



Back on Your Feet

A Patient Guide to Foot & Ankle Treatments



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Your Care Team

Your care team will include orthopaedic surgeons, physician assistants, nurse practitioners, inpatient nurses, fellows and residents. Fellows are orthopaedic surgeons in training for advanced joint replacement techniques. Residents are physicians-in-training to become orthopaedic surgeons.

In our offices, you may be seen by a physician assistant, nurse practitioner, fellow and/or resident. All members of our team work with direct supervision from the orthopaedic surgeons and communicate the unique aspects of your care.

See our [Foot & Ankle team](#).

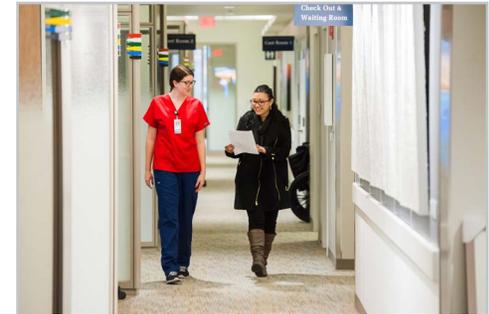
Patients can see members of the Foot & Ankle Team for appointments at the following locations:

- Waltham - Foot & Ankle Center at MG West
- Boston - Mass General Main Campus
- Danvers - Northshore Center for Outpatient Care
- Newton - Newton Wellesley Hospital

In March 2015, we opened the Mass General/Newton Wellesley Foot & Ankle Center. This brand new center, conveniently located off Route 128 in Waltham, is dedicated to providing expert care for everything below the knee. We treat everything from foot discomfort issues and athletic injuries, and perform complex and intricate surgeries to get our patients back on their feet.

At this Center, you will find an expert team of fellowship-trained orthopaedic specialists and surgeons, podiatrists, vascular specialists, physician assistants, nurse practitioners and physical therapists. We offer cutting-edge diagnostic and non-operative treatments including shockwave therapy, plasma injections, 3-D imaging and foot mapping. Above all, our goal is to make sure that every patient receives the highest standard of care that the world has come to expect from Mass General Hospital.

As the largest team and center in New England specializing in below the knee care, we are proud to offer patients a comprehensive path to relief and return to everyday activities. It all takes place under one roof—in one convenient location. You may also continue to see your Mass General Foot and Ankle physician in Boston, Wellesley and Danvers for consultations and some procedures.



Consulting with our Doctors

Appointments with Mass General

Making an Appointment

The quickest and easiest way to make an appointment with a Foot & Ankle surgeon is through our Online Appointment Request form, which you can access on our website (massgeneral.org/ortho) [here](#). Enter information about yourself and why you are seeking an appointment. Filling in as much detail as possible helps our manager understand the severity of your problem and identify the right surgeon for you to consult with. One of our staff members will get back to you to schedule the appointment.

You also can call one of our [surgeons' offices](#) to schedule an appointment

What to Expect during your Appointment

When you first check-in for your appointment, you often will be asked to take new x-rays. Our x-ray clinic is located down the hall from the clinic rooms.

During your appointment, your doctor will go over your x-ray with you. Additionally, you may interact with fellows and residents, who are physicians-in-training at Harvard Medical School, as well as our nurse practitioner.

During your appointment, you can expect:

- A thorough evaluation and discussion with our specialists
- Review of your x-rays, MRIs and any additional medical records
- An in-depth conversation covering treatment options
- Customized treatment plan to get you back to an active lifestyle

Non-Operative Treatment

Your doctor will discuss non-operative and operative treatment options with you. In most cases, non-surgical treatments need to be exhausted before operative measures are considered.

Non-surgical treatments for common sprains and strains include:

- RICE (Rest, Ice, Compression, Elevation)
- Physical therapy
- Assistive devices and/or orthotics
- Modifying activities

One of the most common non-surgical treatments for foot and ankle injuries is RICE: Rest, Ice, Compression and Elevation. These are simple steps that can help decrease inflammation after many injuries and surgical procedures.

Talk to your doctor about a referral to physical therapy (PT). A physical therapist works with you to create an individualized exercise program that can help you achieve your goals and return to the activities you love. PT can help to improve your strength, range of motion, endurance and function. If you start an exercise regimen, take a balanced approach and include aerobic activities such as walking, swimming and cycling in addition to stretching/flexibility exercises and strengthening exercises. You want to avoid exercises that place excessive stress on the joints like high-impact workouts or competitive sports activities. [Find a physical therapist near you.](#)

When you have an injury, assistive devices and orthotics are used to protect the injured body part and reduce pain and discomfort. Orthotics can improve your function and mobility by absorbing and distributing shock and improving alignment, while protecting you from further injury.

Depending on your injury, you may need to modify your activities as high-impact and repetitive activities place increased stress particularly on your feet and ankles.

Common Foot & Ankle Procedures

Bunion Correction



A bunion, or hallus valgus, is a large bony bump at the base of the big toe. This alters the alignment of bones, causing the base of the big toe to angle out and crowding the tops of the smaller toes. Bunions can be painful and cause swelling, making it difficult to find comfortably fitting shoes. The big toe pushing against the smaller toes can result in irritation of the skin, forming painful calluses.

Bunions occur more frequently in women and can also occur in children. A 2008 survey of 4,249 people over age of 30, published in *Arthritis & Rheumatism*, showed that bunions are more likely to effect middle-aged individuals. In the survey, 30%-50% of people over the age of 50 reported having a bunion. Although some footwear can contribute to the deformity, it is not the sole cause.

Not all bunions are painful and many people do not have any symptoms. When a bunion causes discomfort, most people experience the pain at the bump itself where it is squeezed by a shoe, in the ball of the foot or even in the second or third toes. The bump can become swollen and red, and sometimes the big toe can become numb. Walking can often trigger the pain.

The best way to treat a painful bunion is to wear well-fitted shoes - wide shoes with soft leather or synthetic materials - that accommodate the bump and do not cause pressure on the sore spots. For exercise and walking, use wide, cushioned sneakers. Pointy-toed, narrow shoes make symptoms worse and can add to the deformity. High-heels often exacerbate the symptoms, as well. Strapping, taping or splinting the big toe may offer relief in the short-term, but will not provide long-term benefit or change the alignment of the foot.

When bunions remain painful despite appropriate shoe wear, surgical correction may be necessary. Operations for bunion correction vary depending on the surgeon and type of deformity. During surgery, the deformed joint is corrected by breaking and resetting the bone in a straighter position. A full recovery can take up to three to six months.

Fracture Fixation



A fracture is a broken bone, and can occur in any bone in the body. Your foot has 26 bones, connected by many joints, muscles, tendons and ligaments, giving you the mobility and flexibility you need to walk, run and jump. However mobility and the stress of movement increases the likelihood of fracturing bones in the foot and ankle.

Fractures can occur from traumatic injury, such as a fall from a height or a car accident, but also can result after lower energy injuries, such as a misstep off a curb or a sports injury. Depending on the location of the fracture and the damage to the bones, surgery may be indicated to put the bones back in place. Often fractures of the ankle, heel bone and some midfoot bones require surgical fixation with plates and/or screws. Fractures in the metatarsal bones and toes typically heal with immobilization such as a hard-soled post-surgical shoe or a walking boot, and do not require surgery.



Stress fractures are smaller cracks in the bone that typically occur from over use or poor bone strength. These fractures most often heal after a period of immobilization and rest.

Fractures affect patients of all ages, from children to the elderly. One way to help prevent fractures is to ensure you are getting enough calcium and vitamin D (through diet and supplements), which are important for bone health and preventing osteoporosis. For people with osteoporosis, once one fracture occurs, the likelihood of a second fracture increases greatly.

Fusions (also known as Arthrodesis)

A fusion is a surgical procedure that heals together two bones that originally formed a joint. Fusions are typically performed to stop the pain from severe arthritis. In these cases, the cartilage is completely worn away, leaving an inflamed, narrowed joint where bone rubs on bone. By eliminating the space between the bones that would allow painful movement and motion, fusion turns a stiff painful joint into a stiff, non-painful joint.

During the fusion procedure, the damaged cartilage is scraped away and the bones are then compressed, held into position using plates and/or screws. This “hardware” holds the joint together while the two bones grow into each other and heal. The joints in the foot and ankle most commonly fused include the ankle, subtalar, midfoot and first metatarsal-phalangeal joints.

Recovery after fusion can take a long time, and full improvement after this surgery is not expected for 6-12 months. Initially after surgery, patients must be non-weight bearing, or off the foot completely, for 6-12 weeks. A fiberglass cast may be used to help hold the foot and ankle in place as the bones heal. After some healing has occurred, a removable boot will be placed. Your surgeon will evaluate x-rays to determine whether or not the bones have healed enough to safely allow weight-bearing.



Achilles Tendon Repair



The Achilles tendon is the largest tendon in the body and runs from the heel to the calf muscle.

While the Achilles tendon can withstand a large amount of shock from running and jumping, inflammation and pain can develop as a result of repetitive stress and overuse. Non-operative treatment for Achilles tendinitis includes RICE (rest, ice compression and elevation), immobilization in a walking boot, stretching and physical therapy. In

some cases, if a patient does not improve after non-operative treatment, surgery is required to remove damaged tendon and bone spurs around the heel.

The Achilles tendon can also tear or rupture acutely, usually in the setting of a sports activity. Achilles ruptures typically occur in young to middle aged men, but can affect both men and women of all ages. Patients will feel a pop in their ankle or calf and feel as though they were hit in the back of the leg. The treatment for Achilles rupture depends on multiple factors, including the patient's activity level and general health. Surgery to repair the tendon may be recommended.

Removal of Hardware

Sometimes hardware (plates, screws, pins or other implants) from a previous foot or ankle surgery can feel prominent and painful. In rare instances the metal may even work its way out of the bone, causing pain. An x-ray can usually identify what type of plates and screws are in place and whether they are loose or broken. The hardware may need to be removed if it is causing discomfort.

Preparing for your Surgery

Preparing your Home & Bathroom

Prior to your surgery, there are several things you can do to make your home and bathroom safer and more comfortable when you return home.

- Move furniture and throw rugs to make clear paths in your home. You may be using an assistive device after your surgery, so you will need more room to move around.
- Think about which assistive device(s) (walker, crutches, cane, knee scooter) will be most helpful in getting from your bed to your bathroom. Speak with your doctor's office about which devices might be appropriate for your unique case.
- Think about how you will get from the car to the room(s) where you will recover.
- Consider setting up or sleeping area or bed on the first floor.
- A large firm wedge pillow is a good way to keep your post-operative site elevated above your heart.
- Stock-up on food, toiletries and medications.
- Prepare and freeze meals before your surgery.
- A food tray is useful to have while lying in bed.
- Ask a friend or relative to stay with you or come by for frequent visits after surgery.
- Elevated toilet seats, shower chairs and hand-held shower heads can make the bathroom safer and easier to use.
- Keep a supply of plastic bags (and a large elastic band) in your bathroom to protect your foot/ankle from water.
- If you will need a temporary Disability Parking Tag, you should arrange for this before your surgery.
- If you will be in a cast or splint, you may need to cover your exposed toes. Consider obtaining a knit infant cap or cutting a pair of old socks.



Tub bench



Hand-held shower head

Taking Medications Prior to your Surgery

10 days before your surgery, stop taking anti-inflammatory medication. If you take aspirin because of its potential benefits, please stop that as well. HOWEVER, if you take aspirin to prevent clotting of any stent or cardiac or vascular graft or because you have known heart disease, DO NOT STOP your aspirin.

For most patients on Coumadin, you will be asked to stop taking it five days before your surgery and have a blood test the morning of surgery to make sure your blood is not too thin. For patients on Plavix, you should only stop if you have direct instructions from your cardiologist that it is safe to do so.

Check with your physician or nurse practitioner about the medicines you take now and any medicines you feel you will need on the day of your surgery.

What to Bring to the Hospital

For outpatient & inpatient procedures

- Insurance and prescription cards
- List of medications and allergies
- Specific medications your surgeon's office told you to bring
- If you use an inhaler, please bring it with you
- Books or magazine to read before going into surgery
- Eyeglasses and a case for storing them. Please DO NOT bring or wear contact lenses to your procedure.

Extra items recommended for inpatient procedures

- Flat, comfortable athletic or walking shoes (slip-on shoes can be helpful and easier to wear after surgery)
- Elastic waist-band pants and pajamas
- Personal toiletries (MGH will provide basic toiletries, but if want specific products, bring them from home).

Please DO NOT BRING any personal valuables such as jewelry, credit cards or large amounts of cash.

Mass General - Boston Campus: Your surgery & hospital stay

55 Fruit Street • Boston, MA 02114 • 617-724-9338



What to Expect

Your Doctor Recommends Surgery



Patient Guide to Foot & Ankle Surgery

Read this Guide prior to your Pre-Admission Testing (PATA) evaluation to help prepare and plan for surgery aftercare



Pre-Surgery Arrangements

- Complete pre-surgical questionnaire via Patient Gateway
- Prepare your home and bathroom
- Labs and/or ECG (If you need labs and an ECG before surgery, your surgeon will arrange for these. If you are 50 or older, you need to have had an ECG within one year before your surgery date)



Blood draw for testing



Pre-Admission Testing On Phone

- Speak with members of the Perioperative Nursing Team
- Review your medications
- Discuss additional consultations required prior to surgery



Your Surgery at MGH - Main Campus



Your Recovery at MGH

- In most cases, expect to go home same day or 1-2 days after surgery
- Discharge to home

PATA Evaluation

Prior to all surgical procedures at Mass General in Boston, patients go through a pre-procedural evaluation called a PATA evaluation. This will involve a pre-arranged telephone call with a member of our perioperative nursing team.

Your PATA evaluation ensures you are ready for a surgical procedure and minimizes potential complications. Before your evaluation, you will have blood tests done at MGH or through your Primary Care Physician. During your PATA evaluation, a member of our perioperative team will review your blood tests and discuss your anesthesia plan.

Day of your Surgery

Parking at Mass General

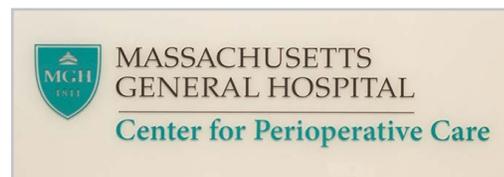
If the person who drops you off for surgery is planning to stay during your procedure, they should park in the Fruit Street or Parkman Street garage. MGH patients and visitors who park in these garages are eligible for discounted parking rates. Parking tickets will be validated at the Cashier in the central payment office on the ground floor of each garage. Valet parking is available after 6 am at the Wang Building.

Validated parking rates:
0-1 hour: \$9
1-2 hours: \$10
2-4 hours: \$11
4-24 hours: \$14



Checking-in at Mass General

When you arrive at MGH on the day of your surgery, please report to the Center for Perioperative Care (CPC) on the 3rd floor of the Wang Building.



How to get there:

- Go to the Wang Building (either through entrance next to the valet parking entrance or through the main lobby of the White Building).
- Use the Wang elevators and proceed to the 3rd floor.
- Follow signs for the CPC and check-in at the reception desk.

Admission to the Hospital

At the Center for Perioperative Care

You will meet with a nurse at the CPC. Please have a list of your medications and allergies ready. If you are on an inhaler, please bring it with you. You will change into a hospital gown and be given slippers. You will also receive an identification bracelet, which you should keep on until you leave MGH. You will be asked to use the bathroom before leaving the CPC. Your family can stay with you until you are escorted to the operating room.

As you are escorted to the operating room, your family members and/or friends will be directed to the Yawkey Family Waiting Area located near Coffee South and the Riverside Cafe. Let your nurse know if you have family members and/or friends waiting for you there. If you do not have a family member or friend with you and somebody should be called, give your nurse the phone number to reach your contact person.

After surgery, you will be taken to the Recovery Room (Post-Anesthesia Care Unit or PACU) where you will remain for two to four hours. Then you will be transported to your assigned room. The receptionist in the Yawkey Family Waiting Area will update any visitors of your progress.

Information for Visitors

There are many amenities in and around Mass General for you and your visitors. The Yawkey Family Waiting Area is where your visitors can wait. Feel free to ask any of our ambassadors in the lobby if you need assistance finding anything.

Assistance & Information

Ambassadors wearing coral jackets, are omnipresent in Mass General's main lobby and in the Wang building lobby. Ambassadors welcome and help direct patients arriving at the hospital. They help patients and visitors with special assistance requests such as getting out of the car or into a wheelchair.



Ambulatory Surgery Center @ Mass General Waltham: Your surgery

52 Second Avenue, Suite 200 • Waltham, MA 02451 • 781-487-2900



What to Expect

Your Doctor Recommends Surgery



Patient Guide to Foot & Ankle Surgery

Read this Guide before your surgery to help prepare and plan for surgery aftercare



Pre-Surgery Arrangements

- [Complete pre-surgical questionnaire via Patient Gateway](#)
- Prepare your home and bathroom
- Labs and/or ECG (If you need labs and an ECG before surgery, your surgeon will arrange for these. If you are 50 or older, you need to have had an ECG within one year before your surgery date)
- Arrange for someone to drive you home after your surgery



Your Surgery at the Ambulatory Surgery Center



Your Recovery at Home

The Day of Surgery

Parking

There is ample free parking at the ASC.

Checking-in

When you arrive at the ASC, go to the second floor of Mass General Waltham and turn right after getting off the elevator. The phone number is 781-487-2900.



You will get a gown, robe and slippers to wear. You will also be given an identification bracelet, which you should keep on until you leave the ASC.

Before your surgery you will meet a nurse, an anesthesiologist and a certified nurse anesthesiologist.

Once you are in the operating room, your family members or friends may wait for you in our waiting room. Our staff will let your family members or friends know how you are doing and when you will be ready to go home.

Leaving the ASC

Your nurse will give you instructions before you go home. You may also have instructions from your surgeon.

Your nurse will review the instructions with you and your family members or friends and give you a written copy.

There is a pharmacy located at Mass General Waltham. To get a prescription filled there, you will need your MGH blue card number, money or credit card and your health insurance card.

Getting Home

You must have a reliable adult drive you home.

Arrange for someone to stay with you for the first 24 hours after surgery. You may need help around the house or with getting your prescriptions filled. Do not drive for 24 hours after anesthesia.

A nurse will call you the next business day to check on you.

Information for Visitors

There is a cafeteria at Mass General Waltham. There are also a number of nearby restaurants.

Mass General / North Shore Center for Outpatient Care: Your surgery

102-104 Endicott Street • Danvers, MA 01923 • 978-882-6900



What to Expect

Your Doctor Recommends Surgery



Patient Guide to Foot & Ankle Surgery

Read this Guide before your surgery to help prepare and plan for surgery aftercare



Pre-Surgery Arrangements

- Complete pre-surgical questionnaire via Patient Gateway
- Prepare your home and bathroom
- Labs and/or ECG (If you need labs and an ECG before surgery, your surgeon will arrange for these. If you are 50 or older, you need to have had an ECG within one year before your surgery date)
- Arrange for someone to drive you home after your surgery



Your Surgery at the North Shore Center for Outpatient Care



Your Recovery at Home

The Day of Surgery

Parking

There is ample free parking in the North Shore Outpatient Center. Look for onsite greeters who provide parking assistance at the center's main entrance.



Checking-in

When you arrive for your surgery, ask the receptionist at the front desk to direct you to the Day Surgery area.

Once you are checked-in, you will get a gown, robe and slippers to wear. You will also be given an identification bracelet, which you should keep on until you leave the Center.

Before your surgery you will meet a nurse, an anesthesiologist and a certified nurse anesthesiologist who will verify your information and prepare you for surgery.

Once you have gone to the operating room, your family members or friends may wait for you in our waiting room. Our staff will let your family members or friends know how you are doing and when you will be ready to go home.

Leaving the North Shore Outpatient Center

Your nurse will give you instructions before you go home. You may also have instructions from your surgeon. Your nurse will review the instructions with you and your family members or friends and give you a written copy.

Getting Home

You must have a reliable adult drive you home. Arrange for someone to stay with you for the first 24 hours after surgery. You may need help around the house or with getting your prescriptions filled.

Check with your doctor to see how soon you can drive after surgery. You will not be able to drive while taking pain medication.

A nurse will call you the next business day to check on you.

Information for Visitors

There is a pharmacy across the street from the facility where family and friends can fill any prescriptions you may need after your surgery.

CVS:

139 Endicott St., Danvers, MA
978-646-8930

A café in the lobby serves prepared foods and beverages. Indoor and outdoor seating is available.

There are also several restaurants and shops near the facility. You can ask the receptionist for directions. Both malls have a wide range of shopping and restaurant choices.



Getting Back on your Feet

Physical Therapy

For most of our patients, physical therapy (PT) will start about 8-10 weeks after surgery. Your doctor will prescribe an individual plan for you and your physical therapist to work on.

PT is an integral part of your recovery and is very important in determining the success of your surgery. PT exercises help with your overall recovery – preventing blood clots, improving circulation, improving flexibility and movement, and strengthening muscles. While they may feel uncomfortable at first, they will become easier with time and help you return to normal activity.

After surgery, it is important to work with a physical therapist who will create an individualized exercise program to help you achieve your goals and return to the activities you love. Regular exercise can improve your strength, range of motion and endurance. Exercise also has been shown to improve function and quality of life after surgery.

You may attend physical therapy at a location of your choice. Our offices will provide a list of physical therapists upon request.



Pain Management

Prior to your surgery, your doctor will discuss pain management with you. Please inform the doctor if you have any allergies or intolerances to pain medications. We ask most patients to stop taking their pain medications 2-3 weeks after surgery. If you require narcotic pain medication beyond three weeks, you may be referred to a pain clinic or to your primary care provider for further pain management. We do not provide narcotic pain medications for acute, non-surgical issues.

Please note that some narcotic pain medications cannot be called into the pharmacy. Plan ahead if your prescription is running low, as you will need to have the prescription mailed to you, or you need to pick up a new prescription at our office.



Ice therapy is an effective form of pain management when you are home after surgery to relieve swelling and pain.

Driving after Surgery

Patients should ask their doctor's office when they can begin to drive again after having surgery. Your doctor will consider several factors such as side of, location and type of surgery and advise whether it is safe to drive. Please discuss your driving needs with your doctor's office.

Preventing Blood Clots

You will be prescribed medication to prevent blood clots from developing. This medication may be an injection and/or a pill. If your doctor decides injection is the best option, your nurses will train you how to give yourself these injections. It is important for you to know the following symptoms of a blood clot:

- Pain and tenderness in the calf of the leg
- Swelling in the leg that does not go down with rest and elevation
- Low grade fever
- Shortness of breath

Post-Operative Plans

Following surgery, your operative site will be in a splint made of gauze and covered in an elastic crepe bandage.

Treat this splint like a cast:

- Do not walk on it
- Do not get in wet
- Do not stick anything inside of the splint to scratch

1-2 Weeks Post-op:

At your first post-op visit, we will:

- Remove your splint
- Take x-rays to observe healing
- Inspect your surgical wound
- Perform a neurovascular exam
- Discuss pain control
- Possibly remove sutures
- Possibly put into a full fiberglass cast or air cast boot; continue to be non-weight bearing for 4 more weeks



Air cast boot

6 Weeks Post-op:

During this post-op office visit, we will:

- Remove your cast
- Take x-rays if necessary
- Depending on your healing, you may be given a boot or have another cast for two weeks. Also, you may be able to start weight bearing progressively on your surgical side.

Post-Operative Plans (continued)

8 Weeks Post-op:

Around eight weeks after your surgery:

- You may start physical therapy (PT).
- We will provide a prescription to start PT.
- It is easiest to schedule PT near your home since you will be going twice a week for 6-8 weeks.

[PT Locations in Massachusetts](#)

10 Weeks Post-op:

Every patient is different and depending on your unique case, we may need to see you again 10-12 weeks after your surgery.

How-to Videos

On [our website](#), you can find several [how-to instructional videos](#) on cold therapy, crutch walking and cane walking. It is helpful to watch these videos before your surgery as they will help you prepare for your discharge home and act as a resource after your surgery.



Please note: In some of the videos, you will see a patient learning to walk after surgery, and while the patient in the video has a knee brace or wrap, these videos apply to Foot & Ankle surgical patients as well.

Glossary

Following is a list of terms you may hear regarding your treatment:

Achilles Tendon: The largest and strongest tendon in your body, the Achilles tendon connects your calf muscle to your heel.

Arthrodesis: A surgical procedure, which eliminates a joint by fusing the bones that form the joint; commonly called a fusion.

Arthroscopy: A surgical procedure used to visualize, diagnose and treat problems inside a joint using a tiny viewing instrument called an arthroscope. A small incision is made in the skin before the arthroscope is inserted in the joint. An arthroscope is a pencil-sized instruments that contains a small lens and lighting system to magnify and illuminate the structures inside the joint.

Aspirin: Aspirin is considered a nonsteroidal anti-inflammatory drug (NSAID) and it is often used to manage pain from arthritis. 10 days before your surgery, stop taking anti-inflammatory medication including aspirin. If you take aspirin because of its potential benefits, please stop that as well. HOWEVER, if you take aspirin to prevent clotting of any stent or cardiac or vascular graft or because you have known heart disease, DO NOT STOP your aspirin. Please inform your health care provider during your pre-surgical evaluation.

Assistive Devices: Depending on the type of surgery, our Occupational Therapists (OT) will provide you with devices which can help you maintain your activities of daily living. Examples include a shower chair, raised toilet seat, reacher, long-handled shoe horn, sock aid, dressing stick, long-handled sponge and elastic shoelaces.

Bunion: A characteristically large bony bump at the base of the big toe, the bunion alters the alignment of the bones, causing the base of the big toe to angle out and crowding the tops towards the smaller toes. Also known as hallux valgus.

Coumadin: Generic name: warfarin; coumadin is blood thinner that reduces the formation of blood clots.

Deep Vein Thrombosis (DVT): Formation of a blood clot, often in the legs. DVT usually impacts large veins, and the clot can cause swelling and pain.

Extension: Straightening or extending an arm, leg, fingers or toes.

Glossary

Flexion: Bending a joint or arm, leg, fingers or toes; flexion decreases the angle between adjoining bones.

Fracture: A broken bone.

Hallux Valgus: Another word for bunion

Hemovac: A perforated plastic tube placed at your surgery site to drain blood and fluid from the area.

IV (intravenous) or heplock: A small, soft plastic tube inserted in your vein to give IV fluid or medication

Post-Anesthesia Care Unit (PACU): Recovery room where you are taken following your surgery before going to your assigned room.

PO – pre-oral: Refers to medications taken by mouth.

Pre-Admission Testing (PATA): A pre-procedural evaluation, which can be an over-the-phone or in-person appointment, scheduled by your doctor's office after your surgery has been booked.

Prophylaxis: Prevention; antibiotic prophylaxis is the use of antibiotics to prevent an infection.

Plavix: Generic name: clopidogrel; Plavix is used to keep your platelets from clotting to prevent unwanted blood clots.

Surgical Dressing: A sterile gauze pad taped over the incision to keep it dry and clean.

Urinary Catheter (Foley): A soft tube placed in your bladder to measure the amount of urine you make. It also prevents retention of urine in your bladder.

VNA nurse: A nurse who is part of a home care agency like a Visiting Nurses Association (VNA). A home care agency may have different healthcare providers including nurses and physical and occupational therapists who can provide intermittent services at home to supplement a patient's independent home exercise program.

