

## **RLE SURGERY *PRE-OPERATIVE* INSTRUCTIONS**

### **PRIOR TO PRE-OPERATIVE EXAM:**

Contact lenses must be removed prior to the lens measurements for surgery:

- Soft lenses 3-5 days
- Soft-toric lenses a minimum of 5-7 days
- RGP (hard lenses) a minimum of two weeks

After the lens measurements, you may wear your contact lenses again until the day before surgery.

***\*\*Please pick up **all 3 prescription drops** from your pharmacy or purchase **our 3-in-1 combo drop** prior to surgery\*\****

### **THE NIGHT BEFORE THE SURGERY:**

- Wash your face before you go to sleep
- Please avoid smoking for at least 48 hours prior to procedure

### **THE MORNING OF THE SURGERY:**

- Take all your other routine medications except Lasix or Hydrochlorothiazide, with small sips of water.
- Wash your face thoroughly before coming to the surgery center.
- Do not use makeup, scented lotion, nor perfume.
- Please dress comfortably, wear freshly laundered clothing.
- Eat light meal before coming to the office.

### **FINANCIAL ARRANGEMENTS:**

- Please have all financial matters completed prior to your arrival for surgery.
- Payment for surgery will be requested when you check in for surgery.
- We accept cashier's check and personal checks, Visa, Master card, Discover, American Express and Alphaeon Financing and Care Credit. No cash accepted.

### **SURGERY DAY**

- Plan to be in the office for approximately 3 hrs.
- Please plan for someone to drive you home.
- You will have an option to take a relaxation pill, so please refrain from drinking excessive amount of alcohol or caffeine.
- You may eat normally. Continue to take your usual medications, unless otherwise instructed.
- Please bring a pair of non-prescription sunglasses.

## **RLE SURGERY *POST-OPERATIVE* INSTRUCTIONS**

- Do not be concerned by your vision on the day of surgery – it is likely to be very blurry, distorted and you may see colors (typically red) from the microscope light.
- You may see red spots (blood spots) on the white part of the eye after surgery. These are of no concern and will gradually diminish.
- Use the eye shield at night for 5 nights to protect your eye. You may tape the shield on your face with the tape provided. No gauze need be placed under the shield.
- Do not bend past your waist and do not lift more than 20 pounds after your surgery for 5 days.
- Sunglasses are provided for your convenience - use them if you feel light sensitive.
- You may be up and around the day of surgery. Normal activities including reading, TV, and light walking are permitted immediately.
- You may take a shower or bath starting the day after surgery. Keep your eyes closed in the shower for one week. Use a warm washcloth to wash discharge from the eyelid, as necessary. Do not put pressure on the eye, do not rub your eye.
- No sexual activity, golfing, bowling, swimming, dancing, and heavy exercise for five days after surgery unless otherwise instructed.
- Stinging, burning or a moderate amount of irritation is normal. Call your doctor if you have severe pain that does not improve with Tylenol or Advil.
- Do not wear any eye makeup for 1 week following surgery.

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

### IOL Post-Operative Drop Instructions

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

#### **3 in 1 Combination Drops – to be provided by your Patient Counselor**

Drop name – Prednisolone/Gatifloxacin/Bromfenac Ophthalmic Solution

Cap color – Purple

**Instructions:** Start date: \_\_\_\_\_ End date: \_\_\_\_\_

- ☐ Week #1: apply 1 drop 3 times per day in the eye that had surgery.
- ☐ Week #2: apply 1 drop 2 times per day in the eye that had surgery.
- ☐ Week #3: apply 1 drop 2 times per day in the eye that had surgery. Then discontinue.
- Week #4: after 21 days drop should be discontinued. See instruction above.

--OR--

#### **Individual Drops – to be filled and provided by your Pharmacy**

**\*\*You must pick up all 3 drops from your pharmacy prior to 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.
- ☐ Week #2 – use 1 drop 2 times per day in the eye that had surgery. SHAKE BOTTLE.
- ☐ Week #3 – use 1 drop 2 times per day in the eye that had surgery. SHAKE BOTTLE. Then discontinue.

3. Drop Name – Diclofenac or Ketorolac or Prolensa

Cap color – **Grey**

**Instructions:** Start date: \_\_\_\_\_ End date: \_\_\_\_\_

- ☐ Week #1 – use 1 drop 3 times per day in the eye that had surgery.
- ☐ Week #2 – use 1 drop 3 times per day in the eye that had surgery.
- ☐ Week #3 – use 1 drop 3 times per day in the eye that had surgery. Then discontinue.

**\*\*If you have Prolensa, use drop 1 time per day in the eye that had surgery for 3 weeks.**



**\*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
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
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### Feedback/ Complaints/ Suggestions: Manager

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