

Discharge Instructions Following Surgery

Date: **[Date]**

Patient Name: **[Patient's Name]**

Patient ID: **[Patient ID]**

Surgeon: **[Surgeon's Name]**

Procedure: **[Type of Surgery]**

Important Instructions:

- Follow a diet of clear liquids for the first 24 hours.
- Take prescribed medications as directed, including pain management and antibiotics.
- Keep the surgical area clean and dry; follow dressing change instructions.
- Limit physical activity for at least **[number of days]** days.
- Attend a follow-up appointment on **[Follow-up Date]**.

Signs and Symptoms to Watch For:

- Increased pain or swelling at the surgical site
- Fever over 101degF (38.3degC)
- Unusual discharge or odor from the incision
- Shortness of breath or chest pain

Contact Information:

If you have any questions or concerns, please contact our office at **[Office Phone Number]**.

Additional Resources:

For further information, please visit [\[Website Name\]](#).

Thank you for your cooperation. We wish you a smooth recovery!

Sincerely,

[Surgeon's Name]

[Hospital/Clinic Name]