

Lisfranc Pinning

Discharge Instructions

Comfort

- Discomfort increases 24 hours after surgery due to the injected anesthetics wearing off. This can be helped by oral pain medication. It is safe and normal.
- Cold therapy – This will greatly reduce pain and will help with swelling for the first three days. o You may use it 20 minutes on, 20 minutes off, as often as you wish.
 - o Always keep a cloth barrier, such as a towel, between the cold and your skin.
- Elevation -- Swelling and discomfort will be greatly reduced if you are able to keep the ankle above the level of your heart as much as possible for the first 48-72 hours.

Medication

- For anticoagulation – you **MUST** take one 81mg aspirin daily for the first two weeks to help prevent blood clots. This is the only mandatory medication.
- For nausea – Zofran (ondansetron) as needed.
- For constipation – over the counter remedies such as Colace or Miralax as needed. Both the anesthesia and the pain medication can cause constipation.
- For pain – A narcotic pain medication will be prescribed for you if it is deemed safe with your history and allergies – use only if needed. Try to manage your pain with ice and Tylenol and use the narcotic sparingly. Common side effects such constipation, nausea and cognitive impairment may occur. Tylenol can be used as a step-down medication and is recommended as soon as possible. It is very common however, to use the pain medication at night to help sleep better.

Activity

- You will be partial weightbearing with crutches on the operative leg for at least 4-6 weeks.
 - o This may need to be extended, depending on your healing progress.
- When you are seated, elevate the foot and ankle above the level of your heart to decrease swelling.
- You will be placed in a splint or boot post-operatively.
 - o This will immobilize your foot, but you can work on bending and extending your toes to promote bloodflow.
- Driving – It is not safe to drive while wearing the boot or while taking the narcotic pain medication.
 - o Please bear in mind we want you to be safe and comfortable when you return to driving - this is a sliding scale depending on your progress.

Wound Care

- Your incision is covered by an absorbent pad, cotton bandage, and an ACE wrap. If the ACE wrap feels too tight, you may loosen it and rewrap it, but do not disturb the cotton bandage underneath.
- Please do not remove the cotton bandage completely. It was applied under sterile conditions in the OR and we do not want bacteria near the incision.
- Please do not shower unless you have a way to avoid getting the bandages wet. Waterproof protective bags are sold online and at many pharmacies.

Diet

- You may eat anything you like, but it's advisable to choose light, easily digestible foods and to drink plenty of water the day after surgery. Some people experience nausea as a temporary reaction to anesthesia.

Call your physician if:

- You notice drainage on the cotton bandage.
- You develop a temperature over 100.3 degrees.
- You have persistent pain and / or swelling in your calf.
- The incision and surrounding area becomes hot to the touch, red, intolerably painful, or swells suddenly. (Note some warmth, pain, and swelling are normal.)
- You have any questions or concerns. We are happy to talk to you at any time! If it is after hours, our answering service will page the PA on call and he or she will get in touch with you.

Recovery Milestones:

- Week 1 – RICE techniques. First post-op visit. Replace splint with boot if not given boot in hospital post-op. Continue PWB with crutches and boot until 4-6 weeks post-op.
- Week 4-6 – Transition to FWB in boot and then out of boot if x-ray evidence of healing. Begin orthotics once weaned out of CAM.

Rehabilitation Protocol

- **0-6 WEEKS POST-SURGERY**
 - Non-weight bearing with crutches or kneeling scooter for 6 weeks (possibly longer)
 - After week 2, remove CAM walker boot 3x per day to perform gentle range of motion with the ankle and foot
 - Exercises:
 - Isometric ankle strengthening to dorsiflexion, plantarflexion, eversion, and inversion
 - ROM of toes

- Achilles stretching, seated calf raises
 - Quadriceps, hip, and core strengthening
- 6-12 WEEKS POST-SURGERY
 - Advance to weight bearing as instructed by physician/PA/NP
 - No impact or torsional activities
 - Exercises:
 - Ankle and foot active and passive ROM, stretching, and strengthening
 - Joint mobilization
 - Isotonic exercises
 - Initiate balance / proprioception exercises
 - Gait training to normalize gait and wean from assistive device
 - Advance intensity of ROM if tolerated
 - Aquatic therapy, stationary bike, treadmill