Date: [Insert Date]

Patient Name: [Insert Patient Name]

Date of Birth: [Insert DOB]

Date of Procedure: [Insert Date of Surgery]

Discharge Summary: Ankle Open Reduction Internal Fixation (ORIF)

Procedure Performed: Open Reduction and Internal Fixation (ORIF) of [Left/Right] Ankle Fracture.

1. Wound Care

- Keep the surgical dressing clean and dry.
- Do not remove the splint or cast until your follow-up appointment.
- If you were provided a waterproof cover, use it strictly for showering. Do not submerge the limb in water.

2. Weight Bearing Status

Status: [Strict Non-Weight Bearing / Touch-Down Weight Bearing / As Tolerated]

- Use crutches or a knee scooter as instructed by the physical therapist.
- Do not put weight on the affected ankle unless specifically cleared by your surgeon.

3. Pain Management & Medication

- **Elevation:** Keep your ankle elevated above the level of your heart as much as possible for the first 48-72 hours to reduce swelling.
- **Ice:** Apply ice packs behind the knee or around the splint (if permitted) for 20 minutes every 2 hours.
- **Medications:** Take prescribed pain relief and blood thinners (if applicable) exactly as directed.

4. Follow-Up Appointment

Your follow-up appointment is scheduled for:

Date: [Date] at [Time]
Location: [Clinic Name/Address]

5. When to Call the Doctor

Seek medical attention immediately if you experience:

- Sudden shortness of breath or chest pain.
- Increased pain that is not relieved by medication.
- Significant swelling or redness in the calf.
- Fever (over 101F / 38.3C) or chills.
- Excessive drainage, foul odor, or bleeding through the bandage.
- Numbness or tingling that was not present before.

Physician Signature: _____

Department: Orthopedic Surgery