

Lapidus Bunionectomy/ 1st TMT Fusion

Risk of Surgery

1. Swelling: Swelling will occur. Elevation, especially in the first 2 weeks, can decrease swelling. Swelling can be painful. Swelling is expected up to 9 – 12 months after surgery
2. Infection: Antibiotics are given in the operating room to reduce the risk and the wounds are left covered until they heal.
3. Non Union: This is when the bones fail to fuse together. This can be due to nutritional problems, poor blood flow, standing or walking too soon, infection, or other issues. **Non union occurs in up to 2-4%**. Smoking/tobacco increases this risk 16 times. If a non union occurs it is painful and usually requires another surgery.
4. Nerve Damage: There are 3 main nerves with many branches that cross the foot. They are moved during surgery. This leads to numbness on the top of the foot and into the toes. This can be temporary or permanent numbness.

After Surgery

Day 0-14	Keep Non Weight Bearing. Do not stand or walk on the operative side. Keep splint dry and do not remove
Day 14-21	1 st Visit – remove stitches. Transition into a cast/boot at this time.
Week 3 - Week 6	<u>Heel Weight Bearing ONLY for transfers and pivoting.</u> Use crutches/scooter for anything more than 5 steps
Week 6 – Week 8	2 nd Visit – Xrays – begin walking on heel in boot
Week 8	Begin weight bearing flat footed only while in boot.
Week 10 –Week 12	Begin to bear more weight on foot in boot and work into shoes slowly
Week 12	3 rd Visit. Begin to walk more in boot and slowly work towards good tennis shoes with carbon fiber inserts. Begin PT
Week 12 – 6 month	Transition to activity as tolerated in normal shoe with carbon fiber plate. Every week increasing the amount of time walking per day. Continue PT
6 month	Increase Activity as tolerated. Wear insert if needed

Common Answers to Common Questions

- Keep Surgical Dressing and splint on until your first follow up appointment.
- MUST NOT PUT ANY WEIGHT ON YOUR FOOT. NOT EVEN STANDING until it is time. Standing or walking too early increases the risk of complications and future surgeries.

- Starting week 3 you can only use the heel for transfers. For example getting up from a chair, getting in and out of the car, etc. You may not walk on the heel until week 6
- You must use a knee scooter or crutches
- Do not take any medication with Tylenol (acetaminophen). The medication we provide contains Tylenol. Too much Tylenol can damage your liver.
- Avoid Stairs if possible. This may mean changing sleeping arrangements until you can walk.
- At 12 weeks you begin to work out of the boot into shoes. It will be a slow process that will take several weeks. During this time you will still need your scooter. You will be very weak and your endurance will be poor. It will take 1 year before maximum recovery is expected.
- Recommended Equipment
 1. Knee Scooter
 2. 2 Walkers (1 left in bathroom, 1 for other rooms)
 3. Cast Bag for Bathing
 4. Shower stool

Splint/Cast Instructions

After surgery a splint and cast are used to immobilize the ankle. Do not attempt to walk or move the ankle while the splint or cast. You can wiggle your toes. Also do not get your splint wet. You should keep it dry at all times. Please do not put anything into to the splint or cast to scratch the skin. This can cut the skin and lead to infections.