

# Dr Desai FOOT AND ANKLE SERVICE Lapiplasty Procedure GUIDE TO SURGICAL SUCCESS

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## GUIDE TO SURGICAL SUCCESS

LAPIPLASTY® PASSPORT

#### **FOOT AND ANKLE SERVICE**

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This Passport is intended to be used from your first consultation visit until your last postoperative appointment with us. Please use this as a reference for contact information and other details regarding your Lapiplasty® surgical procedure. It is also expected that you bring this booklet with you to every subsequent visit to review instructions, review any questions you may have between visits, etc.

## 11 GOLDEN RULES FOR YOUR TOES

- O1. ICE, ICE, BABY: Apply two 1-gallon bags of ice to the foot and ankle not the tips of your toes with another bag of ice behind your knee (for a total of three 1-gallon bags of ice). Perform this icing technique for 40-45 minutes, 6-8 times daily. Dressings are to remain dry while icing. You may open the boot straps and liner to get ice closer to the dressing. Do not remove the boot entirely until your first post op appointment.
- **02. ELEVATION:** Toes above the nose.
- O3. DO NOT REMOVE YOUR SURGICAL DRESSING:
  Keep it clean and dry. You are not permitted to use any topicals, ointments, creams, or salves of any kind, even after
  your dressing is removed in clinic. No rubbing alcohol or peroxide on wound at any time.
- **O4. ASPIRIN:** Taking this post-operatively helps prevent blood clots from forming. We recommend taking 325mg or 81mg twice a day. If you have a history of a previous blood clot let us or your Primary Physician know for alternative medications.



- 5. **DIETARY RECOMMENDATIONS:** See the Nutrition Guide on page 07. This helps you heal more quickly.
- AVOID ALL NICOTINE: This includes secondhand exposure. Nicotine can adversely affect healing.
- 7. **PAIN MEDICATION:** You will receive **one to two** prescription postoperatively with no refills. No exceptions. Ibuprofen and Extra Strength Tylenol® are non-narcotic pain medication that can help after your narcotics are finished. <u>Do not exceed 3000mg Tylenol in 24 hours.</u>
- 8. DO NOT TAKE THE ADVICE OF OTHERS: For matters pertinent to your Lapiplasty® surgical procedure, we recommend that you listen only to this foot and ankle team. Dr Desai are a Centurian Center of Excellence for Lapiplasty.

#### 9. COMMUNICATION IS KEY:

DrDesaiPC@panoramaortho.com is to be used to communicate with us. For emergencies after hours, call 303-233-1223 x6603. Follow prompts for triage.

#### Call our office/contact us immediately for problems such as:

- A fever of 101°F or greater
- Experiencing severe pain in the calf or behind the knee
- Experiencing excessive drainage
- Developing a rash
- Dressings become wet and/or soiled
- Uncontrolled pain with use of pain medication, ice, and elevation.

If you need urgent medical attention, please call 911, or go immediately to the nearest hospital.

- 10. WEIGHT-BEARING STATUS: You will be fully weight-bearing as tolerated while in your CAM boot immediately after surgery. <u>During the first 2 days</u>, walk in the boot only for things you absolutely NEED to do and not what you WANT to do.
- **11. DRIVING:** Driving is **not** recommended while you are taking prescription narcotics.





We recommend initiating a high-protein, lowcarbohydrate intake diet. We also recommend starting the following supplements pre-operatively:

SUPPLEMENT	REASON
Multivitamin- 1 daily	Supports overall body function
Supplemental Vitamin C- 2,000 IU once daily	Antioxidant that supports the immune system and nerve health
Additional Vitamin D – 4,000 IU once daily x 3 months	Necessary for building and maintaining strong, healthy bones
Protein supplement – i.e. Ensure Max protein shake (30 grams twice daily)	Supports decreased healing time and prevents loss of skeletal muscle

**FOODS TO DECREASE:** candies, cookies, sweets of any kind, bread, potatoes, cereal, rice, pasta, alcohol, sugary beverages.

**FOODS TO INCREASE:** meats, beans, nuts, peanut butter, fresh vegetables, water.

**IF YOU HAVE DIABETES:** Check with your primary care provider before starting the protein supplement. An alternative and lower sugar content supplement might be Glucerna® shakes (check with your Primary Care Physician).

**IF YOU HAVE KIDNEY DISEASE:** Check with your nephrologist before starting the protein supplement.

## PREPARING FOR SURGERY

#### WHAT TO DO THE DAY BEFORE SURGERY

- Find out your arrival time at the hospital. The surgery center
  will call you between 2:00 pm and 5:00 pm the day before your
  surgery. Your arrival time will be approximately 2 hours before
  your surgery.
- Shower prep prior to surgery with Hibiclens® (chlorhexidine) the night before and the morning of surgery.
- Know what NPO means. Do not eat or drink anything even water 8 hours before your arrival time unless otherwise
  instructed by anesthesia. This also includes chewing gum,
  candies, etc. If you are under an ERAS (Enhanced Recovery
  After Surgery) protocol, you NPO status may differ.



## WHAT TO BRING TO THE HOSPITAL ON THE DAY OF YOUR SURGERY

- Do not bring any valuables to the hospital (jewelry, credit cards, etc.).
- You will need to bring your CAM boot with you. (If you do not already have your CAM Boot it will be given to you in recovery after surgery).
- A friend/family member will need to drive you home and stay with you for a minimum of 24 hours. This is hospital policy.
- Bring this **passport** with you to the hospital.
- Bring an updated medication list with dosing to review with pre-op staff.

## **DISCHARGE**INSTRUCTIONS

- It is not uncommon to have a low-grade fever (below 100.5°F) post-operatively.
- You will be given a prescription pain medication at the time of discharge. Use this as prescribed to stay ahead of pain prior to your nerve block wearing off. You will only be given one-two prescription. If you are finished with the script given, you are to transition to Extra Strength Tylenol® (no more than 3000mg/day).
- Steps for swelling control should be initiated immediately with ice and elevation. Severe swelling can cause very serious wound complications and pain.
- Nicotine use and second-hand exposure is **prohibited** for a foot and ankle patient.



- CAM boot and dressings are to remain on at all times. Your dressings are placed in the operating room under sterile conditions. This is to be kept clean and dry. If your dressings get wet, you must contact us ASAP.
- Take all post-operative medications as prescribed (aspirin, vitamin D, Celebrex®, etc.).
- You are to be weight-bearing as tolerated with your CAM boot in place immediately after surgery.
- Continue following the nutrition guide.

## FOLLOW-UP VISITS

#### VISIT 1: ~1 WEEK POST-OP, DRESSING CHANGE

- You may not see your surgeon at this visit, you will likely see the physician assistant.
- Your dressings will be changed in clinic.
- Swelling and incision check will be performed.

#### **VISIT 2: 2 WEEKS POST-OP, SUTURE REMOVAL**

- The PA will likely perform this follow up.
- Your dressings will be removed.
- Your first X-rays will be obtained at this visit.
- Swelling and incision check will be performed.

#### **VISIT 3: 6 WEEKS POST-OP, 1ST X-RAYS**

- Your second X-rays will be obtained at this visit.
- You will begin referring to instructions in this passport for details regarding boot use, etc. These rules will be reiterated at your office visits.
- Swelling and incision check will be performed.



## VISIT 4: 4 MONTHS POST-OP, TRANSITION TO NO RESTRICTIONS

• You will be released to wear any comfortable shoes.









# POST-SURGICAL INSTRUCTIONS

#### **DAY OF DISCHARGE > 1ST POST-OP VISIT**

- Focus on ice and elevation of the extremity.
  - Toes must be elevated above nose
  - You may open boot (straps and liner) but do not remove it.
  - Apply two 1-gallon bags of ice to the foot and ankle with an other bag of ice behind your knee (for a total of 3 bags of ice).
  - ▶ Perform this icing technique for 40-45 minutes, 6-8 times daily.
  - ▶ Dressings are to remain dry while icing. (Be creative. Use cling wrap, towels, etc.)
- Begin range of motion of great toe.
- Limit physical activity during this time and focus on swelling control.
- Continue wearing your CAM boot at all times. Except when sleeping or not weight bearing.






#### 2ND POST-OP

#### **VISIT**

#### **2 WEEKS AFTER SURGERY**

- You may begin to remove your CAM boot at night for sleeping and during the day when not weight bearing. It is to be continued at all other times throughout the day.
- You may get extremity wet with running shower water only (no soaking).
- Apply vitamin E oil, and massage your incision.
  - ▶ Do not apply other ointments, creams, or salves (Triple antibiotic ointment/ Neosporin®) to incision.
  - ▶ **Do not** use peroxide or alcohol over incision.
- Athletic compression sock (with the toes cut out) is to be worn for swelling control.
- You are to continue working on gentle range of motion of your big toefor swelling control.
- Continue following the nutrition guide.
- You may begin driving at this point if you are able to ambulate without any crutch assistance. you will need a post op shoe to drive in but will immediately put your boot back on when you're done driving.






## **3RD POST-OP** VISIT

#### **6 WEEKS AFTER SURGERY**

- You are to wean out of your CAM boot and transition into an athletic running shoe.
- You may now return to low-impact exercises, such as the elliptical and stationary biking. Avoid running and jumping exercises.
- You may begin driving (out of CAM boot, if your right foot is affected).
- If incision is fully healed with no remaining scabs or open wounds, you may submerge the extremity.
- If incision is exposed to sun, apply sunblock for the first postoperative year to avoid pigmentation of the scar.






# 4TH POST-OP VISIT

#### **4 MONTHS AFTER SURGERY**

- You are now released to wear any shoe as tolerated.
- You are released of all restrictions regarding exercising.
- Consider contrast baths if swelling is still present.








#### **CONTRAST**

#### BATHS

#### **CONTRAST BATH INSTRUCTIONS:**

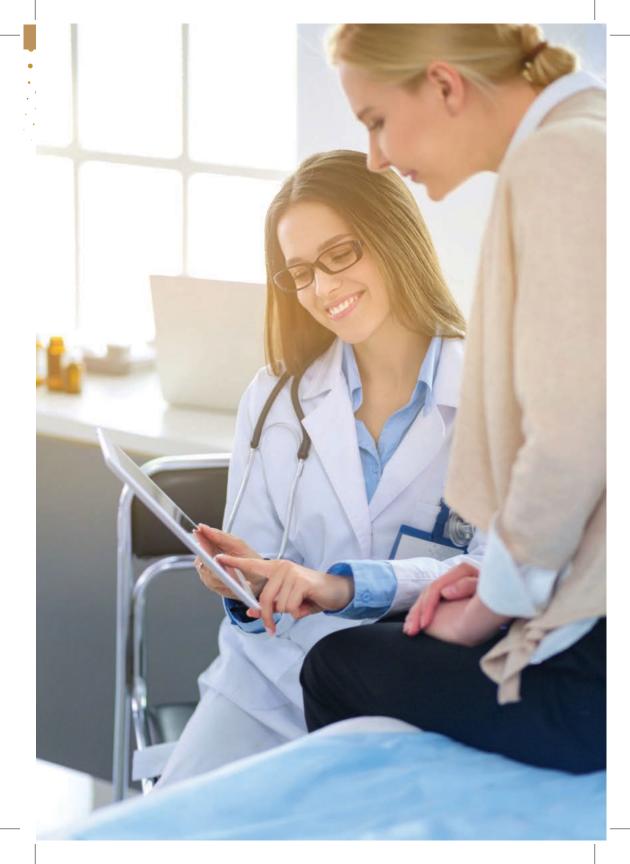
#### DO NOT DO THIS UNTIL ALL WOUNDS ARE HEALED.

- **01.** Obtain two large containers, at least 3 gallons in size (buckets, trash cans, etc.).
- **02.** Fill 1 container with ice and water. Fill 1 container with warm bath water.
- **03.** Place affected extremity in ice water for 2 minutes.
- **04.** Immediately transfer affected extremity in warm bath for 20 minutes.
- **04.** Repeat steps 3 and 4 for a total of 3 cycles (66 minutes).

Please note that with each cycle, your extremity will burn, sting, and be difficult to tolerate for the full duration of time. However, **this is expected**, and full time and all cycles should be completed as instructed.

The rapid change from warm to cold helps to quickly open and close the tiny capillaries in your body. This creates a "pumping" action that is intended to decrease swelling, inflammation, and pain and improve mobility.

We recommend performing this in the evening hours, prior to bed.



# FREQUENTLY ASKED QUESTIONS

#### WHAT IS A BUNION, AND WHY DOES MY FOOT HURT?

A bunion is a "corner" between the toe bone and the foot bone (metatarsal) that forms as a result of an inherited problem with the instability of the metatarsal.

A common misconception is that a bunion is simply an overgrowth of bone that can be "shaved off"...

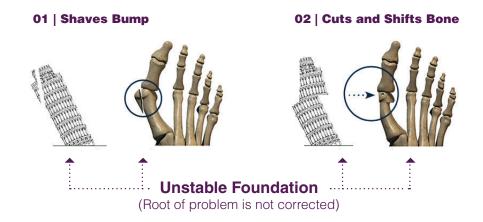
In reality, **bunions** are complex deformities caused by an **unstable joint** in the middle of the foot, which allows the **metatarsal bone** to drift out of alignment.





#### WHAT IS TRADITIONAL BUNION SURGERY?

Traditional bunion surgery is cutting the metatarsal bone and shifting it to make it look as if the bump ("corner") is gone. However, the unstable joint in the foot remains and, therefore, traditional bunion surgery fails up to 70% of the time.



## FREQUENTLY ASKED

#### WHAT IS LAPIPLASTY®?

Lapiplasty<sup>®</sup> is a patented surgery designed by Dr. Santrock and three other surgeons across the nation. It uses 3D technology to correct the bunion at the **unstable joint.** This puts the bones back into the most normal anatomic position.

The unstable joint is secured with a patented titanium plate to permanently secure the fusion in place. This allows rapid postoperative weight-bearing.

#### 01 | Entire bone returned to normal 3D alignment

Advanced instrumentation corrects the entire metatarsal bone in 3-dimensions, naturally removing the bump and straightening your toe.

#### WHAT ARE THE RESULTS OF LAPIPLASTY®?

Success of Lapiplasty® has shown potential to far exceed the results of traditional bunion surgery. Our published research shows a 97.3% success rate with Lapiplasty®.



## WHAT ARE THE POSSIBLE SURGICAL COMPLICATIONS WITH LAPIPLASTY®?

Aside from the normal risks of bleeding, infection, and damage to other tissues, you should be aware that Lapiplasty® is a bone procedure that comes with the risk of malunion, nonunion, hardware breakage, stiffness, and pain.postoperative weight-bearing.

## HOW LONG DOES MY HARDWARE STAY IN POST-OPERATIVELY?

The hardware is designed to be permanent. We usually recommend the hardware stays in place. In unique cases the hardware may be removed.



02 | Joint stabilized to secure 3D correction



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