
[Fornavn Etternavn]

[Gateadresse]

[Postnr Poststed]

Deres ref.:

Vår ref.:

Dato:

Has your surgical wound been infected?

_____ [Region/HF] routinely investigates how many patients' surgical wounds become infected after surgery and discharge from our hospital. In this regard, we are contacting you since you had surgery on _____ [operasjonsdato] at _____ [Navn på sykehus]. We would appreciate if you would take the time to answer the following questions, when 30 days have passed since your surgery. This letter is to be returned in the enclosed envelope, even if you have had no sign of infection.

Has green/yellow puss discharged from your surgical wound? Yes No

Has the area around your surgical wound been unusually red (more than ½ cm on each side)? Yes No

Has a doctor (physician) opened the wound because of infection? Yes No

Have you received antibiotic treatment because of infection in the surgical wound? Yes No

Have you had a fever (above 38,5 °C) because of infection in the surgical wound? Yes No

Approximate date for detection of signs of infection: _____

Date/signature _____ -- _____

If you have answered "Yes" to any of the above questions, this may be a sign that you have an infection in your surgical wound. In this case, we ask you to contact your doctor, bringing this letter with you. The doctor is to answer the questions on page 2 before you return this letter in the enclosed envelope. All information will be treated confidentially.

If you have any questions regarding this letter, please contact _____ [tittel] _____ [kontaktperson] at telephone number _____.

Sincerely yours

[Hygienesykepleier/seksjon for sykehushygiene]
Head of Department

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