

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

This letter is a follow-up regarding your recent surgical procedure on [Date of Surgery]. Proper wound care is essential for your recovery and the prevention of infection. Please follow the instructions below carefully.

### **Wound Care Instructions**

- Keep the surgical dressing clean and dry for the first [Number] hours.
- Wash your hands thoroughly with soap and water before touching the area near the incision.
- Change your dressing as instructed: [Specific Frequency].
- If you have adhesive strips (Steri-Strips), do not peel them off; let them fall off on their own.

### **Infection Monitoring**

Please monitor your incision site daily. Contact our office immediately at [Phone Number] if you notice any of the following signs of infection:

- Increased redness or swelling around the incision.
- Warmth or heat emanating from the wound site.
- Pus or foul-smelling discharge.
- Severe or worsening pain that is not relieved by medication.
- A fever higher than [Temperature, e.g., 101F / 38.3C].
- The edges of the wound beginning to pull apart.

### **Upcoming Appointment**

Your follow-up appointment is scheduled for:

**Date:** [Follow-up Date]

**Time:** [Follow-up Time]

**Location:** [Clinic/Hospital Name]

If you have any questions before your appointment, please call our nursing staff at [Phone Number].

Sincerely,

[Provider Name/Surgeon Name]  
[Department Name]  
[Facility Name]