Date: [Date]

Patient Name: [Patient Name]
Medical Record Number: [MRN]

Welcome to the Orthopedic Trauma Unit

Dear [Patient Name or Family],

Welcome to the Orthopedic Trauma Unit at [Hospital Name]. Our specialized team is dedicated to providing you with the highest quality of surgical care and recovery support following your injury.

Your Surgical Team:
Your care will be managed by a multidisciplinary team, including orthopedic trauma surgeons, physician assistants, specialized nurses, and physical therapists. Your lead surgeon is Dr. [Surgeon Name].

Pre-Operative Expectations:

- **Fasting (NPO):** Do not eat or drink anything after [Time] on [Date], unless instructed otherwise by the anesthesia team.
- **Medications:** Please inform us of all current medications. Only take medications approved by your surgical team on the morning of surgery with a small sip of water.
- **Consents:** You will meet with your surgeon and the anesthesia provider to sign formal consent forms and discuss the procedure details and risks.

The Day of Surgery:
You will be moved to the preoperative holding area approximately one hour before your scheduled surgery time. After the procedure, you will be monitored in the Post-Anesthesia Care Unit (PACU) before returning to your room.

Pain Management:
Our goal is to keep you comfortable. We use a "multimodal" approach to pain management, which may include nerve blocks, scheduled non-opioid medications, and PRN (as needed) pain relief.

Communication:
We encourage you and your family to ask questions at any time. Your nurse can be reached via the call button, and our team will provide daily updates during morning rounds.

Thank you for trusting us with your care. We are committed to helping you on your road to recovery.

Sincerely,

The Orthopedic Trauma Unit Staff
[Hospital Name]
[Phone Number]