

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Date of Birth: [Insert DOB]

Date of Surgery: [Insert Surgery Date]

Procedure: [Insert Type of Surgery]

To: [Insert Recipient Name/Physician Name]

Subject: Post-Surgical Wound Care Evaluation

This letter provides an evaluation of the surgical site for the above-named patient during their follow-up visit on [Date of Evaluation].

Wound Appearance:

The incision site is [e.g., well-approximated, healing by secondary intention]. The surrounding skin is [e.g., pink, intact, warm, macerated].

Signs of Infection:

- Erythema: [Yes/No]
- Edema: [Yes/No]
- Purulent Drainage: [Yes/No]
- Malodor: [Yes/No]
- Localized Tenderness: [Yes/No]

Exudate Type and Amount:

[e.g., Serosanguinous, minimal amount noted on dressing].

Closure Material Status:

[e.g., Sutures/Staples/Steri-strips remain intact and were (removed/left in place)].

Assessment:

The wound is currently [e.g., healing as expected / showing signs of delayed healing / showing signs of localized infection].

Plan of Care:

1. Cleaning Instructions: [e.g., Clean daily with mild soap and water].
2. Dressing Change: [e.g., Apply dry sterile gauze every 24 hours].
3. Medications: [e.g., Continue oral antibiotics as prescribed].
4. Activity Restrictions: [e.g., No heavy lifting for 2 weeks].

The patient has been educated on signs of complications and when to seek immediate medical attention. A follow-up appointment is scheduled for [Date].

Sincerely,

[Your Name]

[Your Title/Credentials]

[Your Facility/Clinic Name]

[Phone Number]