



Consent Guide for elective (non-urgent) surgery only

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Introduction

This factsheet has been used for some 20 years. It is intended to be read in conjunction with your consent form and any discussion about your proposed procedure. The sheet is a guide and does not replace discussion with your specialist / foot surgeon. It is general but can be used as an overview to aid discussion. Consultants, surgeons and clinicians are aware of recent requirements around the consent process.

General considerations for patients

You should take responsibility and ask questions about anything to do with your treatment. Your specialist will discuss as much as you like and in as much detail as you feel comfortable with. He/she cannot make the final decision for you.

- Write your questions down before you attend
- Make sure you ask what anything means if unsure
- Ask if this is the preferred treatment or are there alternatives
- If it is experimental. Is it new or has not been done many times? You should know this
- Ask for written information if this is available, or ask where you might acquire material to review at home or from a website
- Never make a snap decision unless there is little obvious choice. Elective surgery is not urgent so never be pressurised.

The last thing anyone wishes for is to have a problem following surgery. Most problems are not serious and can be sorted out, but even a small problem can set you back several weeks. A **non-compliant patient** means someone who fails to follow instructions and tries to short cut recovery. This can lead to more frequent post-operative problems. If you are self-employed and cannot afford time off, or you try to rush back to work then you will be disappointed. If this is you, then **don't have surgery done!** Don't forget having nothing done is still an option.

Risks will obviously worry patients

While we don't intend to scare people, if something does not go to plan then we always want to make matters better. If you have questions always ask the professional— do not ask friends or compare notes. Let us know your concern early ('phone, e-mail or attend clinic directly). Most specialists would prefer to contact you personally for reassurance and fit you in so don't wait for that routine appointment.

Swelling and slow return to shoes

Swelling affects shoe fit and can last as long as 12 months. Midfoot surgeries and hind foot surgeries take a minimum of 9 months, which means they can take longer to settle. Bunion surgeries can take 4-12 months before the foot reduced swelling. You will need a proper fitting shoe. Get a new pair with a strap or lace up so it has some give. Surgery is not intended to allow you to fit your old shoes on. If the foot is corrected than you need new shoes once all the swelling is down. Trainers do well until that time.

Stiff joints

Any operated joint will need time to settle and this is not a quick fix. Everyone takes different periods of time to heal and subject to existing damage, joints may remain stiff for months or several years in some cases. Patients should be aware that in some cases reduced movement in joints may become permanent. Success is measured by the improvement in pain relief.

Delayed healing

Skin wounds heal between 2-6 weeks but a number of problems can delay healing outside this range. Slower healing with one-part oozing and lying open (dehiscence) or a breakdown of the wound, which is more severe and takes longer to close. Further surgery may be required and the scar may be less flexible if this arises. **Causes** – *infection, allergy to stitches (sutures), ingrowing wound edges*. Bones may fail to heal ([non-union](#)) or heal slowly and may need further surgery.

Infection

Infection (and swelling) are common to all surgeries. Infections are treated with antibiotics, and you may need these for 10-14 days. Some antibiotics will cause tummy upset and diarrhoea. Resistant infections such as [MRSA](#) have been hyped up in the press. They do arise but fortunately in 'day care' foot surgery this is rare. You will be screened for MRSA before attending.

Numbness and scars

Numbness arises frequently around the surgical incision but usually improves within 9 months. However, nerve surgery may leave the foot with permanent loss of feeling. There is a small risk of nerve damage from local anaesthetic injections but permanent damage is rare. Where larger nerves are injected nerve disturbance is more common but usually settles. Scar problems don't just mean the presence of a scar line. Younger patients and those with known problems do scar thickly and this can be unsightly.

Nerve regrowth into the scar during healing is more likely the reason for scar pain. Further surgery may be needed with a skin graft. Neuroma (nerve) surgery can leave a stump, a thickened end may require additional surgery if injections fail to provide relief.

Transfer pressure

Transfer pressure may include irritating a nerve, bruising bone and deeper tissue, causing callus on the skin or even fractures of metatarsals. These problems arise due to the foot

turning outward so the foot becomes pressured elsewhere. An arch type support called an orthosis may be offered to reduce this effect.

Removal of hardware

Removal of screws, plates and pins may be required. Because required some form of fixation, extraction may arise months or even years later. You generally need to rest for a few days if a single screw or wire is removed. Multiple screws and plates may take longer. Allergies to metal can arise and hardware will have to come out sooner.

Original Problem returns

Reoccurrence of problems necessitating surgery again does arise and we do consider this unfortunate but it will mean you may feel that you are starting all over. Bunions and hammer toes can come back, nerves recur within scar tissue, and pain may arise as a consequence.

Serious conditions

Complex regional pain syndrome (CRPS) is rare but has many different phases which can be helped by early intervention. Some forms can be more serious leading to poor mobility even after many months of treatment. While not exclusive to nerve surgery it can arise more commonly if nerves are operated on. CRPS can be viewed.

Necrotising fasciitis is associated with an infection. It is rare in podiatry, but forms a medical emergency and can lead to untimely death and loss of a leg if not treated in hospital.

Clots and blood problems

Thrombosis always sounds serious, it is rarely fatal unless it reaches the lungs. Serious chest pain can occur even at 3 months after surgery and is an emergency so dial 999 quickly. Leg clots (**DVT**) involve pain. About half seem to be calf spasm rather than clots but go back to the hospital or GP to get it checked out. Blood pooling after surgery can cause infection, a need for further surgery with a longer recovery period.

Medicine side effects

Serious complications can affect general health; while extremely rare medication can cause allergies, stomach pain or sickness. Rashes, stomach problems associated with anti-inflammatory medicines.

Disclaimer

This is a free guide sheet and has been independently written. Surgery is not risk free no matter how well performed. **ConsultingFootPain** aims to provide free impartial information to a wide reader interested in foot health. **ConsultingFootPain** information guides and factsheets do not replace advice offered by your consultant or specialist neither are they intended to replace correct consenting before surgical management or replace additional information your specialist may offer.