

COS

Commonwealth Orthopaedic Specialist, Inc.

**Timothy J. Zimmer, M.D.**

8700 Stony Point Pkwy Suite 130

Richmond, VA 23235

Phone: (804) 320-2700 Fax: (804) 320-1740

**POSTOPERATIVE INSTRUCTIONS:**

- Eat only light, non greasy foods today.
- Take pain medication with food.
- Do not take aspirin unless instructed to do so.
- You may not operate a motor vehicle for 24 hours or while taking pain medication.
- You may not operate machinery or appliances for 24 hours or while taking pain medication.
- You may not drink alcoholic beverages for 48 hours or while taking pain medication.
- Do not make critical decisions or sign legal papers for 24 hours or while taking pain medication.
- Elevate your foot above heart level to reduce pain and swelling.
- Apply ice pack to foot / ankle to reduce pain and swelling.
- **Do not apply ice pack directly against the skin.**

**WHEN AMBULATING:**

\_\_\_ Use crutches whenever up.

\_\_\_ Use crutches as needed.

\_\_\_ Wear Equalizer Walker (High Top / Low Top)

\_\_\_ Patient has boot

\_\_\_ No weight bearing on extremity

\_\_\_ Weight bearing as tolerated

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- Your return to work status will be determined by Dr. Zimmer. Please discuss your job requirements with him.

**INCISION CARE:**

Keep dressing dry. The bandage may be removed 48 hours after surgery. Remember to wash your hands thoroughly before changing your dressing. Do not apply ointment to your incision. Cover the incision with a band aid or gauze and rewrap with the ace bandage. You may shower on \_\_\_\_\_. Change band-aids after the shower. Do not swim or submerge your foot in water.

- Your postoperative appointment is: \_\_\_\_\_ at Dr. Zimmer's office.

**URGENT SITUATIONS:**

If your toes become discolored, painful, pale or cold (bruising is normal), or if numbness returns after the block has worn off, elevate your foot and loosen the ace wrap. If you develop a fever of 101\* or above, please call our office at (804) 320-2700.

\_\_\_\_\_  
Patient/Representative Signature

\_\_\_\_\_  
MD/Nurse Signature

\_\_\_\_\_  
Date