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Joseph J. Mesa, M.D.
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DELAWARE ORTHOPAEDIC SPECIALISTS

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John P. Rowlands, M.D.
James J. Rubano, M.D.
David K. Solacoff, M.D.
Peter F. Townsend, M.D.
Matthew K. Voltz, D.O.

Symptoms

1. You may have persistent or recurrent symptoms even after surgery. This is common during the healing process and is usually due to nerve swelling and irritation. **Pain** usually goes away quicker than **numbness and tingling**. **Weakness** (if you have any) usually takes a longer time to improve. It is also normal for symptoms to abate for the first few days after surgery and then to return again after a period of time. Again, this is usually just from nerve irritation and is part of the healing process.
2. It is very common for people to experience muscular pain in their low back for a few weeks following surgery. This is due to the surgery itself and is to be expected. Ice, massage and continued movement are the best treatments. Even if you have some pain, it is very important to **stay as active as possible**. Activity not only helps with your surgical recovery but also prevents post-operative complications, such as blood clots and pneumonia.
3. Post-operatively, it is not uncommon to feel more tired than usual. **Nausea** and **lack of appetite** are also very common. This may last for several weeks.

Activities and Restrictions

1. You are encouraged to take short **walks** multiple times a day during your recovery. You may **climb stairs** and **ride** in the car for short distances in the beginning of your recovery.
2. You are not allowed to **drive** until cleared by your surgeon.
3. Wear your brace as needed for comfort or as directed by your surgeon.
4. **Light duty activities**, such as preparing meals, washing clothes or dishes, can be resumed almost immediately, but using an upright **vacuum** should not be attempted for six weeks.
5. **Lifting** should be restricted to 10 pounds until your follow up visit, at which time the gradual lifting of these restrictions will be discussed on an individual basis. Any lifting should be done as instructed by Dr Eskander and **proper body mechanics** should always apply.
6. **Physical Therapy**: depending upon your condition and the type of surgery performed, your physician may recommend physical therapy. Please note, prescriptions for physical therapy may not be provided until your six week postoperative visit. This is to allow your body an adequate amount of time to heal from surgery.

Medication

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4923 Ogleton Stanton Road, Suite 300 • Newark, DE 19713
1941 Limestone Road, Suite 101 • Wilmington, DE 19808
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1. **PLEASE NOTE:** If you currently have active narcotic prescriptions from another provider, we will NOT be able to prescribe any pain medications for you after your surgery. You must contact your current prescribing physician to establish a plan for your post-operative care.
2. When you were discharged from the hospital, you were given a **prescription** for pain medicine. If your pain is not severe enough to warrant its use, you may use Extra Strength Tylenol.
3. Post operative constipation is an issue for many people. Prior to surgery, please purchase Senekot, Colace, and Metamucil at the drug store to take as needed **after** surgery. **If you are taking narcotics on a daily basis**, you should be taking daily stool softeners and laxatives to prevent any issues. If these do not work after 2-3 days, you must increase your regimen by adding Dulcolax orally or as a suppository, a fleets enema, or by drinking 30ml of mineral oil once or twice a day. All of these supplements are available over the counter at your pharmacy.
4. **Prescription refills** on narcotics can be requested over the phone. Please make sure you **call during business hours** (8:00 am – 4:00 pm) and **plan ahead**. If you call our office on **Friday after 12:00 pm**, please be aware your request will not be completed until the following **Monday**.
5. **State law** allows us to refill your prescription only **one** time following surgery. If you request an additional refill, you will need to be seen in the office to discuss your medication usage.
6. Prescriptions will not be filled after hours, on weekends or holidays.
7. You may only obtain narcotics from one physician. If you have chosen our office to be your prescriber, you have already read and signed the narcotics policy stating this fact.
8. **Nicotine** in any form will prevent bone growth, as will any **anti-inflammatories** (i.e. advil, motrin, aleve, naprosyn) and are strictly prohibited postoperatively. If you are using nicotine or anti-inflammatories, you should stop them two weeks prior to surgery and remain off of them until your physician lets you know it is okay to resume. Of course you are aware of the risks associated with smoking and it will never be suggested that you return to doing so. However, eventually you will be able to resume your anti-inflammatories if necessary.
9. If you are on any **blood thinners** or take **aspirin** on a daily basis, your physician will tell you when to stop taking these medications preoperatively and when to resume postoperatively. You may need to communicate with your cardiologist, if you have one, to come to a decision that will be most beneficial to your health.

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10. If you were taking any other **daily medications** prior to surgery, you should resume them after surgery unless your physician states otherwise.

Wound Care

1. If you go home the same day as surgery, your incision will be covered with a bandage. Take this off the day after surgery. If you go home the day after surgery, we probably removed this bandage already. Either way, you should have fine pieces of paper tape across your incision. These are called **steri-strips** and they should fall off on their own. If they have not done so after **seven days, carefully peel them off.** This is done easiest after showering.
2. You may **shower** the day after going home, but do not soak in a tub, pool, Jacuzzi, etc for at least three weeks or until your incision is completely healed. This is to ensure your wound will heal properly and it will help prevent bacteria from entering the wound.
3. **Mild swelling and redness** around the incision is normal. You may even have some spotty discharge. If you have any concerns about infection, please give us a call early in the day in case we need to see you.
4. Do not put any **lotions or ointments** on the incision for 6 weeks.

We are devoted to giving you the best care possible and if you have any problems, every effort will be made to address them in a timely fashion. Thank you for allowing us to be involved in your care.

Sincerely,

Mark S Eskander, MD

Crystal DiMauro, PA-C