

# Surgical Standards of Care

Ambulatory Foot and Ankle Surgery includes, Minimal Incision Surgery, Percutaneous Surgery, Arthroscopic Surgery, Minimal Invasive Surgery, other Foot and Ankle Surgical Techniques.

Here is some terminology for you to learn, so you can have a productive appointment with your podiatrist.

## Preoperative Care

1. **Locale** - Predominately practitioner's office and outpatient facilities.
2. **Laboratory Tests** - Based on the patient's medical history and the podiatrist's clinical judgment. X-rays are recommended for bone surgery, weight bearing, partial weight bearing, or non-weight bearing. Radiological angles need not be physically measured and recorded if the podiatric surgeon deems a visual inspection of the x-ray adequate to his or her needs.
3. **Scheduling** - Surgery can be performed at any time and location on which the podiatrist and patient mutually agree.
4. **Sterile Preparation** - appropriate surgical scrub and draping of the surgical field depends upon the surgical technique utilized.
5. **Sedation** - Optional, depending upon type of procedure and patient's desires.
6. **Anesthesia** - Local and other forms of anesthesia may be administered by the podiatrist and/or appropriately trained personnel.
7. **Serial Surgery** - The staging of medical and/or surgical procedures, commonly referred to as serial surgery, may be indicated on certain conditions. The Academy of Ambulatory Foot and Ankle Surgery recognizes this as a mode of treatment, when the podiatric practitioner and patient are in agreement.
8. **Multiple Surgeries** - The performance of multiple medical and/or surgical procedures during any single treatment session is deemed by the Academy of Ambulatory Foot and Ankle Surgery as being proper and justifiable when the patient has multiple complaints. Patient history and examination, coupled with social clinical judgment, should augment this decision. Of course, both patient and the podiatric practitioner must mutually agree.

## Intraoperative

9. **Instrumentation** - Specialized podiatric surgical instruments including side cutting bone scalpels (surgical burs) may be utilized.
10. **Incision Size**- Incision may vary from a puncture to a larger incision.
11. **Sutures**-Sutures or other specialized skin closures are at the discretion of the podiatric surgeon.
12. **External Fixation** - Bandage, Unna boot, splints, postoperative shoe, or cast may be employed. Internal fixation is not generally required and is at the discretion of the podiatric surgeon.

## **Postoperative**

13. **Oral Analgesics** - are often sufficient. Wet dressings may be utilized at the discretion of the podiatric surgeon, depending upon the nature of the procedure.

14. **Peri-operative and/or prophylactic antibiotics** - In the presence of a purulent or suspicious exudate, culture and sensitivity testing is indicated. Appropriate antibiotics should be utilized in the treatment of infections. Peri-operative and/or prophylactic antibiotics may be utilized at the discretion of the podiatric surgeon. Localized purulent infections need only be cultured if there are appropriate risk factors present.

15. **Medical Records** - Entries on patient records may be handwritten, typed, or computerized and abbreviated depending on the office policy of the podiatrist who creates and utilizes the records. Standardized operative reports and postoperative instructions regarding routine surgical procedures are acceptable if the type of procedure is identified and any significant differences are included. It is not necessary to record every negative finding on every visit. There is no standardized type of charting that must be used. Medical charts should be accurate and reflect the actual care and treatment of the patient.

\*Note that Aesthetics in Podiatry has adopted the American Academy of Foot and Ankle Surgeons surgical standards of care.