

**PALO ALTO MEDICAL FOUNDATION**  
HEALTH CARE DIVISION/PALO ALTO MEDICAL CLINIC  
795 El Camino Real, Palo Alto, CA 94301

**SURGERY INFORMATION AND CONSENT FORM**

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**NOTE: READ THIS IN IT'S ENTIRETY, AS IT SHOULD ANSWER MANY OF YOUR QUESTIONS. PLEASE BRING ALL 4 OF THESE PAGES BACK ON THE DAY OF YOUR PRE-OP OR SURGERY**

Surgery has been recommended for your foot and ankle problem. What does this entail and what do you need to know? I have compiled this form after doing 6000 cases involving over 20,000 procedures spanning twenty-five years. Patients should not view foot surgery like an appendectomy, i.e., you cut the bunion out and it is healed. Full recovery could take a year or more for most procedures. You should be prepared to maintain several post-operative visits up to a year (though these are often "no-charge"). None of this information is meant to scare or impress you, but I feel it should be acknowledged.

Surgery can involve local anesthetic with intravenous sedation, general anesthetic, or spinal anesthetic. (Even if you have a local anesthetic, you cannot drive yourself home after the procedure.) You will be able to discuss with the anesthesiologist about the preferred anesthesia prior to surgery. Your specific health history and medical condition will help determine anesthetic type.

Any type of surgery may have possible complications; foot and ankle surgery is no different. Post-operative infection (within the first 14 days) in elective surgery is generally less than 1% (my personal rate is <0.3%). Often reaction to suture material can mimic or cause a secondary infection; this usually appears three weeks or more after surgery. This is more common in the foot where there is less fat to dissolve suture material. Smokers and those with other health problems such as diabetes are prone to more complications. It is imperative that you let me know if you: smoke, utilize excessive alcohol or any recreational drugs or have any other physiologic or psychological problems requiring medications. Unknown drugs could cause interactions with peri-operative medications resulting in, the most severe cases, death.

It should be noted that I do not operate for cosmetic purposes. I feel all feet are relatively unattractive; surgery should only be undertaken to improve function. Patients should not compare healing times, length of incisions and success rates, etc, between themselves because everyone and every surgery is truly different. For instance, there are more than 100 different types of bunion procedures. I am Board Certified in Foot and Ankle/Reconstructive Rearfoot Surgery by the American Board of Foot & Ankle Surgery and am well versed in old and new procedures. Many of my articles are posted on my web page: [WWW.AmolSaxena.com](http://WWW.AmolSaxena.com)

Bunion and hammertoe surgeries are perhaps the most common podiatric procedures done. The overall success rate for these and other forefoot procedures in the literature is 80-85%. This means 1 in 7 will not be considered a "perfect" success either by the doctor or by the patient. This success rate varies in the literature by procedures performed for arthritis and revision surgery (70-80% successful) to other elective procedures (90-95% successful). The literature reveals a 10% recurrence rate with bunion surgery. Mine is approximately 2% (some patients may have mild under-correction that is

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asymptomatic). Studies show overall re-operation rate for complications and recurrences is 7-16%; mine is currently 2%.

Many times patients get overly concerned with post-operative appearance and position. Keep in mind function should be the primary concern. After bunion surgery patients feel a normal big toe is a perfectly straight big toe. In fact, the opposite may be true. The normal big toe alignment may be angled towards the other toes. The other concern is persistent swelling. This can be alleviated by not bearing weight during a portion of the post-operative period, lots of icing (with ice cubes and water-avoid gel packs as they can cause frost bite!), physical therapy, etc. Some other items that are helpful are sandals with adjustable straps, slip-on "Nike Free"-type shoes, cycling gloves (to avoid wrist soreness from crutches) and backpacks to carry "stuff". Shoes with a similar heel height (or an "Even-up") on the opposite limb are helpful. Hand-held shower faucets & plastic chairs make bathing easier. Shower cast covers are available but keep in mind they are not 100% effective all of the time. Hand controls can be added temporarily to cars if you are having surgery on the right limb.

I think my overall success rate (encompassing healing time, back to activities, pain medication use) is due to my approach to foot and ankle surgery. (Keep in mind, some pain meds cannot be refilled after hours.) I do perform new techniques but individualizing the procedure for the patient is most important. For instance, I do prefer many of my younger, active bunion surgery patients to be non-weightbearing (using crutches) and in a cast for 2-6 weeks. This does not mean patients cannot get on a stationary bike after surgery, and work up to swimming, elliptical, and an Alter-G treadmill. Patients should continue to ice months after surgery. Many sports-minded patients are able to get back to running sports 8-12 weeks after most foot and ankle surgeries. Even though you may be back to activities much sooner, keep in mind most patients feel it takes a year to get completely better. Surgery sometimes is like baking cookies or making a toy model. The same ingredients and hard work may go into making them but they do not all turn out the same. If you have any concerns, write them down (along with your family member's questions) and bring them in for your pre-operative visit.

**PROCEDURE:**

**PRE-OPERATIVE CHECK LIST:**

1. Date/time pre-operative appointment. (Usually 1 week prior)
2. Crutches needed: Yes No (Rent/buy from pharmacies)
3. Date/time post-operative appointment. (2-7 days later)
4. Cast Needed:        wks    Boot Needed:        wks
5. Ride/car needed: Yes No (Right foot surgery = no driving. "Telecommuting" works too.)

**I have read and understand the above written information. I consent to the proposed surgery and any associated procedures including photography. I understand all risks, treatment options and alternatives.**

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**Signature**

**Date**