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**Centre intégré de
santé et de services
sociaux de Laval**

Preparation for a surgery

Treatment of hallux valgus and other toe surgeries

Direction des services professionnels



**This guide will help you
understand and get ready for
your surgery.**

**Read it over with your family
and Bring this guide with you
the day of your surgery**

Québec 

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TABLE OF CONTENTS

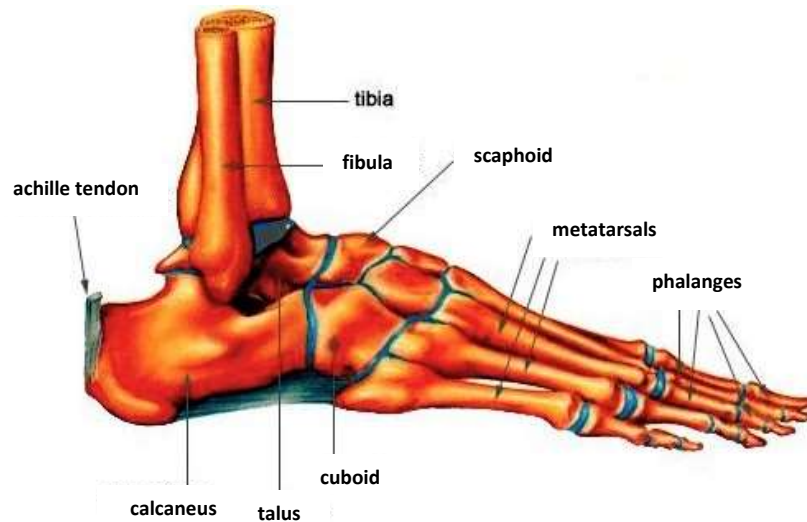
| | |
|--------------------------------------------------------|----|
| Anatomy of the foot and toes | 4 |
| Tobacco | 7 |
| Alcohol..... | 7 |
| Discharge planning..... | 7 |
| Exercices | 8 |
| Before your visit to the Preadmission Clinic | 9 |
| Consent to surgery and anesthesia | 9 |
| When to stop or continue your medication..... | 10 |
| Admission date and time | 11 |
| Preoperative diet | 12 |
| Preoperative diet | 13 |
| The day of your surgery | 14 |
| Hygiene before your surgery..... | 15 |
| What to bring to the hospital | 16 |
| When you arrive at the surgery unit | 17 |
| The day surgery unit | 17 |
| Operating room | 18 |
| In the recovery room | 19 |
| RETURN TO THE DAY SURGERY UNIT OR INPATIENT UNIT | 19 |
| Breathing exercices | 21 |
| Circulation exercices | 23 |
| Getting up | 24 |
| Lying down..... | 24 |
| Your discharge from the unit | 25 |
| Once you get back home - Instructions | 26 |
| Nutrition and hydration | 28 |
| Activities | 29 |
| Complications | 30 |
| Resources..... | 31 |
| Bibliography..... | 32 |
| References | 32 |
| Notes | 33 |

Anatomy of the foot and toes

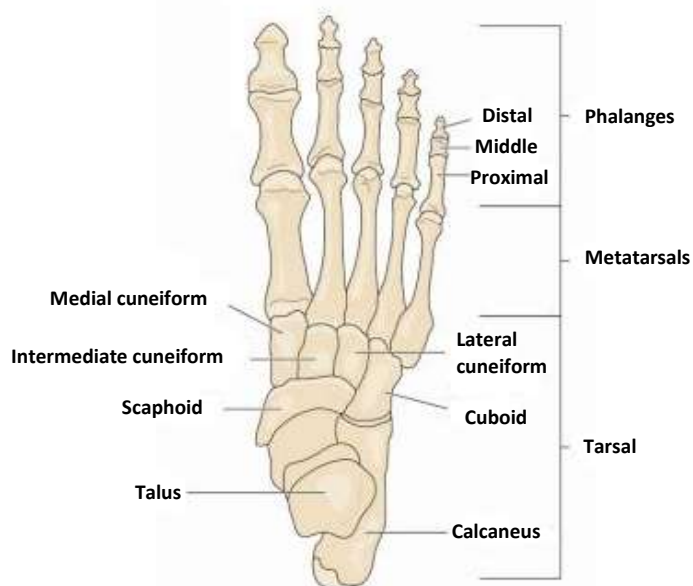
The foot is composed of five bones called metatarsals. They articulate with the ankle bones (tarsus) and at the end of the foot, the metatarsals articulate with the phalanges.

The tarsus and metatarsus form 3 arches supported mainly by ligaments, but also by muscles and tendons.

These arches serve to distribute the weight of the body between the heel and the metatarsus.



<http://considerant.free.fr/Ressources/Anatomie%20humaine/Anatomie%20du%20pied.htm>



What is hallux valgus?

Hallux valgus (bunion) is a progressive lateral deviation of the big toe.

The big toe (1st toe) is deviated towards the outside. A pronounced prominence (bump) appears on the inner side of the first joint (big toe), between the metatarsal and the phalanx. This prominence (bump) is accompanied by a bony enlargement of the first metatarsal head.

Over time, the pressure on the toe, as well as the inflammation above the enlargement, can lead to the formation of a bump commonly called a "bunion".

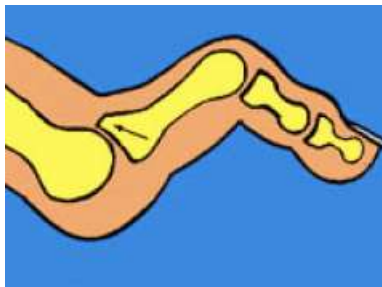
Predisposing factors :

- Heredity.
- More frequent in women.
- Egyptian foot : excess length of the 1st phalanx.
- Wear high heels and pointed shoes.



What is hammer toe?

Hammer toe is a flexion deformity of the intra phalangeal joint of one or more toes.



The toes are usually deviated upwards, pushing the metatarsal (forefoot) joints downwards.

Hallux rigidus

Arthritic manifestations of the big toe and is characterized by the deformation and stiffening of the joint, causing reduced mobility of the joint.

Surgical treatment

Surgery consists of correcting the deviation and deformation of the toes. The surgical techniques are numerous and depend on the deformity of the foot.

It is possible to remove the excess bone, to cut the first metatarsal at its base to change its direction, to shorten it, to make a fusion by inserting a plate, screws, etc.

Your orthopedist will explain the surgical technique required for you.

Cartiva* technique

Prosthesis installed to counter osteoarthritis. Requires a bandage and sandals for 1 week.

* Contraindicated in cases of hallux valgus.

Cheilectomy technique

Minor surgery to remove painful bony growths (also called osteophytes).

Arthrodesis technique

Corresponds to a fusion of the metatarso-phalangeal joint at the base of the big toe. This technique is considered when the joint is deformed, stiff or worn out (arthrosis).

TOBACCO

We strongly suggest that you stop smoking 2-4 weeks before surgery.

Quitting smoking or reducing the amount you smoke will decrease your risk of respiratory problems after your surgery, aid in the healing of your surgical wound, and help you better manage pain.

If you need help to quit smoking, don't hesitate to contact:

If you need help to quit smoking, don't hesitate to contact :

- Your CLSC at **450 978-8300, extension 3169** (for Laval residents).
- Your pharmacist or family doctor.
- The Quit Smoking Centre nearest you at **1-866-JARRETE (527-7383)**.

Website: tobaccofreequebec.ca/iqitnow/.

ALCOHOL

Avoid drinking alcohol **7 days before your surgery**. Alcohol can interact with some medications and increase the risk of bleeding and complications.



To get help to stop right now, contact the regional hotline (for Laval residents) :

Alcochoix+ Laval at 450 622-5110, ext. 64005.

<https://www.quebec.ca/en/health/advice-and-prevention/alcohol-drugs-gambling/alcochoix-plus/>

DISCHARGE PLANNING

Before your operation, it is important that you prepare in advance for your return home.



- Ask another adult to come pick you up at the hospital. You must organize a ride home in advance. This person must be available to pick you up once your discharge is signed.
- Prepare meals in advance for the days after your operation.
- Get help for errands, housework and appointments.
- If you live by yourself and your operation reduces your mobility, you need to think about having another adult stay with you during your recovery.

EXERCICES

Exercising helps ensure that your body is in the best possible condition for your surgery. If you already exercise, keep up your good habits. If not, slowly start adding exercise to your daily routine.

Exercises don't have to be strenuous to be effective. In fact, a 15-minute walk is much better than doing nothing at all.

You can also start practicing the exercises you will need to do after surgery (p.21, 23, 24).

Equipment :

1) SANDAL :

The orthopedist and/or the nurse at the pre-admission clinic will advise you if it is necessary to get a postoperative sandal (available in a specialized orthopedic store). A prescription will be given to you.

Dre Hamel, Dre Kounkar et
Dr Beaumont-Courteau :
et Dr Jomphe



Dr Lépine:



Weight-bearing is allowed according to the instructions of your orthopedist. Until the first outpatient appointment, walk as little as possible and use a cane, crutch or walker to get around in order to reduce inflammation and edema. Keep the operated foot elevated, higher than the pelvis, as often as possible to reduce swelling when lying down. Put the foot(s) on a pillow(s).

The orthopedist will advise you at each step (appointment) of the progress of your convalescence and of the activities allowed.

2) CAST SPLINTING :

If you have a cast splinting, no weight bearing is allowed, wheelchair and commode chair may be required (if 2 foot surgery). Crutches are required if only 1 foot is operated on.

It is essential that you refrain from putting pressure on the first toe before the 6th week in order to obtain beneficial results from your operation.

P.S. : You can rent this equipment in a pharmacy or in a specialized orthopedic store.

BEFORE YOUR VISIT TO THE PREADMISSION CLINIC

Your record will be transferred to the hospital's Preadmission Clinic. Someone will call you with the date and time of your Preadmission Clinic appointment.

Date and time of your appointment : _____

During your Preadmission Clinic visit

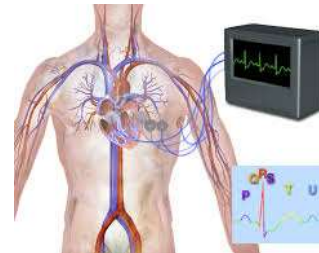
You will:

Meet with a nurse, who will explain how to prepare for surgery and what to expect during your hospital stay.

Have an ECG (electrocardiogram) if the nurse determines that you need one.

Have blood taken, if required. You will be sent to the hospital's test centre.

The nurse will tell you if you need more tests or have to meet with other doctors or professionals.



CONSENT TO SURGERY AND ANESTHESIA



At your preadmission meeting, the nurse will ask you to sign the consent to surgery and anesthesia.

This consent means that the surgeon clearly explained why you need this operation, what the procedure entails, the potential risks, and the desired results of the operation.

If you did not get the proper information, you must contact your surgeon. The preadmission clinic nurse can help you. You will need to sign the consent form the morning of your surgery.

For further information about anesthesia, please read the guide on anesthesia and pain relief Information guide which the nurse will provide when attending your preadmission meeting.

The anesthesiologist will discuss with you on the morning of the operation which anesthesia (general or spinal) is best for you.

WHEN TO STOP OR CONTINUE YOUR MEDICATION

At your appointment with the orthopedist or preadmission nurse, you will be informed whether you need to stop or continue your medication before your surgery.



- ☐ **Aspirin®**, ☐ **Asaphen®**, ☐ **Rivasa®**, ☐ **Entrophen®**, ☐ **Novasen®**,
☐ **Persantine®**, ☐ **MSD AAS**, ☐ **Aggrenox®** (dipyridamole/ASA), etc.
☐ Stop ____ days before your surgery.
☐ Do not stop this medication.
- ☐ **Plavix®** (clopidogrel)
☐ Stop ____ days before your surgery.
☐ Do not stop this medication.
- ☐ **Effient®** (prasugrel),
☐ **Ticlid®** (ticlopidine),
☐ **Brilinta®** (ticagrelor)
☐ Stop ____ days before your surgery.
☐ Do not stop.
- Anti-inflammatory drugs** (e.g., ibuprofen such as Advil®, Motrin® (including for children), Celebrex®, Maxidol®, Aleve®, Naprosyn®, etc.)
Stop 2 days before your surgery.
- All natural products** (glucosamine, omega 3, vitamin E, etc.).
Stop 7 days before your surgery.

You can keep taking drugs such as Tylenol®, Tylenol® Extra-Strength, acetaminophen and Tempra® until midnight the night before your surgery.

If you are taking **Coumadin®**, **Sintrom®**, **Pradaxa®**, **Xarelto®**, **Eliquis®**, **Lixiana®**:

A hospital pharmacist will call you approximately 1 to 3 weeks before your surgery and may ask you to have a blood sample taken.

When the pharmacy department has received your results, you will be called again about when to stop taking this medication.



You must follow this instruction.

ADMISSION DATE AND TIME

You will receive a call from the hospital's pre-admission department. The secretary will inform you of the date of your surgery. You will be informed of the time of your arrival at the hospital by phone **24 to 48 hours before** the surgery.



Date of your surgery: _____

Arrival hour: _____

SYMPTOMS TO MONITOR

If you have any of these symptoms or conditions one week before the date of your surgery:

- ☐ You have a sore throat, a cold or the flu.
- ☐ You have a fever.
- ☐ You are taking antibiotics.
- ☐ You have a contagious disease (e.g., chicken pox), or you have recently been exposed to someone with a contagious disease.
- ☐ You have a possible or unconfirmed pregnancy.
- ☐ Redness, inflammation, discharge, wound or any other problem at the operating site.
- ☐ Any other discomfort.



Call immediately to inform the administrative officer of the pre-admission clinic.

Pre-admission..... 450 975-5487

PREOPERATIVE DIET

The goal of this diet is to ensure that you have the strength and nutrients you need to recover quickly.

Suggestions to boost your protein intake



| Add this | To this |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| Skim milk powder or protein powder supplement (Nestlé Beneprotein®) | Cooked cereals, scrambled eggs, sauces, mashed potatoes, soups, cream sauces, milk, milkshakes, cream desserts, custards, etc. |
| Milk (2% or 3.25% MF) | Hot cereals, soups, casseroles, hot chocolate (instead of water) |
| Soy beverage | Smoothies, soups |
| Greek yogurt | Fresh or canned fruit, vegetables, potatoes, rice, pancakes, casseroles, stews, soups, vegetable or fruit dips |
| Hard-boiled eggs | Sandwiches, salads, vegetables, potatoes, sauces and soups |
| Peanut butter or nut butter | Cookies, milkshakes, sandwiches, crackers, muffins, fruit slices, toast, ice cream |
| Tofu | Milkshakes, soups, casseroles, stir-fries, salads |
| Canned dried peas or beans, legumes and lentils (if you can tolerate these) | Casseroles, soups, stews, salads, rice, pasta and dips |
| Seeds and nuts (if you can tolerate these) | Salads, cereal, ice cream, yogurt |
| Pieces of cooked beef, pork, poultry, seafood or fish | Salads, soups, scrambled eggs, quiches, baked potato, pasta |



To complete your diet, you can also take a supplement such as Ensure or Boost.

PREOPERATIVE DIET

The night before your surgery

You can eat normally.



The day of your surgery

For all users

Starting from midnight the night before your surgery:



- Do not eat solid food.
- Do not consume dairy products.
- Do not consume alcohol and do not smoke.
- For the consuming of clear liquids, refer to the tables on the following page.

THE DAY OF YOUR SURGERY

At home

The nurse will tell you if you need to follow the following beverage instructions:

- **You MUST remain fasting** (nothing to eat or drink from midnight the night before your surgery). Do not chew gum or eat candy.



You can brush your teeth but avoid swallowing the water.

OR

- **You MUST drink clear fluids** before the surgery.

- Allowed clear fluids include:
- Water
- Juice without pulp (no pulp is mandatory)
- Coffee or black tea (no milk)



Make sure that you **ONLY** drink these clear fluids and nothing else.

When should I stop drinking clear fluids?


You must stop drinking these fluids the morning of your surgery. The exact time depends on when you need to arrive at the hospital that morning.

Someone will call you 24 to 48 hours before your surgery will give you at what time you must arrive at the hospital.

| I need to arrive at the hospital at... | I have to stop drinking clear fluids at... |
|-------------------------------------------------------------------------------------|--------------------------------------------|
| Before 10 a.m. | 6 a.m. |
| After 10 a.m. | 8 a.m. |
| I do not have a specific time and have to wait at home to be called for my surgery. | 11 a.m. |



You must follow these instructions to ensure your surgery is safe and to prevent serious complications.



Do not shave the area to be operated on.



Medication

Take these medications **ONLY**
(with some water).



**If you do not follow all these instructions
your operation may be cancelled.**

WHAT TO BRING TO THE HOSPITAL

- This guide.
- A valid health insurance card.
- Your hospital card.
- Your medications, drops and pumps in their original containers.
- A complete list of your medications (ask your pharmacist for this list).
- Slippers, dressing gown, clothing and comfortable shoes.
- Tissues, toothbrush and soap.
- Notebook and pencil.
- If you wear glasses, contact lenses, a hearing aid or dentures: bring your kits or containers and label them with your name.
- If you need them, bring sanitary napkins, diapers or incontinence pants.
- Your postoperative sandal, if prescribed by your orthopedist.



Please leave all your jewelry and other valuable objects at home.

The hospital is not responsible for lost or stolen items.

(The lockers do not have locks).

Rings will have to be cut off if not removed beforehand.

WHEN YOU ARRIVE AT THE SURGERY UNIT

- ☐ If the operation is done in day surgery: go directly to the day surgery unit (CDJ), on the 1st floor of block B (Room 1.165). The time of the operation will be given to you once you arrive on the unit.



YOU DO NOT SLEEP IN THE HOSPITAL!

- ☐ You must stay in the hospital after your operation: go to the reception desk in room RC-5. The time of the operation will be given to you once you arrive on the unit.

- **Only one person** can accompany you.
- After you arrive at the unit, you should expect to wait a moment until being called for your surgery. Bring something to entertain yourself if you want (something to read, a music player with headphones, etc.).



THE DAY SURGERY UNIT

- At your arrival, the nurse will help you to get ready for your surgery.
- She will give you a hospital gown to change into (you must remove all other clothing before leaving for the operating room).
- She will proceed to a blood test if necessary.
- She will go over all preparations that you had to do before your surgery.

OPERATING ROOM

- You have to urinate before you leave.
- You may only wear the hospital gown and no other personal clothing.



You must remove your :

- Glasses, contact lenses;
- Underwear, jewelry and body piercings;
- Dentures, hearing, hair piece;
- Sanitary napkin, tampon.

Staff will direct you to the operating room.

The anesthesiologist will meet with you once you arrive in the operating room to discuss with you the anesthesia and pain relief methods best suited to you.

For further information about anesthesia, please read « Role of anesthesia information guide », the nurse will provide when attending your preadmission meeting.

IN THE RECOVERY ROOM

- You will wake up in the recovery room.
- No visitors are allowed in the recovery room.
- The staff will make you comfortable on your stretcher or bed.
- You will not be able to eat or drink right away. The nurse will allow you to do so when you are stable.
- When your condition is stable and your pain is well controlled, you will be transferred to the care unit.



RETURN TO THE DAY SURGERY UNIT OR INPATIENT UNIT

Once on the day surgery unit or inpatient unit, 1 visitor is allowed at a time.

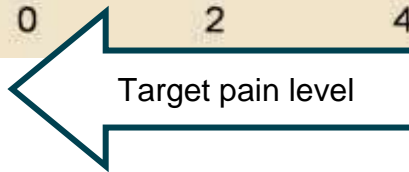
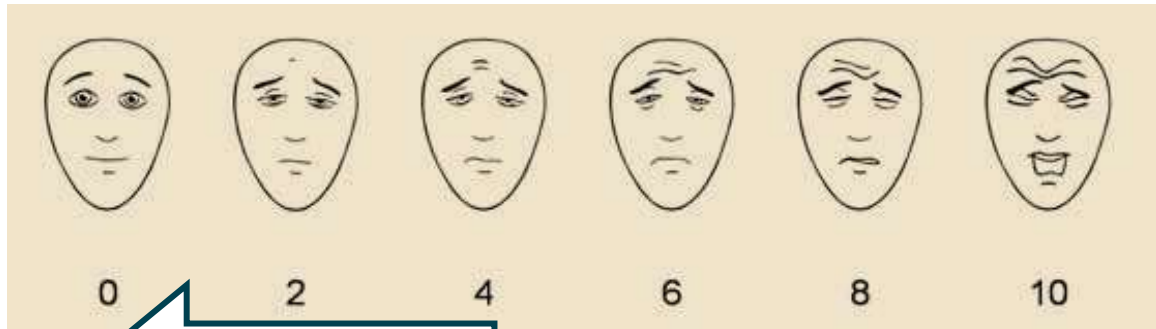
The staff will make you comfortable on your stretcher or bed and take your vital signs several times.

The nurse will also check your bandage or cast on your foot(s). She will assess your general condition and pain level.

Controlling your pain

It is normal to have pain after an operation. The amount of pain is different for everyone. However, with pain medication, prescribed by the orthopedist, it is possible to control the pain well.

You will be asked to assess your pain on a scale of 0 to 10.



Our goal is to keep your pain below 4/10

Pain relief is important because this will help you:

- Breathe more easily.
- Move around more easily.
- Sleep better.
- Eat better.
- Recover more quickly.
- Do things that are important to you.

Analgesia (pain medication)

- Injections (shots) will be given to you if your pain is too great.
- Medication in tablet form (pill) will be given as soon as you can tolerate it or feed yourself.

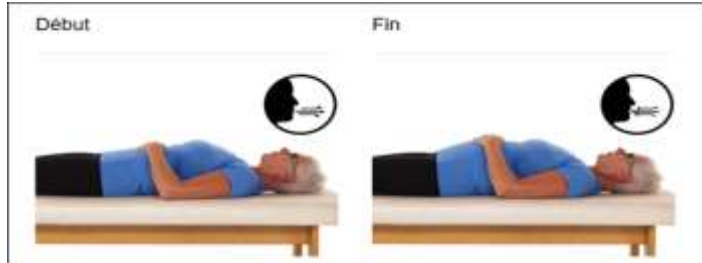


BREATHING EXERCICES

Deep breathing

To do as soon as you wake up

1. Lie on your back, with your legs slightly bent. Place one hand on your stomach and the other below your breasts.
2. Keep your lips pursed and exhale **slowly** through your mouth. This will double the length of your breath. Move your belly back in to expel the air from your lungs.
3. **Inhale slowly and deeply through your nose or mouth.** Feel your lungs inflate. Just the hand on your belly should rise.



This exercise is not easy to do.
Therefore, you need to practice before your operation.

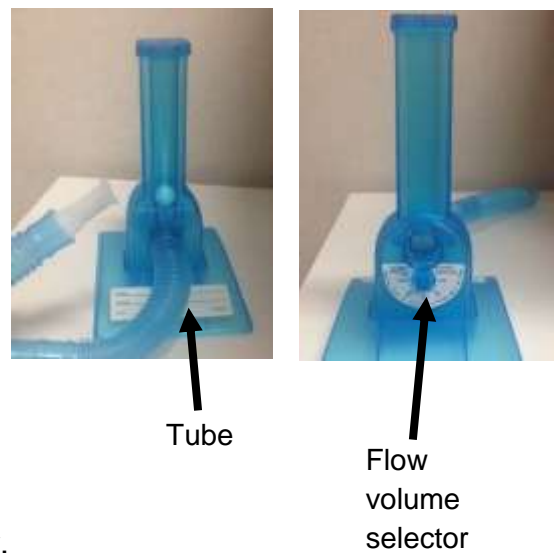
Spirometer

The preadmission nurse will give you this device if you need it.

How do I use it?

Remove the device from the package. Connect the mouthpiece to the tubing. Connect the tubing to the outlet on the other side of the flow volume selector.

1. Get into a comfortable seated position.
2. Adjust the level by turning the flow volume selector to the right that will increase the difficulty of the exercise).
3. Hold the device upright in front of you (if you lean it to the front or back, the exercise is too easy). Exhale normally.



4. Place your lips snugly around the mouthpiece and then inhale. Take in enough air to lift the ball.
5. Continue inhaling to keep the ball elevated for 3 seconds. This step lets you expand your lungs as much as possible. Hold your inhalation for 3 seconds, even if the ball drops back down.
6. Then, breathe out through your mouth through pursed lips. Take a break to breathe normally, and then try again.
7. Repeat steps 4 to 6 for about 5 minutes per hour or as per your nurse's instructions.

Keep the device near you so that you remember to do the exercises. Between uses, you can keep the mouthpiece attached to the end of the tubing.

Spirometer breathing exercises helps you :

- Eliminate lung secretions to prevent respiratory complications.
- Regain and maintain good lung expansion.
- Stimulate the breathing reflex, which is slowed by anesthesia and pain medication.
- Improve your well-being and resume your usual activities more quickly.

CIRCULATION EXERCICES¹

These exercises encourages blood circulation in your legs while you are lying down. They are very important because they can prevent serious complications, such as blood clots in the veins of your legs (thrombophlebitis).

Toe flexion and extension

While lying on your back or sitting with your legs stretched out, point your toes to the foot of the bed and then point them toward your chin. Repeat the exercise 30 times a minute for 1 to 2 minutes, every 2 hours.



Image : Wikimedia Commons (2017)

Ankle rotation

While lying on your back or sitting, make ankle circles from left to right and then from right to left. Repeat this exercise 30 times a minute for 1 to 2 minutes, every two hours.



Image : Wikimedia Commons (2017)

¹ Les exercices circulatoires sont tirés de Paradis et Poissant

GETTING UP

When you get up for the first time, a staff member will be there to assist you, however, you should only get up at your own pace. You need to walk and increase the distance you walk each time you get up. Increase your pace gradually.

To help you get in and out of bed, you need to raise slightly the head of your bed.

1. Lying on your back, bend your knees. Turn toward your non-operated side.
2. Push against the mattress using your elbow on the non-operated side and your other hand to sit up on the edge of the bed. Slide your legs over the bed at the same time.

It is normal that the pain increases because there is an influx of blood that goes down into your feet and increases the feeling of tightness exerted by the bandages, the dressing or the cast.



3. Hold the sitting position on the edge of the bed or stretcher for a few minutes, as you may feel dizzy. Take deep breaths and exercise your ankles (rotation) slowly.

N.B.: If you are not feeling well, tell the nurse or attendant immediately; the staff will help you sit in the chair if necessary.

4. When you feel comfortable, slide your buttocks quietly to the edge of the bed or stretcher to allow your feet to touch the floor.
5. With the help of a walker, lift yourself up onto your heels with the tips of your feet pointing outward (penguin style). Straighten your back. Your orthopedist will tell you how much support you can put on your leg. Wearing your prescribed sandal, if applicable, is required.

LYING DOWN

The head of the bed or stretcher can be slightly elevated to make it easier for you.

1. Sit on the edge of the bed or stretcher.
2. Using a foot bench, push with your heels to move your seat back to the center of the bed.
3. Still in the sitting position, rotate your seat by bringing your legs into the bed or stretcher.

If you do not have a cast, your foot will be elevated on the bed or stretcher, or your feet will be elevated on a pillow, in order to reduce the swelling and its progression. You must do muscle exercises to avoid thrombophlebitis (clot in the leg), see previous page.

YOUR DISCHARGE FROM THE UNIT

- Your orthopedist is the one who will discharge you.
- You must ask another adult to come pick you up, since you cannot drive after your operation. You must plan a ride home.
- If you live by yourself, it is a good idea to ask another adult to stay with you for 24 hours for safety reasons.
- The nurse may give you a prescription for pain medication, which you must get at your pharmacy. Your nurse will also give you a pamphlet about what you need to know if you need to take a narcotic medication for pain.
- You will receive a proof of hospitalization or medical leave from work form if you need one. Your orthopedist should be notified if you need these documents.



If you have insurance forms that need to be filled out, contact your orthopedist's secretary at his or her private office (see contact information on page 31).

- All forms must be forwarded to the private office.
- No forms will be filled out at the hospital on the day of surgery.

The nurse will give you a follow-up appointment with your orthopedist. You must absolutely go to this appointment, even if you feel well :

Orthopedist name : _____

Date & time of appointment : _____



ONCE YOU GET BACK HOME - INSTRUCTIONS

Your incision

Depending on the surgical technique performed, your foot(s) will be covered with a bandage or a plaster splint with non-absorbable (non-melting) sutures.



NOTE: Your toe correction may require a simpler technique that will not require a sandal or cast and you may have melting stitches. Weight-bearing at this time is unrestricted and depends on your tolerance. Your orthopedist and the nurse will advise you of the instructions.

Hygiene

Never touch the dressing or cast.

DO NOT WET THE DRESSING as wound infection may occur.

If the dressing becomes wet, contact the Orthopedic Outpatient Clinic staff to change the dressing as soon as possible.



Only the beige elastic bandage that covers the dressing can be replaced if it is too tight or too loose. It should not rest on the toes. It must end at the base of the toes (metatarsals).

If a bandage is in place, it is put in place with a sandal on the heel only. The orthopedic surgeon will advise you when forefoot weight-bearing is allowed, as well as mobilization of the toe. The orthopedist may prescribe a toe spacer after a few weeks.

If you have a cast, no weight-bearing is allowed for 6 to 8 weeks.

Stitches are removed approximately 1 to 2 weeks after the procedure, as prescribed by your orthopedist. Depending on the orthopedist, the dressing will be redone, or the cast will be changed or a 3D boot will be put on (no weight bearing for 6 to 8 weeks with this boot).

48 hours after removal of the final dressing, showering is permitted with a mild, unscented soap. Bathing and swimming are permitted **AFTER 7 days** (from the removal of the dressing), as there is a risk of infection. If there are pins, no bathing is allowed.

After 4 weeks, once or twice a day, massage the scars with your thumb and a little unscented moisturizing cream or vitamin E cream. Massaging the scar reduces adhesions and restores the skin's suppleness.

Going Back to work

Depending on your procedure, your orthopedist and the nurse will explain the details of your recovery. It depends on the operation and the type of work you are doing.



Breast feeding

If you are breastfeeding, ask the orthopedist or nurse if you can continue.



Generally, you need to wait 2 to 3 hours after having general anesthesia before breastfeeding your baby. As soon as you return home, you can breastfeed if you feel alert and comfortable

NUTRITION AND HYDRATION

Generally, you can eat normally after your surgery. Start with light meals and gradually increase as you can tolerate.

If you have nausea (you feel sick to your stomach), start by drinking clear fluids and gradually increase the amount and change the texture of the foods you eat as you can tolerate them.



To avoid constipation, which can be caused by pain medication:

- Eat plenty of fiber (grains, whole-grain bread, fruit, vegetables, etc.).
- Drink 7 to 8 glasses of water a day (unless you have a medical restriction).
- Walking can help with bowel function.



If, despite these tips, you are unable to have a bowel movement:

You can use a mild laxative such as Metamucil®, Colace®, Lax A day®
or
Prodium® at a pharmacy. Ask your pharmacist for advice.

If you have not had a bowel movement for at least 3 days despite these tips, consult a health care professional (family doctor, pharmacist, Info-Santé at 811).

ACTIVITIES



You can drive when:

- You no longer feel dizzy.
- You no longer have pain and you have stopped taking narcotic medications for at least 24 hours.
- The orthopedist will authorize it

- The resumption of activities will be done progressively, according to your tolerance: we advise you to alternate a period of activity with a period of rest and to shorten the period of rest as your convalescence progresses.
- You may wear a sandal on the heel according to your orthopedist's instructions. Until the first outpatient appointment, walk as little as possible and use a cane
- Keep the foot elevated, higher than the pelvis, as often as possible to reduce swelling when lying down. Put the foot(s) on a pillow(s).
- The orthopedist will advise you at each step (appointment) of the progress of your recovery and the activities allowed.

The orthopedist and nurse will notify you when the following exercises are allowed:

Big toe exercises:

At the 3rd postoperative week:

- Soften the foot before exercises (soak the foot in warm tepid water).
- Pull on the big toe to raise it as high as possible.
- Then, using a finger, push it as low as possible.
- Repeat the exercise several times a day.

Around the 6th week, when weight-bearing is allowed without sandals.

- Walk barefoot in front of the mirror, applying yourself to walk straight; place the foot flat and make an exaggerated flexion of the forefoot when walking.
- Wearing comfortable, loose fitting shoes is recommended. Edema of the foot may persist for a few months after surgery.

COMPLICATIONS

If you have difficulty breathing :

**Immediately call
Urgence-sant  at 911**



If you have one or more of the following signs or symptoms :



**Fever (38.5  C or 101  F or higher)
for more than 24 hours**

Your pain increases
and is not relieved
by medication.



**You have cramps or constant pain in your
calf.**

1. Signs of surgical site infection:

- Redness.
- Pain.
- Swelling.
- Abundant yellowish or greenish discharge + through the dressing (bad smell).
- Swelling at the incision (wound).



2. Significant bleeding from the operated area.



**Contact an Info-Sant  nurse at 811 at any time
(24 hours a day)**

**For all other questions, contact one of the resources
listed on the next page.**

RESOURCES



**For emergencies, call 911.
For health advice, call 811.
24 hours a day, 7 days a week**

Outpatient clinics

Pre-admission (preoperative only) 450 975-5566
Orthopedics..... 450 975-5569

Private offices of orthopedists

Adresse : 1555, Boul. de l'Avenir, Laval (Québec), H7S 2N5..... 450 668-3840

CLSC

Laval region

Accueil première ligne..... 450 627-2530, ext. 64922
CLSC des Mille-Îles 450 661-2572
CLSC du Ruisseau-Papineau 450 682-5690
CLSC et CHSLD Sainte-Rose..... 450 622-5110
CLSC de l'Ouest de l'île 450 627-2530
CLSC et CHSLD Idola-Saint-Jean 450 668-1803

Laurentian region

Centre intégré de santé et de service sociaux des Laurentides :

Thérèse de Blainville 450 433-2777
Des sommets 819 324-4000
St-Jérôme..... 450 432-2777
Pays d'en haut 450 229-6601
Jean-Olivier Chenier..... 450 433-2777
Argenteuil 450 562-3761
Antoine Labelle 819 275-2118

Lanaudière region

Lanaudière Sud 450 654-2572
Lanaudière Nord 450 839-3864

BIBLIOGRAPHY

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Centre de santé et de services sociaux de Laval. (2008) *Suivi postopératoire de l'hallux valgus*. (Original publication in 2007.)

REFERENCES

Web sites

www.halluxvalgus.com

www.piedcheville.com

www.chirurgie-orthopedique-nice.com

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**Centre intégré
de santé
et de services sociaux
de Laval**

Québec 

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Direction des services professionnels
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