

# **Foot and Ankle Surgery**

# Jon R. Morgan, DPM

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# Welcome

Dear Valued Patient,

Welcome to Mid-America Orthopedics! The entire staff at Mid-America Orthopedics is dedicated to restoring quality of life, one patient at a time, for those who suffer from orthopedic issues.

Quality of life can mean something different for each patient. For many, it means spending time with family, enjoying a round of golf, a bike ride, or a simple walk. For everyone, being able to move and walk without pain is an important part of living well. As we age, doing things we love to do without pain often becomes a challenge.

Dr. Morgan has worked closely with the medical staff to develop a surgery program to shorten your post-operative stay, improve the excellence of orthopedic care, and make your entire experience more enjoyable. Your satisfaction is our top priority.

Your education and participation are essential to ensuring you have an outstanding experience and the best possible outcome, so please read all of the information provided to you in this packet. You will know what to expect, how to prepare, and learn important tips on how to recover well.

Our goal is to provide you with the best patient care possible. With comprehensive patient education and individually tailored care, our program is designed to provide the information, care, and support you need every step of the way to achieve your ideal experience.

Sincerely, Your Mid-America Orthopedics Surgery Team

# **Meet the Team**



## **DR. JON MORGAN**

**Orthopedic Surgeon, Foot & Ankle Surgery** 

Dr. Morgan joined MAO in 2013, bringing his specialty of Foot and Ankle Surgery. He is Board Certified by the American Board of Foot and Ankle Surgery in foot and rearfoot reconstructive/ankle surgery. Dr. Morgan utilizes the latest techniques to restore patient function

with diminished pain in the foot and ankle. His practice encompasses everything from the use of custom orthotics and bracing, to elective surgery, deformity correction of the foot and rearfoot, fracture care, arthroscopy, stabilization procedures, diabetic wound care and amputation prevention.



# PAMELA FRUECHTING, FNP-BC, ONP-C

#### **Nurse Practitioner**

Pam joined MAO in 2014. She has practiced exclusively as an orthopedic nurse practitioner since graduation from the University of Kansas in 1997. Her current clinical focus is surgical and non-surgical foot and ankle

conditions, fractures, and diabetic foot ulcers. Her career experience spans trauma, joint replacement, and general orthopedics.



# KELLY HAIN Surgery Scheduler

Kelly has been with MAO since 2016. Her role at the practice is Dr. Morgan's team lead and surgery scheduler. Kelly brings over 25 years of medical experience to MAO. The team's goal is to care for their patients with the best possible experience before and after surgery.

# When & Where is Your Surgery

Date of Surgery: \_\_\_\_\_

□ Kansas Medical Center 1124 W. 21<sup>st</sup> St. Andover, KS 67002 • (316) 300-4000

#### **Precision Surgery Center**

1857 N. Webb Rd. Wichita, KS 67206 • (316) 866-2540

#### **Rock Regional Hospital**

3251 N. Rock Rd. Derby, KS 67037 • (316) 425-2400

# Having Surgery with Dr. Morgan

The following information is provided so that you will know what to expect before, during, and after the surgery.

#### **Preoperative Medical Clearance**

- 1. If Dr. Morgan requires you to see your family physician or cardiologist for medical clearance prior to surgery, we must receive your physicians' note <u>no later than 10</u> <u>days before surgery.</u>
- 2. Lab tests: The lab order is in your surgery packet.
  - a. Any pre-op lab work ordered by Dr. Morgan or your family physician should be completed <u>no sooner than 30 days before surgery.</u>
  - b. We must receive your lab results <u>no later than 10 days before surgery</u>, or your surgery may be rescheduled.
- 3. **Tobacco/Nicotine:** <u>Stop all forms of nicotine at least one month before surgery.</u> Any form of nicotine delays healing because it constricts the smallest blood vessels and prevents the delivery of oxygen and nutrients required for healing. This is especially important for healing of broken bones and joint fusions.

#### 4. Anticoagulants/Blood Thinners: Consult your family physician about:

- a. When to stop blood thinner before surgery
- b. When to resume blood thinner after surgery
- c. If there a temporary need for a different blood thinner ("bridge") in the meantime?

#### **Day Before of Surgery**

- 1. The surgery center will call you the day before surgery to confirm check-in time.
- 2. Remove all fingernail and toenail polish.
- 3. Stop all forms of nicotine.
- 4. Do not eat or drink after midnight the night before surgery.
- 5. Diabetics:
  - a. Eat your normal evening meal.
  - b. If you take Metformin, SKIP the evening dose.
  - c. See "Day of Surgery" instructions below for more information.

## Day of Surgery

- 1. Remove all jewelry and other valuables (including piercings) and leave them at home.
- 2. You may brush your teeth and use mouthwash, but do not swallow any liquid.
- 3. Bring your medical equipment (knee scooter, crutches, cam boot, or post-op shoe).
- 4. If you use CPAP/BiPAP, bring this with you, but leave it in your car.
- 5. Take your morning medication with sips of water for the following conditions:
  - a. Cardiac, Heart, Blood Pressure
  - b. COPD, Asthma
  - c. Reflux, GERD
- 6. Diabetics:
  - a. If you surgery is <u>BEFORE</u> noon:
    - i. Do not eat or drink after midnight
    - ii. Do NOT take the usual morning insulin or Metformin
  - b. If you surgery is <u>AFTER</u> noon:
    - i. You may have clear liquids before 6:30 a.m.
    - ii. Take 1/2 your usual morning dose of insulin
    - iii. If you have an insulin reaction, you may drink 6-12 oz. of juice to relieve symptoms

## What to Expect at the Surgery Center or the Hospital

- 1. A nurse will review your medical history and medication.
- 2. You will read the consent form for surgery that outlines the risks and benefits of the surgery, and then sign it, if you agree.
- 3. An intravenous (IV) line will be started in your arm for fluids and medications.
- 4. After surgery, you will be taken to the recovery room on a wheeled cart where you will be monitored. You will be discharged when you are fully awake and recovered.
- 5. If you receive a nerve block above your knee, expect numbness for 12-48 hours.

## At Home After Surgery

- 1. <u>Pain Medicine</u>: Pick you the narcotic pain medication prescription from your pharmacy. Take this only as needed. Take it with a small amount of food to avoid an upset stomach. Do not consume alcohol or sleeping pills while on narcotics.
- 2. <u>Nausea</u>: Good hydration is essential to preventing nausea. Have fluids readily available. Avoid alcohol and sugared drinks. Peppermint lozenges, Zantac, Pepcid, and Pepto Bismol can help. Zofran (Ondansetron) dissolvable tablets are available by prescription.

- 3. <u>Fever:</u> Fevers less than 100.5 are common on the first five days after surgery. Increase fluids. Take Tylenol as needed, if no allergies and no history of liver disease.
- 4. <u>Constipation</u>: This is common with narcotics. Consume plenty of water, fruits, and vegetables. You may try Miralax (laxative) or Colace (stool softener). No prescription is required. Try omitting narcotics and use Extra Strength Tylenol instead.
- 5. <u>Itching</u>: Benadryl 25-50 mg can relieve itching, but do not take it with narcotic pain medication due to increased risk of sedation.
- 6. <u>NSAIDS/Anti-Inflammatories (e.g. Advil/Ibuprofen, Aleve/Naproxen, Meloxicam,</u> <u>Diclofenac, Celecoxib)</u>: Do not take NSAIDS regularly in the first few weeks after surgery because they may slow down healing soft tissue and bone. Infrequent use is permissible.

## Pain Management

- 1. If you received a nerve block, it may last 12-48 hours.
- 2. If needed, you may take the first dose of pain medicine when the nerve block starts to wear off and your foot starts tingling.
- 3. <u>Do not take the narcotics "to keep the pain from getting ahead of you" because</u> <u>this can lead to dangerous over sedation. Under no circumstances should you set</u> <u>your alarm clock or have someone wake you up to give you narcotics. Do not take</u> <u>narcotics, if you do not need it.</u>
- 4. Narcotics can lower your blood pressure. If you feel dizzy, sit down right away until it resolves.
- 5. Do not drive or operate machinery while taking narcotics.
- 6. Swelling and bruising is normal. Keep your foot elevated to improve comfort and reduce swelling.
- 7. You may apply ice packs every hour for 10-15 minutes as needed for comfort and to reduce swelling.
  - a. If you are <u>diabetic</u> or have <u>circulation problems</u> (peripheral vascular/arterial disease or have stents in your legs) then do NOT apply ice packs.
- 8. Tylenol/Acetaminophen/APAP: Many narcotics contain acetaminophen. For example, the prescription label may read, "hydrocodone 5 mg/APAP 325 mg" or "hydrocodone act 3/325." If you take over-the-counter acetaminophen in addition to the pain medicine, keep track on paper how much you consume. The daily maximum limit of acetaminophen is 4,000 mg for healthy people under age 60. If over age 60, do not exceed 3,000 mg total daily dose. <u>Do not take acetaminophen</u> <u>if you have liver disease.</u> Do not consume alcohol while taking acetaminophen.

## **Dressing & Splint**

- 1. Keep the dressing clean and dry. Do not remove it. Bloody drainage on the dressing is normal. Call our office if there is active bleeding or dripping.
- 2. Place a bag or cast cover over the foot for showering.
- 3. If the dressing becomes wet, there is a risk of infection. Call our office right away to get it changed.
- 4. The dressing and splint should feel snug and comfortable. Call our office if it feels too tight.

#### **Weight-Bearing**

- 1. Do not bear weight on your foot/ankle unless explicitly to do so.
- 2. If you were told to not bear weight on your foot, use crutches, a knee scooter, or an iWalk device.
- 3. Any restriction for driving is determined by the surgical procedure.
- 4. Return to work or school is dependent upon the surgery and the nature of your work. For desk work, most people can return 4-7 days after surgery.

### **Blood Clots**

Blood Clots in the Leg (DVT – Deep Vein Thrombosis) or Lung (PE- Pulmonary Embolus) You can develop blood clots after surgery. Do not disregard these symptoms because they can be fatal.

**Symptoms of a blood clot in the leg (DVT):** Pain, cramping, aching, and swelling of the upper calf. This pain is different and constant compared to the usual pain after surgery.

**Symptoms of a blood clot in the lung (PE):** Chest or back pain with inspiration, shortness of breath, new onset of fast or irregular heart rate, extreme fatigue, and anxiety.

If you have any of these symptoms, <u>go to the nearest hospital emergency room right</u> <u>away!</u>

#### When to Call Dr. Morgan

- New onset of redness, swelling, or drainage of the incision
- Pain that is not relieved with pain medication
- New onset of deep, upper calf pain/swelling

If you need to reach Dr. Morgan or Pamela Fruechting, FNP, call Mid-America Orthopedics at (316) 630-9300. If you need occurs after hours, call the Physician's Exchange at (316) 262-6262.

# **Additional Resources**



### **PATIENT PORTAL**

Communicate with Dr. Morgan, request appointments, view office summaries, and more. To sign up for the patient portal, we must have your SSN and email on file. To update your file or for assistance, please call (316) 630-9300 option 3. Log in here: <u>https://bit.ly/AthenaPortal</u>.



# ONLINE BILL PAY

Simply visit <u>https://bit.ly/MAOBillPay</u> to submit a payment.



# **VISIT OUR WEBSITE**

Go to <u>https://midamortho.com</u> to learn more about our practice, doctors, read our blog, and more.

Please call our office if you have any further questions Best wishes for a speedy recovery!