

Eugene A. Batelli, DPM, FACFAS
Board Certified, Foot Surgery
Board Certified, Reconstructive Rearfoot & Ankle Surgery

195 US Highway 46, Suite 12
Totowa, NJ 07512
Phone: (973) 837-8173
Fax: (973) 837-8174
www.metroankle.com



POST OPERATIVE DISCHARGE INSTRUCTIONS

You have experienced outpatient surgery. We hope your visit was a pleasant one. Here are some instructions to follow while you recover.

Do not drink alcoholic beverages or smoke for the first 24 hours after surgery.

A responsible adult should stay with you until the next morning.

Do not drive a vehicle or operate heavy machinery for 24 hours.

Do not sign legal documents for 24 hours.

Your foot will be numb for approximately the next 6-8 hours. During that time, it is **VERY IMPORTANT** that you remain as rested as possible because you will be having no pain and it is very easy to damage the surgical site(s).

CARE AT HOME

- Wash your hands
- When resting, keep your foot elevated about 6 inches above hip level by supporting feet and legs with pillows.
- You are to keep your foot cool (NOT COLD) by applying ice bags, moving from the top of the foot to the ankle while you are awake. Keep ice on 20 minutes and then off 20 minutes for the next 7 days.
- **DO NOT WALK WITHOUT SURGICAL BOOT/CRUTCHES IF INSTRUCTED WALKING IS OK.**
- **DO NOT REMOVE THE BANDAGE. DO NOT GET THE BANDAGE WET.**
- Drink plenty of fluids and eat your regular well balanced diet.
- Please do not smoke to insure rapid healing and maintain good circulation.
- A small amount of blood on the bandage is normal.
- **CALL DOCTOR IMMEDIATELY IF:** your bandage becomes too tight and/or your toes become numb, tingling or turn blue, the bandages become overly saturated with blood, the medication does not stop the discomfort, you should bump or injure your foot, or develop fever.

Dr. Batelli can be reached at (201) 249.3581

- Rx for pain _____
- Rx for inflammation _____
- Rx for antibiotic _____
- Rx for sleep/spasm _____
- Other _____

Call the office for you post operative appointment @ **(973) 837.8173**.

You have an appointment on _____ at _____ am/pm.

Contact your physician if you have any questions or problems. **FOR EMERGENCY SITUATIONS, CALL 911 AND GO TO YOUR NEAREST EMERGENCY ROOM.**

You will receive a phone call from my office staff and the Center to check on your progress.

These discharge instructions have been explained to the patient and/or significant other. A copy of these instructions has been given to the patient.

Patient/Guardian Signature: _____ Date: _____

Nurse's Signature: _____ Date: _____

Eugene A. Batelli, DPM: _____ Date: _____