

**MACOMB FOOT, ANKLE & WOUND CARE CENTER**  
**Walter B. Coleman, D.P.M. & Kyle W. Sundblad, D.P.M.**  
**9001 FIFTEEN MILE ROAD**  
**STERLING HEIGHTS, MI 48312**

**POST-SURGICAL INSTRUCTIONS**

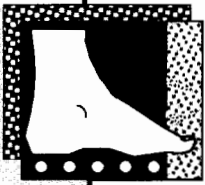
A SURGICAL PROCEDURE HAS JUST BEEN PERFORMED. THE AMOUNT OF DISCOMFORT AND SWELLING VARY FROM PATIENT TO PATIENT. THEREFORE, PLEASE FOLLOW THESE INSTRUCTIONS.

1. While returning home from surgery:
  - a. Sit sideways in the back seat of the car with the surgical foot elevated.
  - b. Have you prescription (s) filled immediately?
2. Remain quiet and off your feet for the first 24 hours. Place a pillow under the calf of your leg so that the surgical foot is elevated.
3. Place an ice bag over the surgical area 10 minutes out of every half hour. This should only be necessary for the first 24 hours after surgery.
4. **DO NOT** change your bandages. Leave bandages on unless otherwise advised by your doctor.
5. **DO NOT** use hot water bags or electric heating pads on your foot (feet).
6. Keep operative area completely dry. If the bandage accidentally gets wet, dry immediately with an absorbent towel and call this office.
7. Your bandages may become somewhat bloody. Should this occur, do not become alarmed. However, if there is active and persistent bleeding, call office at once.
8. Keeping the foot elevated can help throbbing. If the throbbing persists, and the pain medication does not help the throbbing, call the office.
9. Nausea and light-headedness sometimes occurs due to the medication. If this happens, please call the office. Abstain from the use of alcoholic beverages while taking medications.
10. Limit walking to your tolerance but keep it down to a minimum. Stay off your feet as much as possible. Wear your surgical shoe (shoes) when walking if a surgical shoe (shoes) is dispensed to you. **DO NOT** take any steps without the shoe (shoes).
11. Should you bump or otherwise injure your foot or the surgical site in any way, notify this office immediately.
12. If temperature goes over 101 degrees Fahrenheit, call the office.
13. Your next appointment is \_\_\_\_\_.
14. Should you incur any other problems not discussed in these instructions, please phone immediately the following telephone number until you reach your doctor or a member of his staff.

**24 HOUR NUMBER IS 586-979-0560**

I hereby certify by my signature that the above instructions were fully explained to me, that to the best of my ability I will endeavor to follow such instructions and should any problems arise, I will contact Macomb Foot, Ankle & Wound Care Center, immediately.

**SIGNATURE** \_\_\_\_\_ **DATE:** \_\_\_\_\_



# MACOMB FOOT, ANKLE, & WOUND CARE CENTER

WALTER B. COLEMAN, D.P.M.\*

KYLE W. SUNDBLAD, D.P.M.

*\*FELLOW - AMERICAN COLLEGE OF FOOT AND ANKLE SURGEONS*

*\*DIPLOMATE - AMERICAN BOARD OF PODIATRIC SURGERY*

## POST SURGICAL INSTRUCTIONS FOR PLANTAR FASCIECTOMY

A SURGICAL PROCEDURE HAS JUST BEEN PERFORMED. THE AMOUNT OF DISCOMFORT AND SWELLING VARY FROM PATIENT TO PATIENT. THEREFORE, PLEASE FOLLOW THESE INSTRUCTIONS.

1. REMAIN OFF YOUR FEET FOR THE FIRST 24 HOURS. PLACE A PILLOW UNDER THE CALF OF YOUR LEG SO THAT THE SURGICAL FOOT IS ELEVATED.
2. PLACE AN ICE PACK OVER THE SURGICAL AREA 10 MINUTES OUT OF EVERY HALF HOUR. THIS SHOULD ONLY BE NECESSARY FOR THE FIRST 24 HOURS AFTER SURGERY.
3. AFTER 3 DAYS TAKE THE SURGICAL DRESSING OFF THE SURGICAL AREA AND COVER WITH A BAND-AID.
4. DO NOT GET THE SURGICAL AREA WET UNTIL 3 DAYS ARE UP.
5. YOUR BANDAGES MAY BECOME SOMEWHAT BLOODY. SHOULD THIS OCCUR, **DO NOT BECOME ALARMED**. HOWEVER, IF THERE IS ACTIVE AND PERSISTENT BLEEDING, CALL OUR OFFICE AT ONCE.
6. SHOULD YOU BUMP OR OTHERWISE INJURE YOUR FOOT OR THE SURGICAL SITE IN ANY WAY, NOTIFY THIS OFFICE IMMEDIATELY.
7. IF TEMPERATURE GOES OVER 100 DEGREES F. CALL OUR OFFICE.
8. SHOULD YOU INCUR ANY OTHER PROBLEMS NOT DISCUSSED IN THESE INSTRUCTIONS, PLEASE PHONE THE FOLLOWING TELEPHONE NUMBER UNTIL YOU REACH THE OFFICE OR A MEMBER OF THE STAFF.

24 HOUR NUMBER (586) 979-0560

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

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**586/979/0560**  
PHONE

9001 Fifteen Mile Road • Sterling Heights, MI 48312

**586/979/8766**  
FAX