

Surgery for ulcers and infection of the foot

Department of Podiatric surgery

Information for Patients

Produced: February 2024

Review: February 2027

Leaflet number: 1482 Version: 1

Introduction

You have a wound or infection to your foot. It is still present despite other treatments, such as antibiotics, removing pressure to the area, or treatments to help improve the blood supply.

Your team have talked to you about surgery, to remove infected tissue or bone. They may also have spoken to you about the need to

- break and re-set bones to reduce pressure,
- use metalwork deep within the bone to hold the new position in place whilst it heals.

Very often chalky beads (medical grade calcium sulphate) mixed with antibiotics are placed into the bone or wound before closing it. These have the advantage of giving a slow release of antibiotic over a few weeks, to help to clear up any infection that may be left.

The chalky beads mixed with antibiotics are unlicensed. We will talk to you about what this means and give you a leaflet to explain this: [When an unlicensed medicine is prescribed to you](#) (leaflet 890) available on YourHealth yourhealth.leicestershospitals.nhs.uk/

Why has this happened?

Conditions such as diabetes can affect the circulation and feeling to the foot. The foot can be more prone to injury and infection. It may be slower to heal.

Do I need to have an operation?

If the teams caring for you have tried all measures to help the wound to heal, and it is not improving or is getting worse, we may discuss surgery with you. We will offer surgery if we

**Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice**

Visit www.leicestershospitals.nhs.uk for maps and information about visiting Leicester's Hospitals
To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

believe that it will help your foot to heal and reduce infection or prevent further ulcers or the problem worsening. Not having surgery may lead to wounds getting worse and the chance of severe infection.

What will the operation involve?

- We make a cut in the foot.
- The infected skin and bone is removed.
- The foot will be heavily bandaged after the operation. This is to protect the wound and control any swelling and bleeding.

Will I be awake during the operation?

Most operations are done under local anaesthetic. This means you will be awake during the operation. This is done by having a number of injections at the ankle. Local anaesthetic has a lower risk than general anaesthetic (going to sleep). The anaesthetic takes away pain but not the sensation of touch, temperature and vibration. You will not feel any pain during the operation but you may feel the surgeon touching the foot. The local anaesthetic will wear off about 3 to 10 hours after surgery.

Can I eat and drink before I come in for my operation?

You should eat, drink and take your regular medicines as normal.

How successful is the operation?

There are possible risks with all operations. The surgery team will carry out tests and check you to make sure you have the best chance of success. However, you must carefully follow all the advice and guidance given to you after your operation to get the best results.

What are the risks?

Complications may occur. A small number of patients can get long-term problems.

Some possible complications include:

- Infections in the wound. This may become more deeply infected and need a further operation, including amputation
- Sepsis
- Worsening of symptoms. More ulcers may develop which may need surgery
- Damage to nerves in the skin
- Deformity of the foot

- Loss of feeling. This is usually temporary but can sometimes be permanent
- Blood clot in the leg (deep vein thrombosis - DVT) or lung (pulmonary embolism – PE). You will be assessed for your DVT and PE risk. You will be given information on how to reduce the risk of getting a blood clot after you operation

What to do if you cannot come for your operation

You must phone the Day Surgery Unit staff to let them know if you are not able to attend for your operation. Phone numbers are at the end of this leaflet.

This may be because:

- Your current health status has changed (your operation may need to be delayed)
- Your foot has got worse, and you need to be admitted to hospital
- You feel/ are unwell (such as a cough, cold, high temperature or sickness and diarrhoea) on, or just before your operation date

What do I need to do before I come in for my operation?

Please note, the Day Surgery Unit will not let family/ friends to stay with you. Expect to be with us for 2 to 5 hours

- Check your appointment letter to make sure you know what time to arrive and where to go
- Have a bath or shower on the day of your operation using soap
- Take off jewellery except your wedding ring (if you have one)
- You may bring along a personal music device with headphones but please keep any other valuables to a minimum
- Bring slippers to wear, you may also wish to bring a dressing gown
- Do not remove hair on the foot
- Remove nail polish and false nails

If you are overweight, smoke or not active, your recovery after surgery may be longer with a greater risk of developing problems. You may want to talk to your GP or health professional to see what you can do before surgery to help with this.

Why does someone need to stay with me after my operation?

We ask that someone stays with you for at least the first night after your operation. This is for your own safety. Although very rare, it is possible that you may feel unwell or you may fall and need help. If you cannot arrange this, please cancel your appointment. We will make another appointment as soon as you have the help in place.

Will I need crutches?

Crutches are not normally needed after this surgery.

Possible complications after your operation

If the following happens, contact the Day Surgery Unit (Mon to Fri, 8:30am to 4:30pm) or Leicester General Hospital foot team. If no-one is available then contact your GP / Emergency Department (out of office hours) **or** call 111.

Infection: Symptoms to look out for include:

- sudden increase in pain
- wound starts to bleed
- increasing redness in the area around your wound
- foul-smelling leakage from your wound
- temperature of 38° C (100.4° F) or more

Deep vein thrombosis (DVT) - if you have any of these symptoms you should urgently contact your GP or call 111

- pain, swelling and tenderness in one or both of your legs (usually your calf)
- a heavy ache in the affected area
- warm skin in the area of the clot
- red skin, particularly at the back of your leg below the knee
- usually (although not always) affects 1 leg. The pain may be worse when you bend your foot upward towards your knee.

Pulmonary embolism (PE) - if you have any of these symptoms you should call 999

- chest pain or breathlessness– which may come on slowly or suddenly
- chest pain – which may be worse when you breathe in
- sudden collapse

The dressing may become blood stained. If the mark is 2 inches (5 cms) wide or less, there is normally no problem. If you are worried please contact us. Do not try to change the dressing yourself.

What will happen in the first 2 weeks after the operation?

- A responsible adult should be with you or drive you straight home after your operation. Public transport is not suitable. On the way home, keep your leg/foot up.
- Fully rest for 2 days after your operation.
- Your foot may be quite sore. You may be given painkillers to help with this.
- You should keep your foot raised above your hip (elevated) to help with any swelling and pain. You may use pillows to support the leg and thigh.

- If you continue to have pain or any other concerns and it is 'out of office hours', call your on-call GP service, call 111 or visit your local Emergency Department. They will need to know what operation you have had and the painkillers you have already taken.
- After 2 days, you may walk around for no more than 5 to 10 minutes in every hour.
- You will still need to rest and keep your foot raised above your hip (elevate) for 14 days after your operation.
- Please use the trauma shoe whenever you are on your feet (even if you have been given crutches to use). The shoe does not bend. It supports your foot and stops pressure to the wound. You may take the shoe off in bed or when resting with your feet up
- Reduce the risk of blood clots (deep vein thrombosis (DVT) in the leg or pulmonary embolism (PE) in the lung) by HER:
 - **Hydrate** (drink plenty of water),
 - **Elevate** (raise) the limb and
 - **Rotate** (from the ankle joint, use your foot to draw letters of the alphabet in the air - this helps to exercise the calf muscles at the back of the leg). Do not sit with legs crossed
- You must keep the dressings dry. Wet dressings may cause the wound to become infected
- You may get very little pain after your operation. You may think that you can do more than you should. Rest and elevation are essential. Too much walking may cause the foot to become painful and swollen which will delay healing and raise the risk of infection
- You will be seen for a review at 2 to 3 days after your operation by the hospital foot clinic team. They will remove the stitches from the wound at about 10 to 14 days after your operation
- You may find that a form of bed cradle (you can use a cardboard box) is helpful if the weight of the bedclothes causes a problem to the operated foot

What will happen 2 to 4 weeks after the operation?

- After the stitches have been removed a thin dressing will be put on to the wound. Keep this on and dry for 7 days.
- After 7 days, remove the dressing and as long as nothing has leaked on it and the wound is closed, you may bathe or shower. Do not soak the foot at first
- Massage a plain, unperfumed moisturising cream into the foot 3 times a day. As the skin becomes stronger, spend some time deeply massaging the operation site as this will greatly help the scar and swelling to settle down. It will also help with circulation and healing. The team will talk to you about the best type of shoe to be worn in the future.
- The recovery period from surgery will vary depending on the specific procedure done and your body's healing rate.



When can I drive a car?

You are strongly advised not to drive until you are comfortable walking in a normal shoe. You must also be confident and competent to do an emergency stop.

When can I return to work?

You will be advised by the team looking after you when you may go back to work. It will depend on the type of work you do as well as what operation you had and how quickly you are recovering. If you have a physically active job you may be advised to take more time off work. If this is the case, we will arrange for a sick note for you.

Contact Details:

If you have any questions or concerns please do not hesitate to get in contact with the podiatric surgery team (Mon to Fri, 8:30am to 4:30pm):

Melton Mowbray Hospital Main reception: 01664 854 800 Day surgery unit: 01664 854 904

Loughborough Hospital Main reception: 01509 611 600 Day surgery unit: 01509 564 406

Hinckley and District Hospital Main reception: 01455 441 800 Day surgery unit: 01455 441 845

Leicester General Hospital, foot clinic 0116 250 2876

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغةٍ أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل

જો તમને અસ્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।

Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

Previous reference:

If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email equality@uhl-tr.nhs.uk