippers or shoes without backs. They do not provide adequate support and can lead to slips and falls.
- Sit in chairs with armrests to make it easier to get up.
- Rise slowly from either a sitting or lying position to avoid getting light-headed.
- Secure railings on stairs or put in railings as needed.
- Install grab bars to assist with safe transfers.

Preparing Your Home

- Firm chair with arm rests
- Recliner chairs OK
- Special bed not necessary
- Remove/secure throw rugs
- Prepare frozen meals
- Arrange care for pets
- Handrails/grab bars
- Alternate bedroom/bathroom if necessary

Commonly Used Ambulation Equipment

There are several ambulation devices you may use to make daily activities safer and easier for you. Your physical therapist will help you determine which device is best for you.

- Raised toilet seat
- Toileting aides
- Shower/tub chair
- Handrails on steps
- Leg lifter
- Ramp
- Grab bars

SECTION FIVE:

Exercises

Range of Motion and Strengthening Exercises

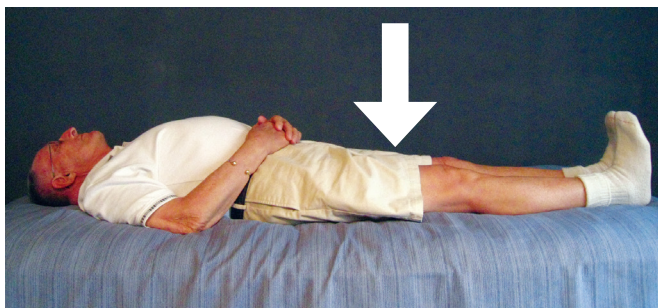
1) Toe Pumps

If you did NOT have toe surgery, use toe pumps to help decrease swelling. **Flex toes 10 times every 5 to 10 minutes** to increase circulation in the immobilized foot.



2) Quad Sets (Knee Push-Downs)

Lying on your back, press knees into the mat by tightening the muscles on the front of the thigh (quadriceps). Hold for a 5-second count. Do NOT hold breath. **Perform 20 times.**



3) Gluteal Sets (Bottom Squeezes)

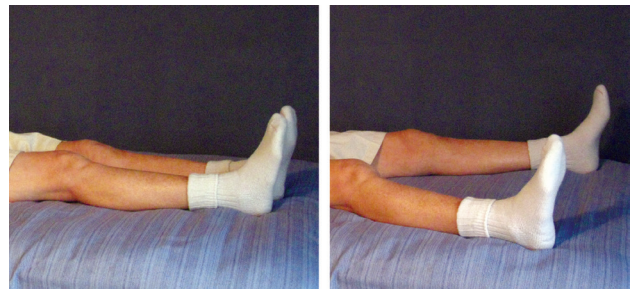
Squeeze your bottom together. Hold for a 5-second count. DO NOT hold breath.

Perform 20 times.



4) Abduction and Adduction (Slide Heels Out and In)

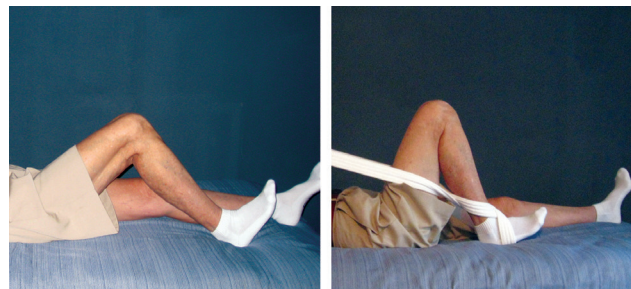
Lying on your back, tighten thigh muscles and slide leg out to the side. Keep kneecap and toes pointing toward ceiling. Gently bring leg back in to midline; may do both legs at the same time. **Perform 20 times.**



5) Heel Slides (Slide Heels Up and Down)

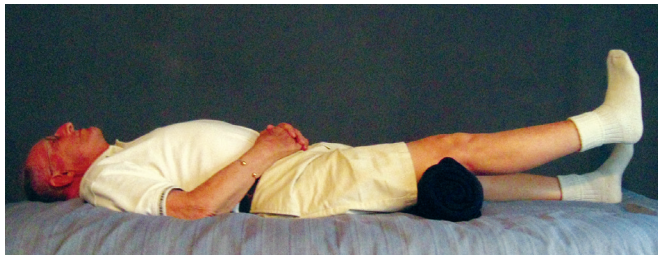
Lying on your back, slide your heel up the surface while bending your knee.

Perform 20 times.



6) Short Arc Quads

Lying on your back, place a 6 to 8-inch roll under the knee. Lift the foot from the surface, straightening the knee as far as possible. DO NOT raise thigh off roll. **Perform two sets of 10.**



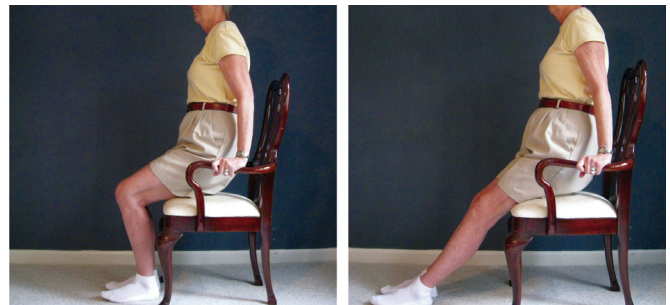
7) Knee Extension - Long Arc Quads

Sit with your back against a chair, with thighs fully supported. Lift the operated foot up, straightening the knee. DO NOT raise thigh off of chair. Hold for a 5-second count. **Perform two sets of 10.**



8) Armchair Pushups

Sitting in a sturdy armchair with your feet flat on the floor, scoot to the front of the seat and place your hands on the armrests. Straighten your arms raising your bottom up from seat as far as possible. Use your legs as needed to help you lift. As you get stronger, start using only your arms and the “non-operated” leg to perform the pushup. This will be how you will get up from a chair after surgery. DO NOT hold your breath or strain too hard. **Perform two sets of 10.**



9. Straight Leg Raises

Lying on your back with one knee bent and foot flat, tighten the thigh muscle on the straight leg and lift the leg 12 inches. Keep the knee straight and pointed toward your head.

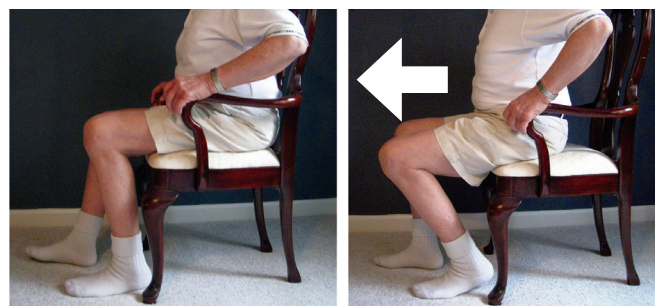
Perform two sets of 10.



10. Seated Knee Flexion

Sitting in a straight-back chair, bend one leg as far as possible under the chair (you can use the opposite foot to help). When your greatest amount of bend is reached, plant the foot and slide your hips forward, further bending the knee. Hold for 20 to 30 seconds.

Repeat 10 times.



Your physical therapist will likely prescribe additional exercises for you based on your personal needs. It is important that you follow his/her recommendations and continue your therapy for best results.

SECTION SIX:

Frequently Asked Questions (FAQs)

General FAQs

We are glad you have chosen Albany Memorial Hospital to care for you. People facing foot/ankle surgery often have the same questions. If there are any other questions that you need answered, please ask your surgeon or the medical team. We are here to help.

What are the major risks?

Most surgeries go well without any complications. Infection and blood clots are two serious problems that can sometimes happen. To avoid these problems, your surgeon may use antibiotics and blood thinners. Surgeons also take special care in the operating room to lessen the risk of infection.

How long will I be in the hospital?

Most patients go directly home the day of, or one day after, surgery. There are several goals that must be met before discharge.

How do I make arrangements for surgery?

After your surgeon has scheduled your procedure, you will need to call the Pre-Admission Testing (PAT) Department at Albany Memorial Hospital at (518) 447-3539 to schedule three appointments:

1. A pre-anesthesia telephone assessment/ interview with a nurse,
2. An appointment for any tests your surgeon or anesthesiologist has ordered, AND

What happens during the surgery?

Your surgery will last about one to two hours, including the staff's preparation time. You may have a general anesthetic which most people call "being put under." Some patients prefer to have a spinal or epidural anesthetic which numbs the legs and does not require you to be asleep. The choice is between you, your surgeon and the anesthesiologists.

Will the surgery be painful?

You will have discomfort following the surgery, but we will try to keep you as comfortable as possible with the appropriate medication. We will partner with you to manage your pain. The goal is to manage your pain so that you can rest and take part in physical therapy.

Will I need a walker, crutches or a cane?

Patients progress at their own rate. After your surgery, your therapist will help you determine if you need to use a walker, crutches or a cane. This assistance will only be needed for a limited amount of time.

Where will I go after discharge from the hospital?

Most patients go directly home. Your clinical care coordinator will help you with this decision.

Will I need help at home?

Yes. For the first few days or weeks, depending on your progress, you will need someone to assist you with meal preparation and other tasks. Family or friends need to be available to help if possible. Getting organized before your surgery can minimize the amount of help needed. Having the laundry done, house cleaned, yard work completed, clean linens put on the bed and having single portion frozen meals already prepared will help reduce the need for extra help.

Will I need physical therapy when I go home?

Possibly. It depends on the type of surgery performed. Sometimes physical therapy will begin once your weight-bearing precautions are discontinued (6 to 8 weeks after surgery). For information about outpatient therapy services available with St. Peter's Health Partners, see Pages 34 to 35.

Understanding Anesthesia

Who are the anesthesiologists?

The Operating Room, Post-Anesthesia Care Unit (PACU) and Intensive Care Units (ICU) at the hospital are staffed by board-certified and board-eligible physician anesthesiologists. Each physician is an individual practitioner with privileges to practice at Albany Memorial Hospital.

What types of anesthesia are available?

Decisions regarding your anesthesia are tailored to your personal needs. The types available for you are:

- **General anesthesia** causes a temporary loss of consciousness so that no pain is felt anywhere in the body.
- **Regional anesthesia** involves the injection of a local anesthetic to provide numbness, loss of pain, or loss of sensation to a large region of the body. Regional anesthetic techniques include spinal blocks, epidural blocks and arm and leg blocks. Medications are also given to make you relaxed and comfortable.
- An **epidural block** lessens sensation in the lower areas of the body while the patient remains conscious. It can be used for surgeries on the lower part of the body, labor and delivery and, in some cases, for pain relief after surgery. An epidural block is injected in the lower back between the vertebrae while the patient is either sitting up or lying on their side. The medication will begin working 10 to 20 minutes after the anesthetic drug has been injected. Although uncommon, a headache may occur.

- **Spinal anesthesia** is injected into the spinal canal to temporarily block pain. The numbing sensation it causes will go away slowly. As the anesthesia wears off, the patient will begin to feel sensations moving from the upper body toward the toes.
- **Local anesthetics** are injected at the surgical site to numb a small area.

Will I have any side effects?

Your anesthesiologist will discuss the risks and benefits associated with the different anesthetic options, as well as any problems or side effects that can occur with each type of anesthetic. Nausea or vomiting may be related to anesthesia or the type of surgical procedure. Although less of a problem today because of improved anesthetic agents and techniques, these side effects continue to occur for some patients. Medications to treat nausea and vomiting will be given if needed.

What will happen before my surgery?

You will meet your anesthesiologist immediately before your surgery. Your anesthesiologist will review all information needed to evaluate your general health. This will include your medical history, laboratory test results, allergies and current medications. With this information, the anesthesiologist will determine the type of anesthesia best suited for you. He or she will also answer any further questions you may have. If you would like to speak to your anesthesiologist before you are admitted to the hospital, this can be arranged through the Pre-Admission Testing department.

During surgery, what does my anesthesiologist do?

Your anesthesiologist is responsible for your comfort and well-being before, during and immediately after your surgical procedure. In the operating room, the anesthesiologist and a certified registered nurse anesthetist (the anesthesia care team) will manage your vital functions including heart rate and rhythm, blood pressure, body temperature and breathing. The anesthesia care team is also responsible for fluid and blood transfusions when necessary.

May I choose an anesthesiologist?

Requests for specific anesthesiologists should be submitted in advance through your surgeon's office for coordination with the surgeon's availability.

What can I expect after the operation?

After surgery, you will be taken to the Post-Anesthesia Care Unit (PACU) where specially trained nurses will monitor your breathing and heart functions closely. During this period, you may be given extra oxygen to help you recover faster.

SECTION SEVEN:

Helpful Resources

Outpatient Therapy Services

Providing you with expert care in a location convenient to you, St. Peter's Health Partners Patient Therapies offers a variety of options for your outpatient therapy needs. Whether you need services in Albany, Rensselaer, Saratoga or Schenectady counties, St. Peter's has the services you need to help you in your recovery.

ALBANY COUNTY

Albany Memorial Campus Rehabilitation Services

600 Northern Boulevard
Albany, NY 12204
(518) 471-3195

Albany Memorial Campus Hand Center

600 Northern Boulevard
Albany, NY 12204
(518) 427-3373

Sunnyview Therapy Services at Carman Medical Arts

3757 Carman Road
Guilderland, NY 12303
(518) 356-3139

Sunnyview Therapy Services Delmar

5 Elm Avenue
Delmar, NY 12054
(518) 818-1888

Sunnyview Therapy Services Latham Farms

579 Troy-Schenectady Road
Latham, NY 12110
(518) 382-4593

Sunnyview Therapy Services

Western Avenue

1450 Western Avenue, Suite 101
Albany, NY 12203
(518) 525-5588

RENSELAER COUNTY

East Greenbush Physical Rehabilitation

2 Empire Drive, Suite 202
Rensselaer, NY 12144
(518) 286-4990

St. Peter's Therapy Services

Massry Center, 147 Hoosick Street
Troy, NY 12180
(518) 268-5749

Sunnyview Therapy Services

Hudson Valley Plaza

75 Vandenburg Avenue
Troy, NY 12180
(518) 270-3041

SARATOGA COUNTY

Clifton Park Physical Rehabilitation

648 Plank Road, Suite 101
Clifton Park, NY 12065
(518) 268-4800

SCHENECTADY COUNTY

Sunnyview Rehabilitation Hospital

1270 Belmont Avenue
Schenectady, NY 12308
(518) 382-4530

Sunnyview Therapy Services

Socha Plaza

115 Saratoga Road
Glenville, NY 12302
(518) 386-3579

Home Care

St. Peter's Health Partners offers home health care services that meet a wide range of needs from general care to highly specialized services for managing chronic conditions.

Our comprehensive, in-home health care services are provided by the Continuing Care division of St. Peter's Health Partners. Some of these include:

- Home Health Aides
- Rehabilitation Therapies
- Home Infusion Services - IV Therapy
- Medical Social Work
- Advanced Technologies (personal emergency response system, monitored medication dispensers, tele-homecare)
- Medical Equipment
- Visiting Nurses
- Primary Care at Home

Eddy Visiting Nurse & Rehabilitation Association

433 River Street, Troy, NY 12180
(518) 274-6200

Eddy Health Alert

433 River Street, Troy, NY 12180
(518) 833-1040

Northeast Home Medical Equipment

60 Cohoes Avenue, Green Island, NY 12183
(518) 271-9600



Short-Term Rehabilitation

St. Peter's Health Partners offers several convenient locations for inpatient rehabilitation (also known as short-term rehabilitation). Whether staying for several days or several weeks at any of our available locations, our patient receives a personalized plan of care. This plan ensures that the appropriate medical, therapeutic and social services and discharge planning are available to each patient at every stage of the rehabilitation process.

Eddy Heritage House Nursing and Rehabilitation Center

2920 Tibbits Avenue, Troy, NY 12180
(518) 274-4125

Eddy Memorial Geriatric Center

2256 Burdett Avenue, Troy, NY 12180
(518) 274-9890

Our Lady of Mercy Life Center

2 Mercycare Lane, Guilderland, NY 12084
(518) 464-8100

Schuyler Ridge Residential Healthcare

One Abele Boulevard, Clifton Park, NY 12065
(518) 371-1400

St. Peter's Nursing and Rehabilitation Center

301 Hackett Boulevard, Albany, NY 12208
(518) 525-7600

Sunnyview Rehabilitation Hospital

1270 Belmont Avenue, Schenectady, NY 12308
(518) 386-3699

Things to do before Surgery

3 to 4 Weeks Before

- Select caregiver.
- Watch pre-surgery education video.
- Prepare your home.
- Practice non-weight-bearing walking technique, including stairs.
- Do physical therapy to strengthen and practice gait, if necessary.
- Discuss over-the-counter medications and supplements (such as vitamin E and herbal supplements) with your doctor. You may need to taper off some of these prior to surgery.

1 Week Before

- Stop taking non-steroidal anti-inflammatory medications/herbal supplements (for example, ASA, Blood Thinners, Coumadin®, Plavix®).

The Day Before

- Eat and drink plenty of fluids the day before surgery.
- Only if instructed by doctor, take insulin. Make sure to take as directed by doctor.
- DO NOT smoke or drink alcohol after 6 pm. NO eating/drinking after midnight.
- Shower as directed.
- Remove all nail polish on fingers/toes.
- Nails should be trimmed.

Day of Surgery

- Try to relax.
- Do not eat, drink or smoke.
- Take any medications your doctor or nurse told you to take with a sip of water.
- Only if instructed by doctor, take insulin. Make sure to take as directed by doctor.
- Shower as directed. Come with a clean foot.
- Bring guidebook.

Caregiver's Checklist

A patient's caregiver has an important job. The person in this role will need to learn about blood thinner (anticoagulant) medication: monitoring, dosing, and precautions; as well as other items on this checklist.

- How to change the dressing
- Pain medication dos and don'ts
- Signs and symptoms of infection
- Signs and symptoms of a blood clot and pulmonary embolism
- How to use the incentive spirometer and how often
- How to coach and assist the patient with transfers if needed
- How to supervise the patient going up and down stairs
- The exercise program to follow at home
- Diet restrictions and recommendations
- Equipment use

If you have any questions or concerns, please ask a member of the team before your loved one is discharged.

SAMARITAN HOSPITAL

Directions and Parking

DRIVING DIRECTIONS

2215 Burdette Avenue, Troy, NY.

From the North: Follow the Northway (I-87) south to NY-7 East in Latham. Continue on NY-7 E to Troy. Turn right on Burdett Avenue. Samaritan Hospital will be on your right.

From the South: Follow the NYS Thruway (I-87) north to exit 25. Merge left onto I-787 N heading towards Albany/Rensselaer/Troy. Use the right 2 lanes to take exit 9E to merge onto NY-7E towards Troy/Bennington. Turn right onto Burdett Ave. Samaritan Hospital will be on your right.

From the East: Follow NY 7W to Burdett Avenue. Turn left on Burdett Avenue. Samaritan Hospital will be on your right.

From the West: Follow the 7E to Burdett Avenue. Turn right on Burdett Avenue. Samaritan Hospital will be on your right.

DIRECTIONS TO AMBULATORY SURGERY UNIT

- Enter the main entrance of the hospital.
- Take Elevator L to the first floor. (This elevator is located inside the main entrance on the left.)
- Take a left off the elevator and enter Main Street.
- Continue down the hall until you reach the Pavilion elevators on your right. (You will pass the hospital gift shop on your left and the food court on your right.)
- Take the Pavilion elevators to the second floor.
- Check in with the waiting room receptionist.

PARKING

Free parking for patients and visitors is available at the main entrance parking garage off Eagle Street.

Parking on hospital driveways and in other designated areas is prohibited to allow free passage for emergency vehicles. Please do not park in these areas.

For Patients Who Have Special Needs

For those patients with special needs (difficulty walking, trouble with sight, etc.), please let us know of these needs before your arrival. (For example, you can do this when you make your appointment.) We are happy to help you.

ST. PETER'S HOSPITAL

Directions and Parking

DRIVING DIRECTIONS

315 S. Manning Boulevard, Albany, NY.

From the North: Follow the Northway (I-87) south to Western Ave. (Rt. 20). Turn left onto Western Ave. and follow it approximately 2.8 miles to South Manning Blvd. Turn right on South Manning Blvd. and follow it approximately one mile to the St. Peter's entrance on the left.

From the South: Follow the NYS Thruway (I-87) north to exit 24. Take the far-right exit to Western Ave. (Rt. 20). Turn left onto Western Ave. and follow it approximately 2.8 miles to South Manning Blvd. Turn right on South Manning Blvd. and follow it approximately one mile to the St. Peter's entrance on the left.

From the East: Follow I-90 west to exit 4 (Rt. 85 Slingerlands). Follow Rt. 85 approximately two miles to the Krumkill Rd. exit. Turn left at the top of the ramp. Turn right at the immediate light onto Bender St./Krumkill Rd. and follow it to the next light. Turn left at the light onto New Scotland Ave. for approximately one mile. Turn right onto South Manning Blvd. St. Peter's entrance will be on the left.

From the West: Follow the NYS Thruway (I-90) east to exit 24. Take the far-right exit to Western Ave. (Rt. 20). Turn left onto Western Ave. and follow it approximately 2.8 miles to South Manning Blvd. Turn right on South Manning Blvd. and follow it approximately one mile to the St. Peter's entrance on the left.

DIRECTIONS TO AMBULATORY SURGERY UNIT

- Enter the main entrance of the hospital.
- Take Elevator L to the first floor. (This elevator is located inside the main entrance on the left.)
- Take a left off the elevator and enter Main Street.
- Continue down the hall until you reach the Pavilion elevators on your right. (You will pass the hospital gift shop on your left and the food court on your right.)
- Take the Pavilion elevators to the second floor.
- Check in with the waiting room receptionist.

PARKING

There is a flat rate fee of \$5. If valet services parks your car, the cost of parking is \$6. Valet service is available weekdays from 5:30 am to 8 pm, from 9 am to 6 pm on Saturday, and from 10 am to 6 pm on Sunday. (After hours, please contact Security at 525-1522 to get your vehicle.) Tipping is not necessary. Parking discounts are available upon request.

Please note that on the day of your surgery you will receive two blue parking passes. These passes are for the person driving you to use on the day of your admission and the day of your discharge.

For Patients Who Have Special Needs

For those patients with special needs (difficulty walking, trouble with sight, etc.), please let us know of these needs before your arrival. (For example, you can do this when you make your appointment.) We are happy to help you.



ST PETER'S HEALTH PARTNERS

A Member of Trinity Health

Samaritan Hospital

2215 Burdette Avenue
Troy, NY 12180
(518) 271-3366

St. Peter's Hospital

315 S. Manning Boulevard
Albany, NY 12208
(518) 525-1445