Foot & Ankle Surgery

Patient Information

St. Paul’s Hospital
1081 Burrard Street, Vancouver, BC V6Z 1Y6
The BC Foot and Ankle Clinic

Donate
Help us help you by being part of a research study and contributing to research funds. Donation form attached at the end of booklet.

Advocate
If access to care has been an issue, write to your MLA, or write to us, and we will write to your MLA on your behalf.

Statement of Use
The information in this document is intended solely for the person to whom it was given by the health care team and is provided only as a general information guide. If you have any questions about any aspect of your care, or this booklet, please consult your doctor.

Acknowledgements
Thanks to the staff, and everyone connected to the Foot and Ankle Clinic, who contributed to creating this booklet.

Recipient of the 2004 3M Health Care Quality Team Award
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Source Permission
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About Providence Health Care

Providence Health Care is a world-class, faith-based health care organization. We value clinical and research excellence in an environment that respects social justice and diversity. We operate six facilities that offer a full range of patient services for Southwest British Columbia. We also operate several unique specialty clinics, like the Foot and Ankle Clinic, that support all of British Columbia.

St. Paul’s Hospital
1081 Burrard Street
Vancouver, BC
V5P 3L6

Holy Family Hospital
7801 Argyle Street
Vancouver, BC
V6Z 1Y6

St. Vincent’s Hospital - Langara
255 W. 62nd Avenue
Vancouver, BC
V5X 4V4

Brock Fahrni Pavilion
749 W. 33rd Avenue
Vancouver, BC
V5Z 2K4

Mount Saint Joseph Hospital
3080 Prince Edward Street
Vancouver, BC
V5T 3N4

Youville Residence
4950 Heather Street
Vancouver, BC
V5Z 3L9

The BC Foot & Ankle Clinic

The BC Foot & Ankle Clinic is located in the Outpatient Department on the 3rd Floor at St. Paul’s Hospital. The clinic group provides orthopaedic and podiatric care for a variety of foot and ankle ailments.

1. How this booklet will help you

This booklet will give you information about what you will experience before and after your foot or ankle surgery, including:

Foot and Ankle Surgery
- Reasons for surgery
- Types of surgical procedures
- The risks and benefits of having surgery
- Expected surgical outcomes

Before your Surgery
- Important details to organize before surgery
- Your visit to the Pre-Admission Clinic
- Preparing your home environment

Your Hospital Stay
- What to bring to the hospital
- What will happen on the day of your surgery
- What your hospital stay will be like

Going Home
- How to manage your foot at home after your surgery
- When to schedule your follow-up appointment
- Physiotherapy information
- Important contact numbers
- A checklist to help you plan for your post-surgery recovery

Please feel free to call the physician’s home offices if you need help understanding what you have read in this booklet, or if you have further questions about your surgery.

Orthopaedic Foot and Ankle Surgeons
- Dr. Alastair Younger (604) 629-9264
- Dr. Kevin Wing (604) 629-9265
- Dr. Murray Penner (604) 669-0101

Operative Podiatrists
- Dr. Ian Yu (604) 876-8838
- Dr. Timothy Kalla (604) 732-3513
- Dr. Gavin Chalmers (604) 685-5370

www.bcfootandankle.com
2. Foot and ankle Surgery

2.1 The decision for surgery

Many foot and ankle problems can be successfully managed without surgery, using medication, physical therapy, orthotics, shoe modification or walking aids, weight control or modification of leisure/sporting activities. Your surgeon may recommend you try some of these approaches before deciding if surgery may be beneficial.

Other foot and ankle problems may benefit from surgery to help resolve longstanding joint pain or deformity or to aid healing of diabetes related wounds and infections. These procedures may help to slow down the damaging process or to structurally realign the foot and ankle and reduce abnormal stresses.

During your first visit to the orthopaedic surgeon and/or operative podiatrist, you will be asked questions about your medical history including:

- Other joint problems
- Medications
- Allergies
- Previous illness

Your foot and ankle will then be examined for:

- Pain
- Swelling
- Open sores (ulcers)
- Range of motion
- Alignment
- Strength
- Stability

If not already done, X-rays may be taken to allow further assessment of your foot and ankle.

When non-surgical treatments have proven inadequate, surgery may be indicated to:

1) Relieve pain (the main reason for most people)
2) Improve alignment and correct deformity
3) Improve function such as walking, standing, dressing, bathing, etc.
4) Reduce future problems
5) Treat infection.
6) Treat non-healing diabetes related foot ulcers

Surgery may be more extensive requiring prolonged non-weight bearing (from as many fusions) or minor, allowing early mobilization, such as ankle arthroscopy, some bunion surgery, or hardware removal.

2.2 Foot fusions, reconstruction and joint replacements

Many different types of surgical procedures are performed through the BC Foot and Ankle Clinic. These include:

a) ankle replacements
b) fusions of arthritic foot and ankle joints
c) bunion correction
d) achilles tendon problems
e) toe deformity correction
f) painful flat feet
g) high arched feet
h) rheumatoid arthritis
i) diabetes related foot problems

For a more detailed description of the diagnosis and treatment of these conditions please refer to the BC Foot and Ankle website at www.bcfootandankle.com or www.wheelessonline.com.

The bones of the foot are outlined below and included here for your reference. After your surgery, two or more bones in your foot may be joined together by screws or plates. The purpose of this is to help the bone grow together and form a fusion. Fused bones can’t move, so the fusion should decrease your pain. If you have had a bony fusion, recovery will take at least two to three months, but your foot should be strong enough to walk on by the end of the second month. Until then, you will be Non Weight Bearing (NWB) and will not be able to put weight on that foot. The swelling on the surgical foot, and the range of motion of the surrounding joints should gradually improve over the first 6 months. It usually takes about 1 year for the foot to completely settle.
2.3 Minor Surgery
After some minor operations, such as ankle arthroscopy, some bunion procedures or hardware removal, you may begin weight bearing sooner (1 day to 2 weeks) after the operation.

For 24 hours initially, you will need to elevate your foot and some procedures may require a period of non weight bearing for 3-5 days during the recovery. Your doctor will discuss the best treatment with you.

Physiotherapy may start after 2 weeks.

2.4 Risks and Benefits of Surgery
The purpose of your operation is to decrease your pain and improve the function of your foot and ankle. In some cases, this will involve fusion of parts of the foot and/or tendon transfers. The majority of the time these operations go smoothly and after the operation you will gradually recover. Depending on the surgery, at 3 months, you can expect to be comfortably mobile and at 6 months, you should be noticeably better than before the operation. However, different people vary in their recovery time so you should not be too concerned about a delay in your recovery as long as things are improving.

Complications after surgery occur in 10% of cases on average. Your particular procedure may have a higher risk of complication and your surgeon will inform you if this is the case. Only you know how the pain that you are suffering now affects your lifestyle, so only you can make the decision to have or not have surgery.

There can be temporary problems. Most of these do not affect the long-term functional outcome of the operation. These temporary problems include:

1) Delay in wound healing.
2) Wound infection.
3) Delay in bone healing.
4) Stiffness

Some problems may require further surgery to correct. These include:
1) Delay in bone healing.
2) Painful screws/pins (these can be removed once the bone has healed).
3) Wound problems requiring skin grafting or surgical cleaning.
4) Fusion of the bones in the wrong position (The bone may have to be rebroken and repositioned).
5) Loosening and wear of the joint replacement parts. This applies to joint replacements only.

Some less likely problems can cause long term complications.* These include:
1) Reflex sympathetic dystrophy or chronic regional pain syndrome. (overactive nerve pain response to surgery).
2) Nerve damage during the operation. (partial nerve injury = burning, complete nerve injury = numb).
3) Failure of the bones to join. Smoking can cause delayed bone healing. Stop smoking six weeks before the operation and do not start again for at least six months.
4) Infection in the joint replacement parts. A revision will be required here.
5) Infection in the bone.

* On occasion, a small percentage of these complications may lead to partial or complete amputation of the lower limb.

Some problems may relate to your general health. Remember, any surgery is a stress to your body. Complications relating to any surgery or anaesthetic include:
1) Heart attack (this risk applies particularly to people with previous heart problems).
2) Chest infection
3) Reaction to the Anaesthesia
4) Blood clots. These are rare after foot and ankle surgery. It is very important to notify your surgeon if you have had previous deep vein clots. Signs and symptoms are all there on page 21.
5) Death after foot and ankle surgery is very rare but may be caused by blood clots or heart attacks.

Notice: Patients who continue to smoke at the time of surgery may have their surgery cancelled. Smoking impairs healing, and makes surgery more dangerous.
2.5 Expected Surgical Outcomes

About 80% of people experience good to excellent results following foot and ankle surgery. They attain significant relief of pain and return of good functional movement and strength. Some pain or discomfort is common for about 3-4 months following surgery. After this, the reduced pain and improved mobility allows patients to walk, sit, drive a car and cope with the activities of daily living. The surgical outcomes for specific foot and ankle surgeries can vary depending on the type of surgery and the age of the patient.

3. Before your surgery

Before your surgery, there are a number of things you can do to prepare and make your hospital stay and surgery go as smooth as possible. Start making these preparations 1 to 2 months prior to your scheduled surgery if possible.

3.1 Pre-Surgical organization items

Pre-surgical Education
- Read this booklet carefully. You will find it very helpful as a resource. See page 31 for health care resource telephone numbers. See page 37 for educational internet sites.

Smoking
- Are you a smoker? Your recovery will be affected if you smoke. Stop smoking at least six weeks before your surgery. If you smoke prior to your surgery your operation will be cancelled because healing is severely impaired by smoking.

Ensuring Good Health
- Prior to the surgery, you should be in as good health as possible. The healthier you are, the quicker you will recover from surgery.

Assistive Devices
- Discuss your needs with your occupational therapist and physiotherapist when you are at the pre-admission clinic. Do you need shower rails, a bathboard, a long reacher, crutches or other tools to help you at home? Do you know how to use these assistive devices. See page 33 for assistive device providers in BC.

Walker Boot
- If necessary, your surgeon will have given you a prescription for a walker boot before your surgery. You should purchase or borrow the walker boot before your surgery and bring it with you on the day of your surgery. You will need to use this walk boot for up to three months after your surgery. At times, a boot can be purchased from the hospital.

Transportation to and from the Hospital
- How will you be getting home from the hospital after your surgery? Who will drive you? Will you take a taxi, an ambulance or are you flying home? Will you take the ferry? You will need to make arrangements in advance. See page 36 for transportation assistance telephone numbers.

Mobility in Daily Life
- Discuss with the physiotherapist any mobility problems you expect to have when you are at the pre-admission clinic. Do you have stairs in your home? Do you need to install a ramp? Do you know how to use a walker and crutches?

Toileting
- Discuss toileting with your occupational therapist. You may need a raised toilet seat, a commode or a urinal for several weeks after surgery.

Nutrition
- Who will help you shop, prepare meals and clean up in the kitchen? Can you ask a family member or a friend to help? Should you hire a homemaker? Talk to the social worker at the pre-admission clinic about your plans. Good nutrition can promote earlier recovery from surgery, reduce the risk of infection, and help you to maintain good health. Some nutrients that are especially important to promote healing are good protein stores, calories, vitamin C, calcium, vitamin D, fibre and water. B.C. Ministry of Health has a Dial-A-Dietitian program at (604) 732-9191 or 1-800-667-3438. Also, St. Paul’s Hospital has a Nutrition Counseling Referral Program. Please consult with your physician.

Pain Control
- Who will pick up your pain control prescription for you? Who will help you during the first night if you need medication for pain? If possible set up your pain medication prescription filled before the operation.

Medications
- Discuss any over-the-counter and prescription medications you are taking with your surgeon. You may be asked to stop taking any anti-inflammatory, anti-coagulant (blood thinners) or rheumatoid medications prior to the surgery.

Return to Work
- Return to work will vary dependent on the individual surgery and your job. The same operation (foot fusion) may take 2 weeks for an accountant to return to work and 5 months for a construction worker to return to work. Please discuss any job related issues with your surgeon prior to surgery. Anticipated return to work dates are approximate. Complications may delay your return to work.
Return to Recreational Activities

- Do not commit yourself to return to sport or recreational activities without discussing this with your surgeon first. For example, if you are planning to return to a seasonal sport (skiing, soccer) it is best to schedule surgery at the end of one season so that you have ample recovery time for the next season.

Research Study Participation

- You may be asked to take part in a study before or after your surgery. Study participation is voluntary. Studies are conducted using stringent standards outlined by the hospital and University. Studies allow us to improve our answers to questions asked by future patients and your participation is appreciated.

- Please contact the Orthopaedic Research Office with any questions regarding Research.

Orthopaedic Research
St. Paul’s Hospital
Burrard Building, Rm. 306C
1081 Burrard St.
Vancouver, BC V6Z 1Y6
604-806-8743
604-806-9860 (fax)

Holiday travel

- Holiday or business travel is unadvisable for four months after foot surgery.

Airport Security

- It is unlikely for you to set off the airport security alarm. A letter will not be provided for this. Show the security officer your scars if needed.

3.2 Pre-Admission Clinic Visit

Two to four weeks before your scheduled surgery you may come into the Pre-Admission Clinic at St. Paul’s Hospital (usually for inpatient). The Pre-Admission Clinic is located on the 3rd Floor in the Burrard building at St. Paul’s Hospital, 300 feet down the hall (south) from the Out Patient Department and the BC Foot and Ankle Clinic. The purpose of this pre-surgery hospital visit is to assess your fitness for surgery, answer any final questions and ensure that things will go smoothly on the day of your surgery and when you return home from surgery. Here you will meet the pre-surgery nurse, the occupational therapist, physiotherapist, anesthetist and other health care providers depending on your specific situation. Based on the assessment of your health done by these health care providers, you may need further x-rays such as blood tests or an ECG. See maps on pages 39 and 40.

When is my pre-admission appointment?

- 2 - 4 weeks before your scheduled surgery date. (It may be as close as 1 – 2 days before though).

How long will my appointment take?

- Up to 3 hours, so make sure you have paid for enough parking
- During that time different members of the health care team will assess your fitness for surgery and prepare you for your surgery and discharge home.
- Various tests will be performed based on the assessment done by your health care team.

What if I miss my appointment?

- Your surgery may be cancelled.

Should I bring a family member or support person with me?

- We encourage patients to bring one family member or a support person.

What if I don’t speak English?

- If possible, have an English speaking person with you, or
- Let the hospital know so they can arrange for an interpreter.

What do I bring to my Pre-Admission Clinic appointment?

- This Foot and Ankle Patient Information booklet.
- Medications in their original containers and a list of the medications you are currently taking.
- Bring with you a copy of any recent bloodwork, consultations, ECG’s and blood pressure. This may help you avoid repeating these tests.
- Your BC Care card and Credit card or cheque (if requesting a semi-private room).
3.3 Preparing your Home
You may need to make some changes in your home to keep you safe and make your recovery after surgery more comfortable. Use this check list to determine what changes you need to make prior to your surgery:

- install a railing along the stairs
- remove scatter rugs
- reorganize cupboards/closets/fridge so items you use often are within safe reach
- make sure the inside of your home is well lit and use night lights where needed
- remove mildew or ice from outdoor steps
- add pillow or raised cushion to low chairs (chair should have a firm back and arm rests)
- remove all plants/other items from stairways
- move electrical cords out of the way
- install a grab bar or secure hand rail in your shower or bath
- install a hand-held shower attachment for easier bathing
- prepare a downstairs bedroom if going upstairs is going to be a problem.

*Some hospitals and community health programs can arrange for an occupational therapy consultation or home visit to assess your particular needs and make equipment recommendations.*

3.4 Arranging for Help at Home

- Arrange for someone to look after your home while you are in the hospital. This may include watering plants, caring for pets and picking up mail.
- Cancel any services you do not need while in hospital such as newspaper delivery, milk delivery, homemaker services, etc.
- Discuss with your family or friends your transportation needs to and from the hospital. Make sure the vehicle has enough space to allow you to sit comfortably and safely.
- Arrange with family or friends to act as ‘helpers’ when you get home to help you with your daily activities. These may include bathing, dressing, meal preparation, errands, grocery shopping and transportation. If you already have homemaking services, arrange to have these increased the first few weeks after surgery. Please see the Community Resource section at the back of this booklet on page 32 for more information on Home Help.
- Buy frozen meals or prepare your own and freeze them for when you come home from the hospital. Stock up on canned food and other staples. Please see the Community Resource section at the back of this booklet on page 32 for more information on Meal Catering.

3.5 Walker Boots and Assistive Devices
A number of assistive devices are available to help make your recovery from surgery safer and more comfortable. Borrow or purchase the following assistive devices prior to your surgery. You will need some or all of these items for about three months after surgery. You and your surgeon or physical/occupational therapist will decide what equipment is best for you, and the correct size.

- walker boot and / or post-op shoe
- crutches for younger patients or a walker for older patients
- wheelchair with an elevated foot pedal
- raised toilet seat
- long handled bath sponge
- long handled reacher
- shower bag for cast boot
- bath board or shower chair
- non-slip mat inside and outside shower stall
- grab-bars for bath tub/shower stall
- hand-held shower hose attachment

All of these items are available for purchase at Medical Supply stores and local pharmacies. A number of these items can also be borrowed through The Red Cross Medical Equipment Loan Service. They have a limited supply of crutches, walkers, canes and grab bars that can be lent to you free of charge for up to 3 months. You will require a referral from a medical professional to borrow equipment. Please see the Assistive Device section at the back of this booklet on page 33 for more information on where assistive devices are available in your community.
Disabled Parking Placard (SPARC):

Disabled Parking Placards enable people with disabilities to legally park in designated zones throughout BC. The application process takes two to three weeks if the application is mailed in, or ten minutes if done in person. These permits are available to anyone with permanent or temporary mobility impairment. All patients who have surgery involving foot fusions are eligible for a SPARC pass for three to four months after the surgery. A SPARC pass may make parking for follow-up visits to the clinic easier. Ask your surgeon or family doctor to fill out the form.

HandyDART

HandyDART is available to persons with cognitive or physical disabilities (including wheelchairs) who are unable to use public transit without assistance. If you plan to use HandyDART for your transportation, you must fill out an application form in advance. Your doctor or therapist will verify that you have a disability that requires this service.*

Travel Assistance Program

The Travel Assistance Program (TAP) offers travel discounts to eligible BC resident who must travel within the province for non-emergency medical services not available in their own community.*

Your walker boot

If necessary, your surgeon will give you a prescription for a walker boot before your surgery which will function as a removable cast. Your surgeon will instruct you as to when it will be put on. If you have a cast after your surgery, you need to bring the walker boot with you to your first follow-up appointment after surgery. They are supplies in the Foot and Ankle Clinic. For those who cannot afford a walker boot there is a loaner program through the clinic or through the Red Cross. Some extended medical benefits will cover part of the cost for the walker boot. MSP alone does not cover walker boots.

Make arrangements for crutches, a walker or a wheelchair

You will need these for the next few months. If you will be staying in hospital for a few days after your surgery, talk to the physiotherapist about what you need during your pre-assessment. He or she can help you arrange to rent or buy either crutches, a walker or a wheelchair.

3.6 Travel home after surgery

Even before you reach the hospital you need to be thinking about how you will return home after your surgery. Be sure to clarify your plans for travel ahead of time with your doctor, physiotherapist and occupational therapist. REMEMBER, when you go home your leg will be cumbersome and you will not be able to move around very easily. Consider the following:

How are you going to get home?

- You will need to have someone drive you home. Ensure the vehicle is large enough for you to put your foot up on the back seat while sitting and wearing a seat belt.
- You may want the ambulance service to pick you up and get you into your house. You will have to pay for this.

If you have to fly home:

- Consider staying in Vancouver for a week before traveling. Your foot will be too sore to travel.
- Book a bulkhead seat so that you will have extra room for your foot.
- Have a wheelchair available at the airport both ends.
- Keep your foot elevated so insure a bulkhead, aisle seat or extra empty seat.

Please see the Transportation section at the back of this booklet on page 36 for more information on how to obtain a Disabled Parking Placard, arrange for HandyDART service and arrange for a discount from the Travel Assistance Program.
4. Your Hospital Stay (if needed)

The average length of stay in the hospital following a foot and ankle surgical procedure is 1-3 days. This is only a guide, however, as individual timelines can vary depending on the surgical procedure you have had performed and on your progress. Many procedures do not require any hospital stay.

4.1 What to Bring to the Hospital

We recommend that you bring the following with you to the hospital. Please label all items with your name where possible.

- Your Foot and Ankle Surgery Booklet.
- Your Research Study Questionnaire if you are a part of a research study.
- Your Walker boot, if instructed to by your surgeon.
- Crutches or walker if you are currently using them (you may only need these on your discharge day as some hospitals provide walking aids while in hospital).
- Since your feet may swell after surgery, bring footwear that is loose fitting. Comfortable, supportive slippers and runners or shoes with low heels and non-slip soles will work. Shoes or runners with Velcro closures or elastic shoelaces are best. Sandals or open shoes are not recommended.
- T-shirts and shorts or loose fitting sweat pants.
- Underwear, socks, stockings (If you wear elastic support stockings, please bring them with you as you may require them after surgery).
- Knee length bathrobe that opens all the way down the front.
- Glasses, hearing aid, container for dentures.
- Toiletries.
- Long handled reacher to use while you are in hospital.
- Books, a walkman, and your own pillow in a colored pillow case (so it doesn’t get mixed up with the hospital linen).
- List of your medications, the dosage and instructions. Leave your actual medications at home unless advised otherwise.
- Your house keys.
- Do not bring any valuables (e.g. Jewelry or watches), more than $20, bank and credit cards.

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<table>
<thead>
<tr>
<th>Product</th>
<th>Problem</th>
<th>Discontinue BEFORE Surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth Control Pills</td>
<td>Blood clot</td>
<td>One month</td>
</tr>
<tr>
<td>HRT</td>
<td>Blood clot</td>
<td>One month</td>
</tr>
<tr>
<td>Raloxifene</td>
<td>Blood clot</td>
<td>72 hours</td>
</tr>
<tr>
<td>ASA, aspirin, etc.</td>
<td>Bleeding</td>
<td>One week or more</td>
</tr>
<tr>
<td>NSAIDS</td>
<td>Bleeding</td>
<td>One day to one week (variable)</td>
</tr>
<tr>
<td>Vitamin E</td>
<td>Bleeding</td>
<td>2 days</td>
</tr>
<tr>
<td>Ginko</td>
<td>Bleeding</td>
<td>36 hours</td>
</tr>
<tr>
<td>Danshen</td>
<td>Bleeding</td>
<td>-</td>
</tr>
<tr>
<td>Dong quai</td>
<td>Bleeding</td>
<td>-</td>
</tr>
<tr>
<td>Papaya</td>
<td>Bleeding</td>
<td>-</td>
</tr>
<tr>
<td>Garlic</td>
<td>Bleeding</td>
<td>7 days</td>
</tr>
<tr>
<td>Ginseng</td>
<td>Bleeding</td>
<td>7 days</td>
</tr>
<tr>
<td>Kava</td>
<td>Prolonged anaesthesia</td>
<td>24 hours</td>
</tr>
<tr>
<td>Echinacea</td>
<td>Allergic reactions</td>
<td>Asearly as possible</td>
</tr>
<tr>
<td>Ephedra</td>
<td>Heart attack, stroke</td>
<td>24 hours</td>
</tr>
<tr>
<td>St. John’s Wort</td>
<td>Prolonged anaesthesia</td>
<td>5 days</td>
</tr>
<tr>
<td>Valerian</td>
<td>Prolonged anaesthesia</td>
<td>Taper-off over weeks, withdrawal symptoms, may need benzo-diazepines</td>
</tr>
<tr>
<td>Embrel</td>
<td>Wound healing</td>
<td>2 weeks</td>
</tr>
<tr>
<td>Remicade</td>
<td>Wound healing</td>
<td>1 month</td>
</tr>
<tr>
<td>Humira</td>
<td>Wound healing</td>
<td>1 month</td>
</tr>
<tr>
<td>Coumadin</td>
<td>Bleeding</td>
<td>4-5 days - * Please discuss with your doctor</td>
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<table>
<thead>
<tr>
<th>Product</th>
<th>Problem</th>
<th>Discontinue AFTER Surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ibuprofen, Motrin, or other NSAIDs</td>
<td>Bone healing</td>
<td>There is some speculation that post-operative bone healing is affected. Please discuss this with your surgeon.</td>
</tr>
</tbody>
</table>
4.2 The DAY BEFORE Surgery

- Have a calm, relaxing evening at home.
- Do not eat or drink anything after midnight.
- Take your usual medications unless advised not to by your surgeon.
- Follow any other directions given to you by the pre-surgical staff.
- Make sure you have your walker boot.

4.3 The DAY OF Surgery

- Have a shower or bath and wash your foot and ankle well with soap and water. Do not shave the area.
- Dress in loose, comfortable clothing. Do not wear make-up, nail polish, perfumes, jewellery or contact lenses.
- Do not eat (including gum, mints or candy), chew or smoke after midnight before the operation unless otherwise instructed. You may drink clear fluids (not alcohol) until three hours before you come to the hospital. Clear fluids include apple juice, clear coffee or tea (no cream) and water. Do not drink citrus juice such as orange juice.
- Check in at the hospital daycare/same day surgery area when the presurgical clinic advised you to — you will be given an identification bracelet and an allergy bracelet if necessary.
- The nurses in the daycare/same day surgery area will prepare you for surgery. You will be taken to the operating room on a stretcher from here and transferred to an operating table.
- The surgeon will meet you just before your surgery and will need to mark the leg to be operated on with a felt pen before the operation.
- The anaesthetist will also visit and check you one last time. You and your anaesthetist will make the decision on the type of anaesthetic you will have based on your medical condition and personal preference. You will be given general (you are asleep) or spinal/epidural (you are awake). Local anaesthetic with IV sedation is also a possibility.
- Your surgeon will have given you a prescription for a foam walker boot. Bring the walker boot with you to the hospital on the day of your surgery.

4.4 In Hospital Immediately AFTER Your Surgery

- After surgery, you will be taken to the post anaesthetic recovery room and then to ward 8C of the Providence Building for St. Paul's and 4 West for Mount Saint Joseph inpatients. If you are having day surgery, you will be sent home once you are awake and your pain is under control.
- The services available at your ward bed include TV rental, free telephone and locker storage. Visiting hours are from 12:00 pm to 8:00 pm.
- From time to time, the ward nurse will check your breathing, blood pressure, temperature and your operative leg.
- You may have a plaster splint from your knee down to the end of your foot. This will be well padded to absorb any blood and allow for swelling. Or, you’ll have on the foam walker boot that you brought with you to surgery.
- There may be metal pins sticking out of your cast, so be careful! Watch that you do not catch the pins on bedding or clothing.
- You may be in bed for 24 to 48 hours with your foot elevated above your heart. This is to control the amount of swelling.
- When you are allowed out of bed, you will be shown again how to use a walker or crutches to help you get around. Some people need a wheelchair. It is very important that you do not walk on your foot. You may rest it on the ground but do not put weight on it.
- You may need crutches or a walker for the next two to three months, until you can put your weight on your foot. Please see the Assistive Device section at the back of this booklet on page 33 for a list of suppliers and rental locations.
- Please note: you may be able to put some weight on the heel of your foot only if the operation was on the front of your foot. Do this only if your doctor says it is all right to do so.

Controlling swelling by elevating foot, p.22
4.5 Managing your Surgical Foot in the Hospital (12 to 48 Hours After Surgery)

Foot Pain
You will have some pain after having surgery on your foot and/or ankle. You will have medications ordered to help you control the pain. The purpose of the medication is to reduce the pain to a manageable level. If you need something more for pain, or you feel your pain medication is not working, call the nurses at any time. You may be given pain medication in pill form, by injection, or through a pump, which you can control. The “patient-controlled analgesic pump,” or PCA, is useful for your first night. Morphine is injected upon pushing a button when you feel pain. The drug can make you feel sick and dizzy; so if you feel sick, ask for medication to control this. If your pain is manageable, stop using the pump. Your discharge can be delayed if you have used PCA for an extended time (over 24 hours).

Swelling
Swelling can be controlled by keeping your foot elevated 6 inches above your heart for 24 to 48 hours (illustration, page 21). While you are in hospital, nurses will check the splint or boot regularly for swelling.

Numbness
Often a local anaesthetic is placed in the nerves around your foot during the operation. You may notice numbness but no pain until the anaesthetic wears off. Do not worry — this is normal. It should last about 12 - 20 hours. Report it to the nurses or doctor if it lasts more than 15 hours.

Mobility
Your surgeon and physiotherapist will help you learn how to get around after your surgery. Remember to keep your foot in a walker boot and off the floor, and use crutches, a walker and/or a wheelchair. You may be able to put some weight on the heel of your foot only if the operation was on the front of your foot. Do this only if your doctor says it is all right to do so.

5. Day Care Surgery

Day Care Surgery is different from surgery where you require an overnight Hospital stay.

Many foot surgeries can be done through Day Care surgery. After day surgery, you will be discharged and will go home the same day with a prescription for pain. You will also have either a cast or walker boot or post-operative shoe. The local anaesthesia will wear off after about 15 hours and the pain will increase. To manage the pain, your doctor will prescribe:

1) Motrin or Ibuprofen (anti-inflammatory) every 6 - 8 hours unless you are allergic; and/or

2) Plain Tylenol or Tylenol 3 as needed for pain; or

3) A stronger narcotic prescription for severe pain.

Note that Motrin or Ibuprofen is not suggested beyond 48 hrs for fusion cases – it is okay for the first 48 hours.

A local anaesthetic is commonly injected into the foot at the time of surgery. This usually lasts for 12 to 15 hours (sometimes even longer). You should start your pain medicine when you get home even though your foot will probably still be numb. Take the pain medicine regularly as directed until the freezing or numbness from surgery wears off. Then take the pain medicine as needed. Starting the pain medicine while the foot is still numb should help to decrease the overall amount of postoperative pain you experience. If the pain still persists, loosen the boot and wound dressing. If this fails to relieve some of the pain, or if numbness worsens or bleeding increases, go to your local Emergency, or call the on-call nurse, at St. Paul’s Hospital. In case of emergency, come to St. Paul’s hospital if possible as your surgeon has privileges at this hospital; otherwise, go to your local Emergency ward for assessment. Mount Saint Joseph patients should go to the Emergency at Mount Saint Joseph Hospital.
6. Going Home after Surgery

IMPORTANT: Arrange to have someone pick you up from the hospital and stay with you at home until you can manage on your own.

When you arrive home, you should rest and have your helper do things for you. Even the seemingly small task of leaving the hospital may make you exhausted. Your recovery from the foot surgery will be easier if you follow some simple guidelines. Your progress can be optimized by taking an active role in your recovery and doing the exercises and self care techniques as prescribed. It is common to have good days and bad days and to be discouraged sometimes. Remember this is a temporary situation. It is also important to attend all your follow-up appointments with your surgeon and physical therapist.

6.1 Managing Your Surgical Foot at Home (48 Hours to 2 Weeks)

Minimizing your Pain

Pain or discomfort usually decreases gradually over the six weeks following surgery. It is important to take the pain medications regularly as advised by your surgeon or when it interferes with your rest, mood, appetite or daily routine. Rest often and do not push yourself beyond your limit. Practice relaxation techniques such as deep breathing, imagery and listening to music. If you find that your exercises are painful, take your pain medication 30 minutes prior to exercising or going for therapy. Remember to avoid catching the pins (if you have them) on clothing or bedding as will hurt.

Pain Medication Prescriptions

Your surgeon will give you a prescription for medications that will help relieve your pain. The most common are:

- Tylenol Plain: one to two tablets every four to six hours while awake
- Tylenol 3 (with codeine): one to two tablets before bed. Side effects include nausea, dizziness, constipation (Colace will help prevent constipation)
- Ibuprofen (600 mg): Every 6 – 8 hours with food. Please discuss with your surgeon.

Reducing the Swelling

It is normal to have swelling in your foot and ankle after surgery. Raise your entire foot above the level of your heart and gently pump your foot up and down. You can also apply ice or a cold gel pack, wrapped in a damp towel, to the front of your foot for 15 to 20 minutes, several times a day on the advice of your therapist. Reducing the swelling will help you to regain motion in your knee and control of your thigh muscles.

Caring for your Incision

DO NOT soak your incision in water until it has fully healed and dried. Do not apply any creams directly to the incision during this time. The sutures will be removed 10 to 14 days after the surgery by your physician, family doctor or other qualified health care provider such as a nurse. Occasionally there is a small amount of oozing from the wound after the sutures are removed. Expose the wound to the air or apply a thin, sterile gauze dressing if needed. Check your incision daily for signs of infection. Clarify with your surgeon when you can get your foot wet and who should change the dressings.

Checking for Possible Problems

Some of the problems described in the risks and benefits section on page 9 may occur after you have been discharged from the hospital. It is very important to continue checking for signs of infection and blood clots.

See a doctor immediately if:

- Swelling continues to increase, despite the foot being elevated.
- Pain worsens in spite of taking pain medicine.
- Your temperature goes up for more than 4 hours.
- You develop chest pains or shortness of breath.
- You develop numbness in your surgical foot.
- You develop pain and tightness at the back of your leg.
- Occasionally too much swelling can occur and this will affect the nerves in your foot. If your foot remains very sore, or you develop numbness in your toes, even after keeping it up, contact your doctor or go to Emergency.

Constipation

The combination of pain pills, dehydration and immobility after surgery may cause constipation. While missing a bowel motion for one or two days is not uncommon, try to be proactive to prevent severe constipation and pain. Things to consider are:

1) Keep well hydrated.
2) Change to non-narcotic pain medications.
3) Eat lots of fiber and fruit.
4) Use colace early on (after the first or second day without a bowel motion).
5) Ask for help if you fail to have a bowel motion for more than four days. On occasion a home care nurse may need to perform an enema for patients with persistent constipation.

Weight Bearing

Many foot and ankle surgeries will require a period of non-weight bearing. You may be non-weight bearing for 6 weeks or more. You will be given instructions at time of discharge as to when to begin weight bearing and physiotherapy. During your follow-up visits, your surgeon will tell you when it is safe to put weight on your surgical foot.
6.2 Foot Care and Supportive Shoes

To promote healing of your foot and to maintain foot health

- Keep your feet clean and dry and your skin soft.
- Inspect your feet for changes on a regular basis.
- Wear good walking shoes once the doctor has approved switching to regular shoes.

How to choose a supportive shoe

The single most important aspect of a shoe is to have it professionally fitted. Several of the companies listed at the back of this booklet supply this service. Make sure that your shoe has:

- Tie lacing with several holes to secure the foot snugly in the shoe and to allow for swelling.
- Sufficient toe width and depth to accommodate your foot comfortably. No pointed toes.
- A firm, well-fitting heel counter which extends into the arch.
- The sole should provide good shock absorption, and have a non-slip surface. It should be firm enough to prevent twisting but flexible enough to enable normal walking.
- Heel height of approximately ½ to 1 inch. More than this will increase stress on the front part of the foot, less will increase stress on ankle and heel.
- Wide-based heel to provide stability.
- Smooth lining inside to prevent chafing of skin.
- Shoe should be as lightweight as possible.
- Discuss any concerns with your surgeon.

Shop for shoes in the afternoon as your feet tend to be larger during that part of the day. Stand during the fitting process so the length and width of the shoe can be carefully checked. There should be 3/8 in. to ½ in. of space for your longest toe at the end of the shoe. The width should be adequate so as not to squeeze your toes. Also the depth must be adequate so toes do not rub on the upper of the shoe. Do not expect the shoes to stretch to fit your foot. If you have foot orthoses make sure you try the shoes with them on. Try the shoes indoors at home for a day or so to test their fit/comfort. Most stores will exchange shoes if the fitting is incorrect. If you have any doubt, ask the store if you can return them if they are not appropriate. In some stores if you have a doctor’s prescription for the shoes you will not have to pay the provincial sales tax. If you have difficulty finding shoes to fit, visit a store with a certified pedorthist (trained shoe fitter).

7. Your Follow-Up Appointment(s)

As soon as you get home from your surgery, make an appointment by telephone with the office of your doctor, if you have not already done so. You can also arrange your two week, six week and three month follow up visits at the time your surgery is booked. Some doctors may see you within the first week after your surgery. During your follow-up visit you will have your sutures removed and your wound checked. This appointment can be performed by a local clinic if you live out of town or have difficulty with travel.

- Two weeks after your operation, you need to see your family physician or Drs. Younger, Wing, Penner, Kalla, Yu or Chalmers.
- Bring your walker boot with you to your follow-up visit if you have a cast.
- Your sutures will be removed. Your walker boot will be put on.
- You will be directed by the doctor to a physiotherapist if you need one. You will be wearing your walker boot or post-operative shoe 24 hours per day except for bathing, skin care (lotion), exercises (to be done twice a day to move the joints in the foot).

The following schedule is approximate. Your surgeon will give you a follow-up appointments after surgery that outlines when you need to come back into the clinic and when you should expect to return to activities.

<table>
<thead>
<tr>
<th>Time</th>
<th>Follow-up Visit</th>
<th>Weight Bearing</th>
<th>Walker Boot</th>
<th>Physiotherapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-2 weeks</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>2 weeks</td>
<td>Yes - F&amp;A Clinic follow-up</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>2-6 weeks</td>
<td>No</td>
<td>No - most surgeries</td>
<td>Yes</td>
<td>No - ROM Exerc*</td>
</tr>
<tr>
<td>6 weeks</td>
<td>Yes - F&amp;A Clinic</td>
<td>No</td>
<td>Yes</td>
<td>No - ROM Exerc*</td>
</tr>
<tr>
<td>6-8 weeks</td>
<td>No</td>
<td>Yes - 50% partial</td>
<td>Yes</td>
<td>No - ROM Exerc*</td>
</tr>
<tr>
<td>8-10 weeks</td>
<td>No</td>
<td>Yes - 100% with boot</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>10+ weeks</td>
<td>No</td>
<td>Yes - 100%</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>12 weeks</td>
<td>Yes - F&amp;A Clinic</td>
<td>Yes - 100%</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>After 3 months</td>
<td>Yes - if needed</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>1 Ask your surgeons.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>ROM Exerc* – if instructed Range of Motion Exercises (ROM Exerc) should be done. Take off the boot 3 times a day for range of motion exercises (30 repetitions) of the joints of your foot.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A Final Note

It will take three to six months before you feel a definite improvement in the comfort of your foot. The swelling may take over a year to settle down. The range of motion may also take over a year to improve.
8. Physical Therapy

You will be discharged from the hospital with a home exercise program. Continue to
do these exercises as prescribed by the physical therapist or surgeon until you begin
therapy in an outpatient clinic, rehabilitation facility, private practice clinic or with
a homecare therapist. Your rehabilitation program may last up to 8 weeks or more
depending on your progress. The emphasis will initially be on reducing your pain
and swelling and regaining foot motion. Later your program will include exercises to
strengthen your leg muscles. Additional exercises will be given to stretch tight muscles
and other tissues, especially your hamstring and calf muscles that attach at the back
of your knee. Your balance and proprioception (joint position awareness) will be poor
after the surgery and while there is swelling. Some exercises will help to restore your
confidence in your foot and decrease your risk of losing your balance or falling. If
you continue to have problems with your walking pattern, the therapist will give you
exercises and suggestions on how to improve it. Whenever possible, the exercises will
be functional and designed to address your individual self care, home care, mobility
and leisure activity needs. If you have concerns about your ability to do specific daily
activities, talk to your physical therapist.

8.1 Living with your reconstructed foot

Return to Work

Return to work times vary for foot and ankle surgical patients. It depends on your
job, the operation performed, and how much pain and swelling you have after the
operation. In some cases you may return after a week; for others it may take six
weeks. In some cases the surgery will not allow you to return you to your prior
occupation. Consider:

1. Can you work while not bearing weight on the foot? If so, pain will be the main
limiting factor. It is unlikely that you will be able to work for at least three weeks
after the surgery.
2. If you have to bear weight on the foot and you have had a fusion, it will take you
three months, minimum, to be able to bear weight on the foot. It will usually take six
weeks after that to be comfortable enough to return to work. If the pain is slow to
go away, it may take longer. If you develop a nonunion (the bones are taking longer
than usual to join) then it may take up to a year off work to recover if the surgery has
to be repeated (see about smoking in "Risks and Benefits").
3. Discuss the timing of the surgery with your boss and your surgeon, who may be able
to change the date of your surgery to accommodate your work.
4. Try to sort out disability forms and payments before your surgery. Make sure you
know what you are eligible for with your medical plan.

Return to Driving

Depending on your surgery, you won’t be able to drive for about 12 weeks or as
long as you are in a cast or boot. Your surgeon cannot clear you to drive due to legal
restrictions. After 12 weeks you should demonstrate to a friend or family member that
you can safely drive.

Airport Security

The screws or plates in your foot or ankle should not set off the alarm as you pass
through airport security. If it does occur, show the security officer the scars from your
surgery and they will check for metal with a metal detecting wand. Notes for airport
security will not be issued by the office.

Donate the Boot

If, after surgery, you no longer need your walker boot, consider donating it to the Clinic.
There are others who would benefit from the boot, as some patients cannot afford to
purchase one. Thank you!

Antibiotics for Dental Work

Antibiotics for dental work are required only for some patients who have received a
total ankle replacement and can be arranged through your dental office or family doctor.
This minimizes the risk of infection in your joint replacement after dental work.

Recreational Activity Guidelines

In most cases, it will take a while for the foot to feel comfortable during strenuous
activities. Apart from minor surgery (such as ankle arthroscopy) it will take 4 to 6
months for your foot to feel comfortable during running or during racquet sports, if you
wish to return to these activities. Listed are some approximate times that you can begin
activities after an average foot fusion:

• Stationary cycle on a low setting: 4 – 6 weeks
• Swimming: 6 to 8 weeks
• Upper extremity work out in the gym: 6 to 8 weeks
• Walking: 10 to 12 weeks
• Hiking: 14 to 16 weeks
• Running: 16 to 18 weeks
• Field or court sports: 18 to 20 weeks

Your surgeon will give you a follow-up information after surgery that outlines when
you need to come back into the clinic and when you should expect to return to activities.

Note: Please discuss with your doctor regarding the best time that you can return to
these recreational activities.
9. Important Contact Numbers for Foot and Ankle Patients

Vancouver Bone & Joint Clinic
5th Floor – 1144 Burrard Street, Vancouver, BC V6Z 2A5
Dr. Alastair Younger Suite # 560 604-629-9264
Dr. Kevin Wing Suite # 530 604-629-9265
Dr. Gavin Chalmers Suite # 560 604-685-5370

Dr. Murray Penner
Suite # 530 604-669-0101 www.orthodoc.aaos.org/vancouveranklesurgeon

Dr. Timothy Kalla
Suite 201 - 2732 West Broadway, Vancouver, BC V6K 2G4
604-732-3513

Dr. Ian Yu
Suite 206 2620 Commercial Dr., Vancouver, BC, V5N 4C4

BC Foot and Ankle Clinic
3 North OPD – 1081 Burrard Street, Vancouver, BC V6Z 1Y6
604-806-8633

St. Paul’s Diabetes Centre
4th Floor – 1081 Burrard Street, Vancouver, BC V6Z 1Y6
604-806-8357

St. Paul’s Physiotherapy
3rd Floor Burrard Building, 1081 Burrard Street, Vancouver, BC V6Z 1Y6
604-806-8115

St. Paul’s Occupational Therapy
3rd Floor Burrard Building, 1081 Burrard Street, Vancouver, BC V6Z 1Y6
604-806-8114

St. Paul’s Social Work
3rd Floor Burrard Building, 1081 Burrard Street, Vancouver, BC V6Z 1Y6
604-806-8221

St. Paul’s Hospital
1081 Burrard Street, Vancouver, BC V6Z 1Y6
604-682-2344 (Main Line) 604-684-6532 (Patient Services)

Mount Saint Joseph Hospital
3080 Prince Edward Street, Vancouver BC (on Kingsway Avenue)
604-874-1141

10. Local Vancouver Health Care Resources Centers for Foot and Ankle Patients

The Arthritis Society
895 West 10th Avenue, Vancouver, B.C. V5Z 1L7

Arthritis Learning Centre
Provides Internet access, books, and videos related to arthritis
Hours: Monday - Friday, 9:00 a.m. - 5:00 p.m.

Arthritis Answer Line (AAL)
Tel: 604-871-4537 (in Vancouver)
Toll Free: 1-800-321-1433 (all of BC)
Hours: Monday - Friday, 10:00 a.m. - 4:00 p.m.

The Canadian Diabetes Association (Vancouver Branch)
360-1385 West 8th Avenue, Vancouver, BC V6H 3V9

Diabetes Resource Center
Provides Internet access, books, and videos related to diabetes
Hours: Monday – Friday 10:00 am – 3:00 pm

Diabetes information and support center
Tel: 604-732-8187 (Cantonese and Mandarin)
Toll Free: 1-888-666-8586
Tel: 604-732-4636 (English)
Toll Free: 1-800-268-4656
Hours: Monday – Friday 10:00 am – 3:00 pm

Patient and Family Learning Centre
Vancouver General Hospital, Jim Pattison Pavilion
899 West 12th Avenue, Vancouver, V5Z 1M9
Tel: 604-875-5887
Hours: Monday to Friday, 10.00 a.m. - 5.00 p.m.
10.1 Community resources
While you are in the hospital, you may request to meet with a social worker to discuss other resources that you may be eligible for in your community.

10.2 Health Centres
Includes Home Care nursing, physical and occupational therapy services
Tel: 604-736-2033 (Vancouver/Richmond general inquiries)

10.3 Meal Catering
A number of companies provide ready-to-eat or frozen meals. Look in White Pages under Meals on Wheels or Yellow Pages under Caterer for companies’ menus and prices.

10.4 Home Help
Look in Yellow Pages under Home Support Services or Home Making for a trained support worker to assist you with your personal care and/or cleaning.

11. Assistive Devices
Ask your occupational therapist and physiotherapist for advice on what equipment to buy and the best places to buy it in your community. Some suggestions have been made below.

11.1 Red Cross Medical Equipment Loan Services
Look in the white pages under “Canadian Red Cross Society” for the depot nearest you. There are more than 20 depots in the Vancouver area.

<table>
<thead>
<tr>
<th>Depot</th>
<th>Address</th>
<th>Tel.</th>
<th>Fax.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abbotsford</td>
<td>2179 McCallum Road</td>
<td>(604) 870-7528</td>
<td>(604) 870-7544</td>
</tr>
<tr>
<td>Burnaby</td>
<td>Suite#105- 7355 Canada Way</td>
<td>(604) 522-7092</td>
<td>(604) 522-1853</td>
</tr>
<tr>
<td>Coquitlam</td>
<td>Suite# 109- 1015 Austin Street</td>
<td>(604) 931-6911</td>
<td></td>
</tr>
<tr>
<td>Maple Ridge</td>
<td>22349 Selkirk Avenue</td>
<td>(604) 463-6600</td>
<td>(604) 588-5864</td>
</tr>
<tr>
<td>Richmond</td>
<td>Suite#108-2931 Olafsen Avenue</td>
<td>(604) 278-4011</td>
<td>(604) 278-4011</td>
</tr>
<tr>
<td>Surrey</td>
<td>10029-136 A Street</td>
<td>(604) 588-5858</td>
<td>(604) 588-5864</td>
</tr>
<tr>
<td>North Vancouver</td>
<td>600 W. Queens Road- Delbrook Red Centre</td>
<td>(604) 988-7115</td>
<td>(604) 988-7105</td>
</tr>
<tr>
<td>Vancouver</td>
<td>5155 Victoria Drive</td>
<td>(604) 301-2566</td>
<td>(604) 301-1162</td>
</tr>
<tr>
<td>Victoria Depot</td>
<td>909 Fairfield Road (entrance off parking lot)</td>
<td>250-382-3159</td>
<td>250-382-3420</td>
</tr>
<tr>
<td>Victoria Depot</td>
<td>909 Fairfield Road (entrance off parking lot)</td>
<td>250-382-3159</td>
<td>250-382-3420</td>
</tr>
</tbody>
</table>

11.2 Medical Supply Stores
Most medical supply stores sell and/or rent a variety of assistive devices and equipment. Look in the Yellow Pages under Medical Supplies for stores in your area.

Pharmacies
Some pharmacies sell assistive devices such as long handled reachers, shoe horns and elastic shoelaces. Look in the Yellow Pages under Pharmacies for stores in your area.

Regency Pharmacy 1144 Burrard St., Vancouver; Tel: (604) 688-4644
11.3 Orthotics Resources

Paris Orthotics Group (Custom Orthotics)
1615 West 4th Avenue, Vancouver
Tel: (604) 736-6537

Kintec Footlabs (Retail and Custom Orthotics)

Vancouver
1201 W. Broadway
(across from Toys‘R’Us )
tel: 604-736-FEET
fax: 604-736-7834
Mon-Sat 10am-6pm, Thurs 10am-7pm,
Sat 9am-5pm

Surrey
13465 King George Hwy
(near Gateway Skytrain)
tel: 604-584-KNEE
fax: 604-584-5639
Tues-Fri 10am-6pm, Sat 9am-5pm

Abbotsford Satellite Clinic
at SPORT & SPINE
2111 McCallum Road
tel: 604-615-0630
* Please call for an appointment

Langley
5700 Langley Bypass
tel: 604-533-KNEE
fax: 604-533-5698
Tues, Wed, Fri 10am-6pm, Thurs 10am-8pm,
Sat 9am-5pm

North Vancouver
973 Marine Drive
tel: 604-980-KNEE
fax: 604-980-5632
Tues-Fri 10am-6pm, Sat 9am-5pm

Maple Ridge
#640 - 22709 Lougheed Hwy.
Valley Fair Mall
tel: 604-463-FEET
fax: 604-463-3303
Mon-Wed, Fri, 10:00am-6:00pm
Thurs, 10:00am-9:00pm, Sat 9:30am-5:30pm

Foot and Ankle Clinic
St. Paul’s Hospital
3rd Floor, Burrard Building
1081 Burrard Street
Vancouver, BC V6Z 1Y6
Tel: (604) 806-8633
Fax: (604) 806-8863

SportsMed Retail Group (Retail and custom outlets for Paris Orthotics)

Vancouver (4th Ave)
1615 West 4th Avenue
Vancouver, BC
tel: 604-736-6537
fax: 604-736-6599
smw4@sportmedstore.com
Mon 8am-5 pm, Tues, Thurs 8am-8 pm,
Wed, Fri 8am-6 pm, Sat 9am-5pm

Walnut Grove
1-20349 88th Avenue
Walnut Grove, BC
tel: 604-882-6510
fax: 604-882-6509
smw1@sportmedstore.com
Mon, Tues, Thurs, Fri, Sat 10am-6pm,
Wed 10am-8pm

Port Coquitlam
#114 - 3200 Westwood Street
Port Coquitlam, BC
tel: 604-942-4938
fax: 604-942-5318
smpoco@sportmedstore.com
Mon, Wed, Thurs, Fri, Sat 9am-5 pm,
Tues 9am-8pm
12. Transportation

HandyDART Custom Transit*

HandyDART is available to persons with cognitive or physical disabilities (including wheelchairs) who are unable to use public transit without assistance. HandyDART service is available throughout the Lower Mainland and several communities in the province. Book a minimum of 3 working days in advance for transportation during the week and 7 days in advance for weekend service.

- Vancouver .......................... 604-430-2692
- North Vancouver .................. 604-980-3691
- Richmond .......................... 604-279-7090
- Delta ................................ 604-596-1777
- Surrey ............................... 604-591-8234
- Burnaby/New West/Tri-Cities ...... 604-524-3655
- W. Rock/S. Surrey/Langley ........ 604-576-1167
- Maple Ridge/Pitt Meadows ........ 604-462-8522

Disabled Parking Placards (SPARC)*

Disabled Parking Placards enable people with disabilities to legally park in designated zones throughout BC. The application process takes 2-3 weeks if the application is mailed in or 10 minutes if done in person. These permits are available to anyone with a permanent or temporary mobility impairment.

Tel: 604-718-7744 (in Greater Vancouver)
250-595-0044 (in Victoria)

Travel Assistance Program*

The Travel Assistance Program (TAP) offers travel discounts to eligible B.C. residents who must travel within the province for non-emergency medical services not available in their own community. Telephone TAP before you make travel arrangements to verify your eligibility and receive a confirmation number. You must have a confirmation number before you can use this program.

Tel: 250-952-2654
Toll free: 1-800-661-2668

An application form must be completed to qualify for these services. After completing the form, have your doctor or therapist sign the form to confirm you qualify for the program. Submit the form to the appropriate office.

13. Internet Resources for Foot and Ankle Patients

Providence Healthcare Homepage
www.providencehealthcare.com

BC Foot and Ankle Specialists Homepage
www.bcfootandankle.com
www.orthodoc.aaos.org/vancouveranklesurgeon

The Arthritis Society
www.arthritis.ca

The Canadian Diabetes Association
www.diabetes.ca

The Canadian Orthopaedic Foot and Ankle Society
www.coa-aco.org/en/c/cofas_main.html

Canadian Orthopaedic Foundation
www.canorth.org

The American Orthopaedic Foot and Ankle Society
www.aofas.org

Wheeless Textbook of Orthopaedics
www.wheelessonline.com

American College of Foot and Ankle
www.acfas.org

☐ Are you a smoker? You must stop smoking six weeks before the operation. It will help you to heal.

How will you get home after your surgery? You cannot drive yourself home.
☐ By car? It must be large enough so that you can keep your foot up on the back seat while wearing your seatbelt.
☐ By ambulance? There is a fee for this service.
☐ By taxi?
☐ By plane? Reserve a bulkhead seat when you make your reservations.
☐ By ferry? Arrange in advance for a wheelchair to take you to the passenger deck. Your family physician has application forms available for reduced ferry rates for passengers who are returning from surgery.

Who will help with cooking, cleaning, shopping, laundry, etc. when you get home from surgery?
☐ A home visit by an occupational therapist before surgery may be recommended by your family doctor or the Pre-Admission Clinic to make sure you can manage your activities at home.

What equipment will you need to purchase or rent for when you get home after surgery?
☐ Raised toilet seat, commode or urine bottle?
☐ Shower or bath tub safety rails?
☐ Wheelchair ramp if there are stairs to get in and out of your home?
☐ Should you arrange for a care attendant for your first night at home after surgery to help with your pain medication?
☐ Are your telephones located in a convenient place so that you won’t have to take stairs or rush to answer a call?
☐ Can any family members or friends help you manage when you get home after surgery? If not, should you arrange for home care?
☐ Will you need inpatient rehabilitation while you are in hospital? Talk to your surgeon about this before your surgery.

Directions to St. Paul’s Hospital

Driving Directions:
St. Paul's Hospital is located in the heart of Downtown Vancouver and may be accessed by car using Burrard or Comox Street.

Public Transit:
The closest SkyTrain station is Burrard Station (Expo Line). From Burrard Station, take the #22 Macdonald / #2 Macdonald – 16th Ave. The nearest drop off station is found at Burrard Street and Nelson Street.
**Directions to the Foot and Ankle Clinic at St. Paul’s Hospital**

Enter by the Comox Street entrance. Proceed along the hall to the green elevator and go up to the third floor. Turn left to get to the Foot and Ankle Clinic.

**Parking at St. Paul’s Hospital**

The BC Foot and Ankle clinic is located in the Outpatient Department on the 3rd Floor of the North Wing at St. Paul’s Hospital Burrard Building. Access to the BC Foot and Ankle Clinic is easiest through the Comox entrance, which is on the North side of the St. Paul’s Hospital. There is a patient drop-off zone directly in front of the Comox street entrance and a green elevator just inside the doors that goes up to the 3rd Floor. Lot P1 next to the St. Paul’s Hospital is reserved for patients like you who are attending clinics.

It is difficult to find parking downtown, whether is on the side streets or in pay parking lots. There is metered parking on the side streets near the hospital. Street meter rates are $2.00 per hour and only permit a maximum stay of 2 hours. The map below shows some of the pay parking lots near the hospital. These range from $2.50 to $3.50 per hour. The Century Plaza Hotel, Wall Centre & the general parking lots at St. Paul’s Hospital collect parking fees as you leave. For all other lots, you must pay in advance for parking. It may be less stressful for you to choose a parking lot that collects fees when you leave as many appointments take longer than anticipated. For more detailed parking information please visit the BC Foot and Ankle Website at www.bcfootandankle.com.

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**St. Paul’s Hospital Map Key**

1. St. Paul’s Hospital
   1081 Burrard Street
2. Corner of Comox & Thurlow
3. Century Plaza Hotel
   1015 Burrard Street
   (enter from Comox Street)
4. Impark
   1160 Burrard Street
5. Nelson Square
   808 Nelson Street
6. Wall Centre Hotel
   1040 Burrard Street
   (entrance on Hornby)
7. Advanced Parking
   1237 Davie Street
8. Impark
   1123 Davie Street
9. Burrard Motor Inn
   1100 Burrard Street
10. Impark
    1125 Burrard Street
Directions to Mount Saint Joseph Hospital

Driving Directions:

Mount Saint Joseph Hospital is located off of Kingsway on the corner of Prince Edward Street and East 15th Ave.

Public Transit:

Exit from Main Street – Science World Station (Expo Line) and board the #19 Metrotown Station bus, southbound Main Street at Terminal Avenue. The closest drop off station is found at Eastbound Kingsway at Prince Edward Street.

The BC Foot and Ankle Clinic

The Clinic is the only facility of its kind in Canada, and one of the few in the world, specializing in the treatment of the foot and ankle for complications such as those which arise from diabetes, rheumatoid arthritis, and serious work and sports injuries.

“Help us help our future patients”

Help Support Ongoing World-Leading Foot and Ankle Research.

BC Foot and Ankle Clinic needs your help.

Donors play an important role in helping the BC Foot and Ankle Clinic achieve its goal of providing excellent care. Donations also help to support research and important patient education materials.

Your donation to St. Paul’s Hospital Foundation can help the BC Foot and Ankle team continue to provide the best possible care for their patients.

If you have concerns about access to care, please write to your MLA.

I would like to show my support for the BC Foot and Ankle Clinic

Name: ______________________________
Address: ____________________________
City: _______________________________
Postal Code: ________________________
I would like to donate: $ __________________

I am enclosing a...

☐ Cheque / Money Order

Made payable to St. Paul’s Hospital Foundation

Please charge my...

☐ VISA ☐ MasterCard ☐ Amex

Card #: _____________________________
Exp. Date: ___________ Tel: ( )
Signature: ___________________________

Thank you for your support

Please send your donation to:
St. Paul’s Hospital Foundation
Suite 178 - 1081 Burrard Street
Vancouver, BC Canada V6Z 1Y6

To donate by phone, please call us at:
Tel: 604-682-8206 or 1-800-720-2983 (BC only)
Fax: 604-806-8326

You can also give online at:
www.helpstpauls.com

Please allow two weeks for a tax receipt.

Charitable Registration # 11925 7939 RR0001