Dr. Scott Swanson is a lifelong resident of Nebraska. Born and raised in Alliance, Nebraska, Dr. Swanson graduated Summa Cum Laude from Creighton University. He graduated with distinction from the University of Nebraska Medical Center College of Medicine.

Dr. Swanson completed his orthopaedic surgery residency at the Creighton/Nebraska combined orthopaedic program. He completed one year of fellowship training in foot and ankle surgery, trauma, and lower extremity reconstruction at the Florida Orthopaedic Institute in Tampa, Florida. Dr. Swanson was awarded a prestigious traveling fellowship by the AO Foundation, the leading international organization for orthopaedic surgeon education. He studied in Switzerland where he learned novel surgical approaches to complex foot and ankle problems. Dr. Swanson has presented his research at numerous national meetings, and is frequently invited to lecture and teach. Dr. Swanson has a particular interest in the prevention and treatment of wounds and infection. He currently sits on the infection control committee at CHI/St. Elizabeth Regional Medical Center. Dr. Swanson is an avid runner, having completed a marathon in all 50 states, including the 2002 Boston Marathon.

Orthopaedic surgeons are medical doctors who have graduated from an accredited medical school, with comprehensive training in all fields of medicine. They then complete a rigorous five-year surgical residency program. Orthopaedic foot and ankle surgeons also complete an advanced fellowship training program in foot and ankle surgery. Podiatrists, on the other hand, are not medical doctors, and most podiatrists have at most three years of training in a surgical residency program after podiatry school. Thus, orthopaedic foot and ankle surgeons are uniquely qualified to deliver comprehensive medical and surgical care for conditions of the foot and ankle.

The Orthopaedic Distinction

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The Day of SURGERY

Most foot and ankle surgery is done as an outpatient at the hospital or surgery center. Some of the bigger and more complex cases require inpatient treatment. You will come to the hospital or surgery center a couple of hours before your surgery is scheduled. A pre-operative nurse will get you checked in and ready for surgery. The anesthesia provider and circulating nurse will introduce themselves. A general anesthetic is usually, but not always required. Some procedures can be done with sedation. The anesthesiologist may ask you if you wish to have a nerve block to ease the pain of surgery. These are generally very effective, but can have some complications. You are encouraged to discuss this with the anesthesiologist. I will visit with you before surgery to mark the correct surgical site and answer any questions you may have.

After surgery, I will visit with your friends or family members who accompany you to the facility. The surgical dressing is put on in the operating room under sterile conditions. It will never be cleaner than that, and I prefer that you simply keep this initial dressing clean and dry; no dressing changes are required.

You will probably be in a splint or post-op shoe. Before you leave the hospital you will be able to use crutches, a walker, or a “Roll-a-Bout.” You will go home with pain medication and pills to help ease nausea. I usually prescribe a baby aspirin to help prevent blood clots. You will be given a follow-up appointment and post-operative instructions. If you have any problems or questions, give us a call. Somebody is always available, 24 hours a day, 7 days a week.

Potential COMPLICATIONS

There is no such thing as “minor-surgery.” There are risks and potential complications with any surgery. Obviously, the most devastating complications would be stroke, heart attack, amputation, or death. However, modern surgery is very safe and these complications are exceedingly rare.

Foot and ankle surgery in particular poses many challenges. The skin and soft tissue of the foot and ankle are very thin. There is a risk of wound healing complications and infection. There are many skin nerves that cross the foot and ankle, and it is not uncommon to have some areas of numbness and/or sensitivities after surgery. There will be swelling which will persist for weeks to months after surgery. After foot and ankle surgery, the risk of blood clots is relatively low. Baby aspirin probably lowers this risk even further. The risk of swelling, wound healing complications, and infection is generally greater than the risk of blood clots. For this reason, unless you have a personal or family history of blood clots, most patients do not need to be on other “blood thinners.” Metal pins, staples, screws, and plates are sometimes used and may need to be removed. There can be other complications or dissatisfaction from any surgery potentially resulting in the need for additional surgery.

The practice of medicine and orthopaedic surgery is an honor and a privilege. I appreciate the trust you have shown in me, and I will do my very best to take good care of you.

Should I Have SURGERY?

This is a question I am asked all the time. For most conditions of the foot and ankle, surgery is but one treatment option. There are very few conditions that HAVE to have surgery. Infections, emergency conditions, and many fractures and dislocations are exceptions.

Besides surgery, treatment for many conditions includes activity and shoewear modifications, immobilization, bracing, orthotics, over the counter or prescription medications, exercise and therapy, and injections. Many patients find relief from our home “Foot-Fixer” program, which includes ointments and foot baths and whirlpool treatments. Weight loss for patients who are above their ideal body weight can help tremendously. The foot and ankle are subject to many times a person’s body weight, so weight gain or loss can have a profound affect on foot and ankle pain.

The best reason to have surgery is for pain relief. Generally speaking, if you are not having significant pain, you should not have surgery. There are, of course, exceptions to every rule.

If you are having pain that is interfering with your daily activities, negatively affecting your quality of life, and reasonable attempts at nonsurgical treatment have been ineffectual, surgery is a reasonable consideration.

You will probably never hear me say, “you have to have surgery.” If I think it will help, I will recommend surgery. However, it is your foot, and only you can decide if surgery is right for you.