Your Syndesmosis Bunionectomy Syllabus

This syllabus is meant to be your comprehensive guide to preparing for, and recovering from, your syndesmosis bunionectomy. While this procedure is much less invasive than other bunionectomies, you will still need a lot of patience and your progress back to regular walking will be gradual.

If you overdo it, you will not be happy with the final result of your surgery and complications like stress fracture and bunion recurrence will happen!

This syllabus is not meant to replace your pre-op or postop instructions, simply to enhance them.

Please bring this syllabus to all your postop appointments!

Getting ready for surgery:
- No aspirin for two weeks before surgery.
- No anti-inflammatories like Advil (ibuprofen) or Aleve (naproxen) for four days before surgery.
- Make sure to watch the two videos at the bottom of the webpage: bellevuefoot.com/the-syndesmosis-bunionectomy.
- Nothing to eat or drink after midnight the night before surgery.
- It’s a good idea to practice with your crutches, knee scooter, and your I-walk before your surgery.
- Nesting is a good idea: have your couch and cushions, TV remote, e-books, comic books, coloring books, print books, books of poetry, DVD movies, old VHS tapes, 8 track tapes of your favorite 70’s artists, and a path to the bathroom all ready for your first three days at home. Make sure that your caregiver is on notice for 100% care for you for the first three days.

The date of my surgery is: ___/___/___

What to expect after surgery:

-Day of surgery: Bed rest. 50 steps per day maximum. Your foot should be above your heart for 99% of these first 3 days. You should be doing bicycle kicks every 30 minutes for a whole minute. That’s a lot! You can take a few steps with full weight on your foot (flatfooted walking) to get to the bathroom. Icing the foot or back of the leg for 20 minutes on and 20 minutes off is helpful. Take your ibuprofen for sure, no matter how pain-free you are. You can use the narcotics if needed. There is a good chance you won’t need any narcotics due to the long acting local anesthesia you will be given.
-The day after and two days after surgery: The foot pain and numbness should be slowly getting better. You should still keep your foot (feet) above heart level for 99% of the day no matter how good you’re feeling! Icing is not that important now, but you can keep doing it. Keep up with the ibuprofen, always taking it with food.

-3 days after surgery: 500 steps per day maximum. You can slowly decrease how much foot elevation you do, and hopefully are on very minimal pain medication or ibuprofen. Have a conversation with your foot and be a good listener! If it is aching or throbbing, you should keep it elevated. You can begin stationary cycling for exercise with your heel on the pedal. Sitting aerobics are a great exercise at this point. (There are some good videos on Youtube.)

Postop visit #1 “the unveiling” after one week:

Please fill this out while waiting for your doctor.....

What has your pain level been yesterday? ___/10. today? ____/10.
What have you taken for pain (ibuprofen or narcotics) since the surgery? ____________________________
How many steps per day are you taking: ______________
Does anything look funny about the bandage?_______________________________
Any nausea, fever, chills, calf pain, weakness?_______________________________
Any trouble getting around?_________________________________________________
Are you noticing anything else unusual about your foot or body? ________________________
What are your plans for work/play/travel/events for this week? (Hint, it shouldn’t be much!)

Today, we will get an x-ray, and change your dressing. You can now be up to 1000 steps per day (500 per foot). If you only had 1 foot done, you can take unlimited steps per day with the other foot, using a knee scooter or I-walk or crutches. This is recommended.
- The postop shoe can be off anytime you are just sitting or sleeping.
- You cannot change the dressing or get it wet yet. Showering instruction are available today (or on http://bellevuefoot.com/after-surgery) or you can buy a commercial ‘shower bag’ from a medical supply store or Amazon.
- Foot elevation and bicycle kicks are always good, but really not that important now and you don’t need any ice now.
- Please read about and follow instructions for big toe range of motion exercise! You can get these on (http://bellevuefoot.com/after-surgery). This is very important.
Postop visit #2 ‘stitches out’
after two weeks:

Please fill this out while waiting for your doctor.....
What has your pain level been yesterday? ____/10. Today? ____/10.
How many steps per day are you taking: __________
Does anything look funny about the bandage?_______________________________
Any nausea, fever, chills, calf pain, weakness?_______________________________
Any trouble getting around?_______________________________________________
Are you noticing anything else unusual about your foot or body? _________________
How are your range of motion exercises going? ________________________________
What are your plans for work/play/travel/events for this week?

At this visit we will remove your dressing and take your stitches out. You will be able to begin bathing in a day! If you had 1 foot done, we will have a cam boot for you to use and you can take up to 2000 steps per day. If you had both feet done, we will apply special removable forefoot casts for you. You will need to slip these off to bathe. **You could consider physical therapy now.** While this is not necessary, it is certainly helpful! You can begin swimming in a couple days.
  - You should be monitoring the alignment of the toe. If it starts to drift, you can splint it. There’s a handout on splinting and checking big toe alignment on: [http://bellevuefoot.com/after-surgery](http://bellevuefoot.com/after-surgery)
  - Your big toe range of motion should be getting much more aggressive now.
  - After another few days, it is recommended that you or your caregiver massage your foot with moisturizing lotion of any kind.

Postop visit #3 “early recovery and alignment check”
after one month:

Please fill this out while waiting for your doctor.....
What has your pain level been today? ____/10.
How many steps per day are you taking: __________
Any trouble getting around?_______________________________
How is the alignment of your big toe?_______________________________
How are your range of motion exercises going? ________________________________
Are you noticing anything else unusual about your foot or body? _________________
What are your plans for work/play/travel/events for this week?
Today, we will get x-rays. Your foot should have very little pain, but will be numb in places and there will be a fair amount of swelling. We will give you advice regarding management of your total alignment. It will be up to you to maintain proper alignment with splinting if necessary. We will allow you to gradually progress to 3000 steps per day at a slower pace in your boot or forefoot casts. By the end of the month, you’ll be taking 4000 steps per day at most. The best exercises at this point would be stationary biking with your arch on the pedal in an athletic shoe. Don’t get off the seat! Swimming is ideal and encouraged at this point. Sitting poolside or lakeside with your foot in the water (no matter how cold!) and kicking the feet back in forth will help with swelling and movement.

Postop visit #4 “quickie status check”
after two months:

Please fill this out while waiting for your doctor.....
What has your pain level been today? ____/10.
How many steps per day are you taking: ________________
Any trouble getting around? ______________________________
How is the alignment of your big toe? ___________________________
Are you noticing anything else unusual about your foot or body? ___________________________
How are your range of motion exercises going? ___________________________
What are your plans for work/play/travel/events for this week?

This will be a quick check to assess your toe alignment (which is critical) and see how you are doing. You are now starting to walk from 4000-5000 steps per day and still using your boot or forefoot cast.

In one more month you will be ‘back to normal’! (normal at 3 months postop will mean wearing comfort shoes and walking a ‘fair’ amount with a relatively pain free foot that is still swollen a bit.)

Postop visit #5 “back to normal”
after three months:

Please fill this out while waiting for your doctor.....
What has your pain level been today? ____/10.
How many steps per day are you taking: ________________
Any trouble getting around? ______________________________
How is the alignment of your big toe? ___________________________
Are you noticing anything else unusual about your foot or body? ___________________________
How are your range of motion exercises going? ___________________________
What are your plans for work/play/travel/events for this week?
Congratulations! You should be back to ‘normal’ at this point. ‘Normal’ means that you will be wearing comfort shoes and walking without a boot or forefoot cast a fair amount. Your foot should be only minutely sore and mildly swollen. At this visit we will get x-rays to check for alignment. We will assess your toe range of motion. You do not need the cam boot or forefoot cast anymore!

This is the time to be aware of a second metatarsal stress fracture which happens to patients that progress too quickly. Please listen to your foot and if there is aching or swelling around the second metatarsal, you will need to call in or come in right away!

- You can progress to comfort shoes. No high heel dress shoes yet.
- You can discontinue toe range of motion exercises now.
- You should be taking a maximum of 5000 per day (both feet count). This can be at a moderate pace with some heel to toe action. Next week you’ll be at 6000 steps per day and the week after that, you’ll be at 7000 steps per day and every week you can up this by 1000 steps..... If your foot gets sore, you’d better decrease your walking a bit.

While you are halfway through the time required for complete healing, you are 85% through the ‘work/effort’ required to heal your foot!

Postop visit #6 ‘ready for running’ after 5 months:

Please fill this out while waiting for your doctor.....
What has your pain level been today? ____/10.
How many steps per day are you taking: ______________
Any trouble getting around? __________________________
How is the alignment of your big toe? ____________________
Are you noticing anything else unusual about your foot or body? __________________________
How are your range of motion exercises going? ________________
What are your plans for work/play/travel/events for this week

We will get x-rays to check for alignment. You can slowly begin working into dressier elevated heel shoes. Your foot will still be mildly swollen and this last little teenie bit of swelling will take another few months to resolve. You are 90% healed!
- You can slowly start some very minimal running activities: Start with a part walk/part jog for a ½ mile at a time. Gradually build this up by 20% each week.......
Postop visit #7 ‘the finale’
after 8 months:

What has your pain level been? ______________________________
How is your toe alignment? ______________________________
What is your activity level like? ______________________________
Is there any activity that you can’t do, that you want to do? ______________________________
Are noticing anything else unusual about your foot or body? ______________________________
What do you like or not like about your present surgical results? How does this match with your preoperative expectations?

_________________________________________________________________________________

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Congratulations! You are done with a long journey. Today, we will get x-rays to check for alignment and total healing. You will be fully released to unlimited activities! Your foot is completely healed, but some swelling reduction will continue to happen. Your single metal plate can come out anytime, but nearly all patients prefer to just leave it in.

Please contact me if you have any foot issues or concerns. We would love to hear from you regarding your journey and welcome any suggestions for making this process better for future patients! My email is djichi@uw.edu

Thanks for being my patient!
Dr. Doug