

# Post-Operative Care Update

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Procedure: [Insert Procedure Name]

**Dear [Patient's Name],**

We are writing to provide you with an update regarding your post-operative care following your recent orthopedic surgery on [Insert Surgery Date]. We appreciate your cooperation and patience during this time.

## **Current Status:**

- Wound healing appears satisfactory with no signs of infection.
- Mobility is improving; [insert specific milestones, e.g., walking with crutches].
- Pain management is under control with prescribed medication.

## **Follow-Up Care:**

Please adhere to the following precautions and guidelines:

- Keep the surgical site clean and dry.
- Limit weight-bearing on the affected limb as discussed during your consultation.
- Attend your follow-up appointment scheduled for [Insert Date].

## **Contact Information:**

If you have any questions or concerns, do not hesitate to reach out to our office at [Insert Phone Number] or [Insert Email Address].

Thank you for entrusting us with your care. We wish you a speedy recovery!

**Sincerely,**

[Your Name]

[Your Title]

[Medical Practice or Hospital Name]