

POSTOPERATIVE CATARACT SURGERY INSTRUCTIONS

SOUTHPARK SURGERY CENTER

ACTIVITY: You can be up as tolerated. No heavy lifting, strenuous exercising, or bending over with your head below your waist. **DO NOT RUB, WIPE, PUSH, OR PRESS ON THE EYE.** Your eye may be scratchy and keeping the eye closed will allow for quicker healing

EYE SHIELD: _____ Continue the eye patch until seen by your doctor in the office tomorrow.
_____ **XXX** Continue the eye shield today, only removing it to instill the eye drops as instructed below. Wear the shield overnight.
_____ **XXX** Remove the eye shield prior to seeing your doctor tomorrow. It is not necessary to continue using shield unless you would like to do so.

DIET: No restrictions. You may resume your diet as tolerated prior to surgery.

MEDICATIONS: Tylenol one to two (1 to 2) tablets every 4-6 hours IF NEEDED.
You may resume your previous medications as taken prior to surgery.

EYE DROPS: _____ **XXX** **BEGIN DROPS SAME DAY OF SURGERY AND CONTINUE**
_____ **BEGIN DROPS DAY AFTER SURGERY AS PER DOCTOR**

_____ **XXX** **VIGAMOX** - one (1) drop to operative eye four (4) times daily
_____ **XXX** **ECONOPRED** - one (1) drop to operative eye **four (4) times daily**
_____ **ECONOPRED** - one (1) drop to operative eye **every 2 waking hours**
_____ **XXX** **XIBROM** - one (1) drop to operative eye two (2) times daily

(The order of the drops does not matter. Wait at least 1 - 2 minutes between drops.
Use all drops until all bottles are empty.)

_____ You should have already refilled the **vigamox** drops with the prescription given to you by your doctor before surgery.
_____ **XXX** You will need to refill the **vigamox** drops at your pharmacy with the prescription given to you after surgery.

CONCERNING YOUR VISION: Your vision may be blurred and out of focus after surgery until your eye heals and you are ready for new glasses, which may take 2 to 3 weeks at the least. You may experience light sensitivity and a reddish tint to your vision on the day of and the day after surgery. This is related to the pupil dilation and the microscope light, and is temporary.

PLEASE NOTIFY YOUR PHYSICIAN AT 704-295-3000 IMMEDIATELY IF ANY OF THE FOLLOWING OCCUR: Temperature greater than 101.5, nausea and vomiting, sudden change in vision in the operative eye, or pain not relieved with Tylenol. If it is after office hours, the doctor or nurse on duty will return your call.

NEXT APPOINTMENT

Location **SOUTHPARK OFFICE**

Date / / 2007 Time _____ AM / PM