

## POSTOPERATIVE INSTRUCTIONS

A SURGICAL PROCEDURE HAS JUST BEEN PERFORMED. THE AMOUNT OF DISCOMFORT AND SWELLING VARY FROM PATIENT TO PATIENT, SO PLEASE FOLLOW THESE INSTRUCTIONS UPON RETURNING HOME FROM SURGERY:

1. HAVE YOU PRESCRIPTIONS FILLED IMMEDIATELY
2. REMAIN OFF YOU FEET FOR THE FIRST 24 HOURS AS MUCH AS POSSIBLE. ELEVATE YOUR FOOT/FEET
3. PLACE AN ICE BAG OVER THE SURGICAL AREA FOR 10 MINUTES ON 10 MINUTES OFF AS MUCH AS POSSIBLE FOR THE FIRST 24 HOURS FOLLOWING SURGERY
4. **DO NOT CHANGE YOUR BANDAGES!** LEAVE BANDAGES ON UNLESS OTHERWISE ADVISED BY DR BERLIN
5. **DO NOT** USE HOT WATER BOTTLES OR HEATING PADS ON YOUR FOOT. (THIS WILL CAUSE SWELLING AND PAIN) KEEP **THE DRESSING DRY!** IF THE BANDAGE ACCIDENTLY GETS WET, DRY IMMEDIATELY WITH AN ABSORBENT TOWEL AND CALL THE OFFICE.  
**DO NOT CHANGE THE BANDAGE YOURSELF!**
6. YOUR BANDAGES MAY BECOME SOMEWHAT BLOODY, SHOULD THIS OCCUR DO NOT BECOME ALARMED. HOWEVER, IF THERE IS ACTIVE AND PERSISTENT BLEEDING, CALL THE OFFICE
7. THROBBING IS ONE OF THE MOST COMMON DISCOMFORTS, ESPECIALLY IN THE 24-48 HOURS FOLLOWING SURGERY. THIS CAN USUALLY BE ALLEVIATED BY ELEVATING YOUR FOOT ABOVE THE LEVEL OF YOUR HEART. IF THROBBING OCCURS AND PERSISTS, PLEASE CALL THE OFFICE
8. FOLLOW A LIGHT DIET, DRINK PLENTY OF LIQUIDS AND **DO NOT DRINK ALCOHOL IF TAKING STRONG PAIN MEDICATION.**
9. LIMIT WALKING TO YOUR TOLERANCE BUT KEP IT DOWN TO A MINIMUM . STAY OFF YOU FEET AS MUCH AS POSSIBLE, OR AS THE DR HAS INSTRUCTED YOU. WEAR THE SHOE THAT HAS BEEN DISPENSED TO YOU. **DO NOT TAKE ONE STEP WITHOUT THIS SHOE ON!**
10. SHOULD YOU BUMP YOUR FOOT OR SOMEONE STEPS ON IT, PLEASE CALL THE OFFICE IMMEDIATELY
11. IT IS NORMAL TO HAVE A LOW GRADE TEMPRATURE WITH THIS SURGERY, BUT SHOULD YOU DEVELOP A TEMPERATURE OVER 100 DEGREES, PLEASE CALL THE OFFICE IMMEDIATELY.

SHOULD YOU HAVE ANY CONCERNS OR QUESTIONS, PLEASE CALL THE OFFICE @ 313-371-5300 or 248-528-0709.

I HEREBY CERTIFY BY MY SIGNATURE THAT THE ABOVE INSTRUCTIONS WERE FULLY EXPLAINED TO ME AND THAT TO THE BEST OF MY ABILITY, I WILL ENDEAVOR TO FOLLOW SUCH INSTRUCTIONS AND SHOULD ANY PROBLEMS ARISE I WILL CONTACT DR BERLIN IMMEDIATELY

PATIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
WITNESS \_\_\_\_\_

