

# Your Syndesmosis Bunionectomy Syllabus 3/2024

This syllabus is meant to be your guide for 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 read (and watch the 2 videos) the **bottom of the webpage**: [bellevuefoot.com/the-syndesmosis-bunionectomy](http://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.
- Vit D and Calcium supplementation: There is evidence that taking Vit D 700-800 IU per day and Calcium (tricalcium phosphate powder) 600 mg twice a day may lower your chance of getting a 2<sup>nd</sup> metatarsal stress fracture. You can discuss this with your doctor. Generally, you would start this before surgery and continue it for 6 to 12 months after surgery.

## 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 (only when awake). That's a lot! You can take a few steps with full weight on your foot (flatfooted) 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 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, 'toaster phase':** 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.) It's ok for you to put something in the toaster, but please don't stand to cook a meal.

### **Postop visit #1: A one week phone call or in person visit:**

Today, we call and see how things are going. We will start you on big toe stretches with your bandage still on. You can now be up to 1000 steps per day (500 per foot). You can take unlimited steps per day with the other foot, using a knee scooter or I-walk or crutches. If you would like the dressing changed and the foot examined, we would love to see you in person!

-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 on <http://bellevuefoot.com/after-surgery> or by scanning the code below:



You can also buy a commercial 'shower bag' from a medical supply store or Amazon.



- Please read about and follow instructions for big toe range of motion exercise! You can get these on (<http://bellevuefoot.com/after-surgery>), or scan the code to the left:



### **This is very important!**

- Here's a 2 minute **video** on how to do the toe range of motion!

You can get this on (<https://youtu.be/1QhIqxOhq2w>) or scan the code to the left:

### **Postop visit #2: 'stitches out' after two weeks:**

At this visit we will remove your dressing and take your stitches out. We will get x-rays. You will be able to begin bathing in a day! You can now take up to 2000 steps per day progressing slowly to 3000 by your next visit at 6 weeks.

### **You could consider physical therapy now.**

While this is not necessary, it is certainly helpful! You can begin swimming in a couple days.



Big toe alignment should be addressed by going to this handout:

Your splinting efforts will have a significant effect on how perfectly the correction is maintained, especially over the next 3-6 months:

- 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 6 weeks:**

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. You can now gradually progress from 3000 to 5000 steps per day at a **slower** pace in an athletic shoe. 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.

**Shoegear:** The most appropriate shoes right now would be an athletic shoe with a generous rocker like a Hoka Bondi 8. We recommend a Cadence orthotic or a custom orthotic device. A short camboot like an Aircast FP walker is good too if you will be doing more than the recommended steps. Improper shoegear at this point can encourage a 2<sup>nd</sup> metatarsal stress fracture!

### **Postop visit #4 “back to normal” after three months:**

[ ] Pain and function questionnaire. Please ask Dr. Doug to give you one!

Congratulations! You should be back to '*normal*' at this point. 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.

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 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**. Increased activity can begin now at the rate of 10%-20% per week. That's very gradual!

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 #5 'ready for running'  
after 6 months:**

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 #6 'the finale'  
after 12 months:**

[ ] Pain and function questionnaire. Please ask Dr. Doug to give you one.

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 metal plates and suture can come out anytime now, but 85% of patients prefer to just leave it in. The plate and suture removal procedure would be in the same surgical center as you bunionectomy, but will require about 1/100<sup>th</sup> of the original recovery!

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

\*\* Please plan on coming back for a **quick yearly check** in one year!