Date: [Insert Date]

Patient Name: [Insert Name]

Date of Birth: [Insert DOB]

Date of Surgery: [Insert Date]

Surgeon: [Insert Surgeon Name]

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1. Procedure Summary

The patient underwent a successful Total Knee Replacement (TKR) on the [Left/Right] knee. The patient is now medically stable and cleared for discharge to [Home/Rehabilitation Facility].

2. Wound Care

- Keep the incision clean and dry.
- Do not submerge the knee in water (no baths or swimming) until cleared by the surgeon.
- Change the dressing as follows: [Insert Dressing Instructions].
- Staples/Sutures will be removed on: [Insert Date/Time].

3. Medications

- **Pain Relief:** Take [Medication Name] every [Number] hours as needed.
- **Blood Thinners:** Take [Medication Name] for [Number] days to prevent blood clots.
- **Antibiotics:** Complete the full course of [Medication Name] if prescribed.

4. Activity and Physical Therapy

- Weight-bearing status: [Full Weight Bearing / Partial Weight Bearing].
- Use your [Walker/Crutches/Cane] at all times when walking.
- Perform your home exercise program [Number] times daily.
- Outpatient physical therapy starts on: [Insert Date].

5. Precautions (R.I.C.E.)

- **Rest:** Avoid standing for long periods.
- **Ice:** Apply ice for 20 minutes every 2 hours to reduce swelling.
- **Compression:** Wear compression stockings as directed.
- **Elevation:** Keep the leg elevated above the level of the heart when sitting.

6. When to Call the Doctor Immediately

- Fever over 101F (38.3C) or chills.
- Increased redness, heat, or foul-smelling drainage from the incision.
- Sudden increase in pain that medication does not help.
- Sudden swelling, pain, or tenderness in the calf muscle.
- Shortness of breath or chest pain (Call emergency services/911).

7. Follow-up Appointment

Your follow-up appointment is scheduled for: **[Date and Time]** at **[Location]**.

Authorized Signature: _____

Hospital/Clinic Name: [Insert Name]