

Lymphedema Follow-Up Care Instructions

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Provider: [Insert Provider Name]

Dear [Patient Name],

Thank you for your recent visit. As part of your ongoing lymphedema management, please follow the instructions below:

1. Compression Garments

Wear your compression garments as advised. Ensure they are clean and in good condition.

2. Skin Care

Moisturize your skin daily to prevent dryness and irritation. Check for any skin changes.

3. Exercise

Engage in prescribed exercises to promote lymphatic flow. Aim for at least [insert time] per day.

4. Elevation

ELEVATE your affected limb when resting to help reduce swelling.

5. Follow-Up Appointments

Schedule your next appointment within [insert time frame] to monitor your condition.

Contact Information

If you have any questions or concerns, please contact our office at [insert contact number] or [insert email].

Best regards,

[Provider Name]

[Provider Title]

[Clinic or Hospital Name]