Date: [Insert Date]

Patient Name: [Insert Patient Name]

Date of Birth: [Insert DOB]

Date of Procedure: [Insert Date of Surgery]

Procedure: [Insert Specific Procedure Name]

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1. Procedure Summary

You have undergone maxillofacial reconstruction. This surgery involved [Insert brief description, e.g., bone grafting, hardware placement, or soft tissue repair]. The procedure was completed successfully, and you are now cleared for discharge to continue recovery at home.

2. Wound Care and Hygiene

- **Incisions:** Keep external incisions clean and dry. Gently pat the area with a clean cloth if damp.
- **Oral Hygiene:** Rinse your mouth [Insert number] times daily with warm salt water or the prescribed antiseptic rinse. Do not use a manual toothbrush near the surgical site until instructed.
- **Swelling:** Apply ice packs to the face for 20 minutes on and 20 minutes off during the first 48 hours to minimize swelling.

3. Activity and Positioning

- **Elevation:** Sleep with your head elevated on 2-3 pillows for the first week to reduce facial pressure and swelling.
- **Physical Activity:** Avoid strenuous exercise, heavy lifting (over 5kg), and bending over for at least [Insert number] weeks.
- **Protection:** Avoid any contact or trauma to the facial area.

4. Diet and Nutrition

- **Current Diet:** [Insert: Clear liquids / Full liquids / Non-chew soft diet].
- **Restrictions:** Do not use straws if you have oral incisions. Avoid spicy, crunchy, or very hot foods.

5. Medications

- **Pain Relief:** Take [Insert Medication Name] as prescribed. Do not wait for pain to become severe before taking medication.

- **Antibiotics:** Complete the full course of [Insert Antibiotic Name] even if you feel well.
- **Other:** [Insert additional medications like nasal sprays or stool softeners].

6. Follow-Up Appointment

Your follow-up appointment is scheduled for:

Date/Time: [Insert Date and Time]

Location: [Insert Clinic/Hospital Address]

7. When to Seek Urgent Medical Attention

Contact your surgeon or visit the emergency department immediately if you experience:

- Uncontrolled bleeding from the mouth or skin incisions.
- Sudden, severe swelling or a "tight" feeling in the neck/throat.
- Difficulty breathing or swallowing.
- High fever (above 38.5°C / 101.3°F).
- Pus or foul-smelling discharge from the wound.
- A sudden change in vision or eye movement.

Surgeon Signature: _____

Department: Oral and Maxillofacial Surgery

Contact Number: [Insert Phone Number]