

# Post-Operative Discharge Summary: Joint Replacement

**Date:** [Insert Date]

**Patient Name:** [Insert Patient Name]

**Date of Birth:** [Insert DOB]

**Procedure:** [Insert Procedure Name, e.g., Right Total Hip Arthroplasty]

**Date of Surgery:** [Insert Surgery Date]

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## 1. Medications

The following medications have been prescribed to manage pain and prevent complications:

- **Pain Relief:** [Insert Drug Name/Dose/Frequency]
- **Blood Thinners:** [Insert Drug Name/Dose/Frequency]
- **Stool Softeners:** [Insert Drug Name/Dose/Frequency]

## 2. Wound Care

- Keep the surgical dressing clean and dry.
- Do not remove the dressing until [Insert Date/Instructions].
- Do not submerge the incision in water (baths, pools, hot tubs) until cleared by your surgeon.

## 3. Activity and Physical Therapy

- **Weight Bearing Status:** [e.g., Full Weight Bearing / Toe-Touch Only]
- **Movement Precautions:** [e.g., Do not bend hip past 90 degrees]
- **Physical Therapy:** Begin sessions on [Insert Date]. Perform home exercises [X] times per day.

## 4. Warning Signs (Seek Medical Attention Immediately)

Contact your surgeon or visit the emergency room if you experience:

- Sudden shortness of breath or chest pain.

- Increased redness, heat, or foul-smelling drainage from the incision.
- Calf pain, swelling, or tenderness.
- Fever above 101.5F (38.6C).
- Uncontrolled pain not relieved by medication.

## 5. Follow-Up Appointment

Your follow-up visit is scheduled for:

**Date:** [Insert Date]

**Time:** [Insert Time]

**Location:** [Insert Clinic Address]

**Provider Signature:** \_\_\_\_\_

**Contact Phone:** [Insert Phone Number]