



LASIK *PRE-OPERATIVE* INSTRUCTIONS

PRIOR TO SURGERY

- **Pre-op: Discontinue to wear contact lenses** prior to pre-operative measurements and surgery: Soft lenses 3-5 days prior, Toric lenses: 5-7 days prior, RGP (hard lenses lenses) 3 weeks prior
- **Medicated eye drops:** Purchase a 2-in-1 combination drops Post op Kit from your patient counselor...OR...make sure you provide us with your pharmacy information or obtain a written Rx for post-operative eye drops.
The prescription eye drops will be used **after** surgery, and you should bring them with you the day of your procedure.
- **Thoroughly clean your eyelids** so that they are free of make-up the night before treatment.

FINANCIAL ARRANGEMENTS

- Please have all financial matters completed **prior** to your arrival for surgery.
- When using a credit card, you can submit a payment online on our **website**
- When financing, apply **at Alphaeon.com** or find a link on our website. You must submit payment in person at the front desk with 2 forms of ID.

SURGERY DAY

- Plan to be at the office for approximately 3 hours.
- Purchase your post op drops kit if you have not done so already.
- Please plan for someone to drive you home.
- You will have the option to take a relaxation pill, so please refrain from consuming of caffeine or alcohol. If you are normally a coffee drinker, feel free to consume your usual amount.
- You may eat normally.
- Continue to take your usual medications unless otherwise instructed.
- Wash your face with soap and water in the morning. Do not wear any facial make-up, eye make-up. No heavy scented perfumes, colognes, or lotions.
- Do not wear large earrings or jewelry.
- Please dress in comfortable, casual, loose clothing. It is cool in the laser room; therefore, we recommend that you bring a sweatshirt or sweater.
- Please bring all of your eye drops and a pair of non-prescription sunglasses.



LASIK *POST-OPERATIVE* INSTRUCTIONS

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 4-6 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 for 5 days. When resuming the wearing of eye cosmetics (mascara, eyeliner) please purchase new products and discard the ones that you used prior to surgery. 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.

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.



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.

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 your 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.

Surgery performed on:
RIGHT EYE **LEFT EYE**

LASIK Post-Operative Drop Instructions

Please bring all post-operative drops to your 1 day and 1 week appointment for review.

2 in 1 Combination Drops – to be provided by your Patient Counselor

Drop name – Prednisolone/Gatifloxacin Ophthalmic Solution

Cap color – **Light Blue**

Instructions: Start date: _____ End date: _____

- ☐ Week #1: apply 1 drop 3 times per day in the eye that had surgery. Then discontinue.
- ☐ Week #1-4: may use preservative free artificial tears as needed.

--OR--

Individual Drops – to be filled and provided by your Pharmacy

****You must pick up all 2 drops from your pharmacy prior to LASIK surgery****

****Apply drops a minimum of 3 minutes apart****

1. Drop name – Moxifloxacin or Ofloxacin or Besivance

Cap color – **Tan**

Instructions: Start date: _____ End date: _____

- ☐ Week #1 – use 1 drop 3 times per day for 1 week in the surgical eye.
Then discontinue.

2. Drop Name – Pred Forte or Dexamethasone or Lotemax Gel or Durezol

Cap color – **Pink or white**

Instructions: Start date: _____ End date: _____

- ☐ Week #1 – use 1 drop 3 times per day in the eye that had surgery. **SHAKE BOTTLE.**
Then discontinue.

3. Preservative Free Artificial Tears

Recommended Brands – Refresh, Systane, Thera Tear

Instructions:

- ☐ Week #1-4 – may use preservative free artificial tears as needed



If you have a sudden decrease in vision or significant new pain, please call DLV Vision or your co-managing optometrist



www.doughertylaservision.com

Westlake Village
4353 Park Terrace Dr Ste. 150
Westlake Village, CA 91361

Camarillo
1821 E Daily Dr.
Camarillo, CA 93010

Simi Valley
2796 Sycamore Dr. Ste. 101
Simi Valley, CA 93065

Encino
16130 Ventura Blvd. Ste. 120
Encino, CA 91436

Newbury Park
1000 Newbury Rd Ste. 220,
Thousand Oaks, CA 91320

Ventura
5682 Telephone Rd. Ste.1
Ventura, CA 93003

Directory

Thank you for choosing DLV Vision. Congratulations on taking the next steps to improve your vision! We are honored to be able to help assist you along in this journey. We understand you may have some questions regarding your surgery or treatment and may need assistance. Please reference the below directory to ensure we are better able to assist you with your questions.

Have Questions about your Fees/ Surgery Type/ Lens Package? Call your Patient Counselor:

Patient Counselor	Email	Phone Number + Extension
Christina Cox	CCox@DoughertyLaserVision.com	(805) 987-5300 ext. 1089
Crystal Segura	CSegura@DoughertyLaserVision.com	(805) 987-5300 ext. 1027
Dana Batista	DBatista@DoughertyLaserVision.com	(805) 987-5300 ext. 1026
Diana Andre	DAndre@DoughertyLaserVision.com	(805) 987-5300 ext. 1093
Hilary Brown	HBrown@DoughertyLaserVision.com	(805) 987-5300 ext. 1010
Lucy Aguayo	Lucy@DoughertyLaserVision.com	(805) 987-5300 ext. 7004
Ryanne Mora	RMora@DoughertyLaserVision.com	(805) 987-5300 ext. 1031

Have Questions about Surgery Instructions, to Change or Re-schedule Surgery – Surgery Coordinator

Jennifer Recinos	JRecinos@DoughertyLaserVision.com	(805) 987-5300 ext. 1019
Maritza Solano	Maritza@DoughertyLaserVision.com	(805) 987-5300 ext. 1016
Tina Villa	CVilla@DoughertyLaserVision.com	(805) 987-5300 ext. 1012

Questions about Insurance Benefits: Billing Department

Billing Department	Billing@DoughertyLaserVision.com	(805) 987-5300 ext. 1003
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Feedback/ Complaints/ Suggestions: Manager

Kristin Michel	KMichel@DoughertyLaserVision.com	(805) 987-5300 ext. 2013
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