POST OPERATIVE INSTRUCTIONS FOR EYE SURGERY PATIENTS
FIRST 24 HOURS

□ Go Home and relax, do only essential activities, you may watch TV

□ __________________________ is the responsible person who will be with you for the next 24 hours.

□ MOVE about CAUTIOUSLY. After having your eye operated on, your judgment and depth perception will be off and your VISION WILL BE BLURRED. Your eye may be red, have a SCRATCHY SENSATION with INCREASED TEARING, and there may be spots before your eyes with colored variations. THIS IS NORMAL.

□ Resume your normal diet and ALL REGULAR MEDICATIONS AND BLOOD THINNERS.

□ AVOID ALCOHOLIC BEVERAGES.

□ Sleep with your head slightly elevated on a pillow.

□ Do not strain or lift anything heavier than 20 pounds.

□ Do not drive until the Doctor says you may.

□ You may take Extra Strength Tylenol, one or two tablets every four hours, if you experience discomfort.

□ If you have NAUSEA, VOMITING, or if your PAIN IS NOT RELIEVED BY TYLENOL, PLEASE CALL ME.

□ Use the following medications:

WAIT (5) five to (10) ten minutes between each drop.

________________(Pink Cap) (1) one drop in right eye / left eye (4) times a day

________________(Tan Cap) (1) one drop in right eye/left eye (4) times a day

________________(Gray Top) (1) one drop in right eye / left eye (3) times a day

□ PLEASE BRING YOUR SURGICAL KIT TO ALL APPOINTMENTS.

□ Additional instructions: ____________________________________________________________

□ Your next appointment is scheduled at ____________________(office) on _______________ at ___________ AM / PM.

□ Your doctor would like to see you tomorrow if there are any problems or concern regarding your eye. (Call early.)

□ If you have a problem or an EMERGENCY develops call me during the day or night at: (863) 294-5457 or (800) 683-1763.

I have received and understand both written and verbal postoperative instructions.

_______________________________________________ / ______________________________
Patient and Witness (Legal Guardian / Family Member / Caregiver) Date

____________________________________________________
RN / OA / COA / COT / COMT Signature

J. Silbiger, MD   G. Schemmer, MD   F. Fischer, III, MD  04/12 etb