

Post op Instructions

It is extremely important for your smooth recovery that you carefully follow your doctor's instructions. Call the office should any concerns arise at (805) 987-5300.

UPON ARRIVAL HOME

- Take it easy for 4 hours. The relaxation medication we give you will make you tired.
- You may resume your normal diet.
- Keep your eyes closed for at least 3-4 hours except to eat, use the restroom or get to and from your car.

EYE CARE AND MEDICATIONS

- Do not rub the eyes for at least 3 months following your surgery.
- If your eyes itch, notify your eye doctor during the post-operative period visit and a medication will be prescribed.
- You will receive a post-operative bag the day of surgery that will include protective shields
- Wear the eye shields provided at bedtime (or when lying down) for 1 week. However, if you sleep on your stomach, you will need to wear the shields for 4 weeks. The shields should rest against the bones of the brow and cheek and not the eyelids.
- Do not wear eye make-up (mascara, eyeliner) for 5 days.
- When removing eye make-up in the first month after surgery, do so without placing pressure on the eye. If you need further instruction please ask a member of the staff.
- You will use the following eye drops in the treated eye(s):

Besivance or Ofloxacin: 1 drop 3 times per day 1 for week

and

Predforte or Prednisolone: 1 drop 3 times per day for 1 week

or

Pred Gati (from patient counselor drop kits) : 1 drop 3 times per day for 1 week

Artificial Tears: 1 drop 4 or more times per day or as needed

WHEN PUTTING IN EYE DROPS

- Wash your hands before putting in the drops.
- Pull down your lower lid and place the drop in the pocket of the eyelid, holding the bottle tip away from the eye.
- Wait 2-5 minutes between each drop. The order that the drops are put in does not matter.
- You may experience a medicinal taste in the back of your throat after putting in drops; this is normal.

NORMAL THINGS TO EXPECT AFTER SURGERY

- It is normal to experience burning, stinging, and tearing the day and night of surgery. The symptoms may be severe.
- Vision will usually appear particularly blurry for 4-6 hours, and then begins to improve.
- For the first few months you may notice visual fluctuation, particularly when reading, driving and using the computer.
- Glare and halos around lights at night and in low light conditions are normal and usually will gradually subside.
- Your eyes may feel dry for months; use artificial tears to alleviate this.
- You may notice red spots in the whites of your eyes. These are broken blood vessels from the suction ring and are nothing to worry about. These will disappear with time.
- **IF YOU REQUIRE AN ENHANCEMENT FOR MAXIMAL VISION, WE WOULD TYPICALLY SCHEDULE THE PROCEDURE 3-4 MONTHS AFTER YOUR INITIAL SURGERY.**

ACTIVITIES AND GENERAL GUIDELINES

- Avoid getting contaminated water into your eyes for 7 days. This includes water in bathtubs, swimming pools, hot tubs, Jacuzzi, sauna and the ocean.
- If you are not experiencing any pain when you wake, you may take a shower before your first post op appointment, being careful not to get water into you eyes.
- Do not sleep with your pets in your bed for 24 hours after the treatment. Laundered bed linens should be placed on your bed.
- Heavy workouts should be curtailed for 2 days to keep sweat out of your eyes. Light exercise is ok.
- Although it is always recommended that you wear protective eyewear for racquet and contact sports, you must wear eye protection for these types of activities for six months.
- Avoid smoky and dusty environments for 2 days (i.e. construction sites, stables, etc.)
- We recommended that you wear ultraviolet sunglasses when outdoors.
- If in doubt about activities you can or cannot do, please call our staff.



IF YOU EXPERIENCE THE FOLLOWING, PLEASE CONTACT OUR OFFICE IMMEDIATELY AT (805) 987-5300.

- Severe eye pain after the first day
- Significant discharge
- Significant increased eye swelling
- Dramatic decrease in vision

You must return the day after surgery for a mandatory appointment. This appointment cannot be missed. Please call us to schedule if you have not already.

I have read the post op instructions and had the opportunity to ask questions and have them answered to my satisfaction.

Signature of Patient: _____ **Date:** _____

Signature of Witness: _____ **Date:** _____

Revised 4/2016