

PRK PRE-OPERATIVE INSTRUCTIONS

PRIOR TO SURGERY

- 1. **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
- 2. 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.
- 3. **Thoroughly clean your eyelids** so that they are free of make-up the night before treatment.

FINANCIAL ARRANGEMENTS

- 1. Please have all financial matters completed **prior** to your arrival for surgery.
- 2. When using a credit card, you can submit a payment online on our website
- 3. 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

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- 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 your eye drops and a pair of non-prescription sunglasses.

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	Doughertylaservision.com	Initials:
	805.987.5300	



INSTRUCTIONS AFTER PRK

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

- Relax for the rest of the day. The medications will make you tired. We also encourage
 taking it as easy as possible for the first 3-4 days after surgery; minimize the use of
 computers and reading to help the eyes heal.
- You will have a bandage contact lens in your eye to promote healing for the first 4-7 days
 after surgery. If one of the contact lenses falls out, do not put it back in the eye this
 could lead to infection. Please call our office at once during regular business hours for
 instructions.

EYE CARE AND MEDICATIONS

- If necessary, you may gently dab-dry the eyelids and lashes with your eyes closed. Be careful not to apply too much pressure that could dislodge the contact lens.
- If your eyes itch, notify your eye doctor during the post-operative 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 or until the
 contact lens is removed. They should rest against the bones of the brow and cheek and
 not the eyelid.
- Do not wear eye make-up until the bandage contact lens comes out. When resuming the
 wearing of eye cosmetics (mascara, eyeliner) please purchase new products and discard
 the ones that you used prior to surgery.
- You will use the following eye drops in the treated eye(s):

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 1-2 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.
- Be careful not to touch the eye with the bottle, as this may dislodge the contact lens.
- Do not use anything in the treated eyes except above medications (unless otherwise directed).

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NORMAL THINGS TO EXPECT AFTER SURGERY

- Light sensitivity and more tearing than usual.
- Blurry vision for 5-7 days that continues to fluctuate for up to a few months.
- A decrease in vision 2-4 days after surgery as the surface cells heal across the center of the eye. This will improve with time.
- A burning sensation, grittiness, tearing, or pain in the eye that could be severe for the first 5-7 days.
- Dryness of the eyes for up to several months; use of artificial tears will help to alleviate this.
- Halos around lights at night, which gradually subside over a few months.
- If you experience mild eye pain, take 1 or 2 Tylenol or Advil tablets every 4-6 hours as needed.
- If you experience moderate to severe eye pain following your surgery, you should ask us to call in a prescription for Vicodin and use as directed.

ACTIVITIES AND GENERAL GUIDELINES

- Avoid getting contaminated water in your eyes for 7 days. This includes water from bathtubs, swimming pools, hot tubs, Jacuzzis, saunas and the ocean.
- When you shower, you may wash your hair and face, keeping your eyes closed while the
 water is on your face. Dry your eyelids by gently dabbing but do not put pressure on the
 eyes.
- Do not sleep with pets in your bed for 24 hours after the treatment. Clean linens should have been placed on your bed.
- Light exercise is okay following the treatment, but heavy workouts should be avoided until the contacts are removed to keep sweat out of your eyes.
- Avoid smoky and dusty environments until the contacts are removed (i.e. construction sites, stables, etc.)
- UV blocking sunglasses required when outdoors after surgery for a minimum six months.
- 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.

- EXTREMELY SEVERE EYE PAIN
- SIGNIFICANT DISCHARGE, SWELLING, OR PUS IN THE EYES
- DRAMATIC DECREASE IN VISION

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Initials: _____



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.

have read the post op instructions and had the opportun them answered to my satisfaction.	ity to ask questions and have
Patient's Name	
Patient's Signature	Date
Dr. Doughorty/ Dr. Charmini Dolokrick non / Dr. Datrick Dham	Data
Dr. Paul Dougherty/ Dr. Sharmini Balakrishnan / Dr. Patrick Pham	Date

Surgery performed	d on:
RIGHT EYE	LEFT EYE

PRK Post-Operative Drop Instructions

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

ual Drops – to be filled and provided by your Pharr	nacy or DLV Vision	
Drop Name – Diclofenac or Ketorolac or Prolensa	/ Cap color – Grey	
Day $#1$ – use 1 drop 3 times per day in the eye(s) t Day $#2$ – use 1 drop 3 times per day in the eye(s) t Then discontinue.	hat had surgery. hat had surgery.	accident and its assessment of the control of the c
Drop name – Moxifloxicin, Ofloxacin or Besivance	/ Cap color – Tan	NDC 0781-7135-93
Week #1 – apply 1 drop 3 times per day in the eye(s) that had surgery. Discontinue	Ophthalmic Solution O.5% Rx Only STERRE 3 ml. STERRE 3 ml. SANDOZ this SANDOZ this Solution Ophthalmic Solution To the man Philate Machineach To the man Philate Machineach To the man Philate To
Instructions: Start date: Week #1 – apply 1 drop 3 times per day in the surg	End date: gical eye(s). SHAKE BOTTLE	Prednisolone Acetate Ophthalmic Suspension USP
	Instructions: Start Date: Day #1 – use 1 drop 3 times per day in the eye(s) to Day #2 – use 1 drop 3 times per day in the eye(s) to Then discontinue. **if you have Prolensa, apply 1 dropin the surgery Drop name – Moxifloxicin, Ofloxacin or Besivance Instructions: Start Date: Week #1 – apply 1 drop 3 times per day in the eye(when the bandage contact lens is removed at your Then Discontinue. Drop Name – Lotemax Gel or Prednisolone Acetate Instructions: Start date: Week #1 – apply 1 drop 3 times per day in the surgery	**if you have Prolensa, apply 1 dropin the surgery eye(s) for 2 days, then discontinue Drop name – Moxifloxicin, Ofloxacin or Besivance / Cap color – Tan Instructions: Start Date: End Date: Week #1 – apply 1 drop 3 times per day in the eye(s) that had surgery. Discontinue when the bandage contact lens is removed at your 1 week post-op appointment.

4. 1000mg of Vitamin C by mouth for 6 months.

Recommended Preservative Free Artificial Tears

Brands – Refresh, Systane, Thera Tears

Instructions:

☑ Week #1-8 – may use preservative free artificial tears as needed.







^{**}Norco may be prescribed to ensure comfort after PRK, please pick up from your pharmacy. In addition to Norco, comfort drops are given upon request and can be used up to 2x/day**



Westlake Village

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

Camarillo



Simi Valley

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

Encino

16130 Ventura Blvd. Ste. 120 Encino, CA 91436



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		
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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		
Deborah Haros	DHaros@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		
Feedback/ Complaints/ Suggestions: Manager				
Kristin Michel	KMichel@DoughertyLaserVision.com	(805) 987-5300 ext. 2013		