BRING THIS SHEET WITH YOU TO ALL POST-OPERATIVE APPOINTMENTS.



Northeast Ohio Eye Surgeons—Eye Drop Summary □LEFT EYE □RIGHT EYE

Cataract Surgery

Please follow this bubble sheet. Mark off each	h d	lose.
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It is IMPORTANT to take the eye drops according to directions. You may also use artificial tears or lubricating drops as needed which may help healing and reduce irritation.

Wait 5 minutes between any 2 drops.

PRED-MOXI-BROM

Moxiffoxacin - Broth
mic Suspension
Maric Drops
Command 10 mg Number of
The State of
Hartings No. (COM. O SHOEL OF SHOEL)

Br = Breakfast L =Lunch

D =Dinner Bd =Bedtime

Begin:	Day Before	Date of Surgery	Post Op	DATE	TIME	OFFICE	DOCTOR
	Surgery		Day 1				
Pred-Moxi- Brom	Br L D Bd		Approx 1 wk				
			Approx 1mo				

			Wear Eye Shiel	d at Bedtime x 1	week		
First Week	Surgery Day	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
	Br L D Bd	Br L D Bd	Br L D Bd	Br L D Bd	Br L D Bd	Br L D Bd	Br L D Bd
Pred-Moxi-4x/day Brom	0000	0000	0000	0000	0000	0000	0000
Tears 4x/day or More	$\circ \circ \circ \circ$	$\circ \circ \circ \circ$	$\circ \circ \circ$	0000	0000	0000	0000

2nd Week	[Day 8	D	ay 9	D	ay 10	D	ay 11	Da	ay 12	Da	y 13	Da	y 14
	Br	Bd	Br	Bd	Br	Bd	Br	Bd	Br	Bd	Br	Bd	Br	Bd
Pred-Moxi- Brom 2x/day	O	O	O	0	0	O	O	0	0	0	0	•	O	O
Tears 2x/day or More	0	0	0	O	0	0	0	0	0	O	0	0	0	•

3rd Week		Da	ay 15	Da	ay 16	Da	ay 17	D	ay 18	Da	ıy 19	Da	y 20	Da	y 21
		Br	Bd	Br	Bd	Br	Bd								
Pred-Moxi- Brom 2x/	day	0	0	0	0	0	0	O	O	O	•	O	•	O	O
Tears 2x/day or Mo	re	O	O	O	O	O	O	O	O	0	O	O	0	O	O

4th Week	Da	ay 22	Da	ay 23	Da	ay 24	D	ay 25	Da	ay 26	Da	y 27	Da	y 28
	Br	Bd	Br	Bd	Br	Bd								
Pred-Moxi- 2x/day	0	0	0	0	0	0	C	O	O	•	O	0	O	O
Tears 2x/day or More	0	O	0	O	0	O	0	0	0	O	0	0	0	O

TYPICAL Post-Op SYMPTOMS: You may notice...

Blurry or hazy vision for the first several days, but blurry vision may last for a couple weeks

Flickering/reflecting lights or "fluttering" (arc-shaped pattern) in your peripheral vision for days to weeks A mild ache for the first few days

A foreign body or scratchy sensation in the eye for weeks to months (use Artificial Tears periodically for relief)

ACTIVITIES TO AVOID:

Avoid lifting/pushing anything that causes you to STRAIN for at least 1 (one) week

Avoid bending/stooping/head positions that causes a "pressure" feeling in your head for 1 (one) week

Avoid dusty/dirty environments at least 1 (one) week- wear protective eyewear if you must be around dust/dirt No eye make-up for at least 1 week (being careful not to rub eyes hard when removing make-up for 4 weeks)

No swimming and avoid splashing water directly into eye for 2 weeks

No forceful rubbing the operative eye for approximately 4 weeks

PRECAUTIONS:

Wear eye shield at bedtime for 1 (one) week

Take a shower or bath, but cautiously wash your eyelids — no splashing

Wear sunglasses if light sensitive

Wear eye protection when needed

APPROVED ACTIVITES: You may...

Sleep on either side, but use the eye shield for the first week after surgery

Watch TV, read, or work on computer, etc

Perform most household activities, but minimize "STRAINING" for 1 (one) week

Participate in most exercise routines, except avoid straining to lift/bend for 1 (one) week

Have your hair styled at barber/beauty shop (being careful not to get hair or hair product in eyes)

EYEGLASSES:

Most, not everyone's, eyeglass prescription changes after cataract surgery.

Patients may have trouble deciding whether they see better with their old glasses or not, especially between your first and second eye. Some will see better without glasses. Some see better using old glasses. A few (very few) patients will prefer to remove one lens. Try each option to determine which method allows you to function best. YOU WILL NOT STRAIN OR HARM EITHER EYE DURING THIS PERIOD.

Many people can function well with Over-the-Counter "drugstore" readers during this healing period.

Start with **+2.50 READERS** and vary the power up or down to find the one best for you.

You can consider new glasses options typically 1 month after your final surgery.

CALL OUR OFFICE IMMEDIATELY IF YOU EXPERIENCE:

SEVERE PAIN

SIGNIFICANT REDNESS

INCREASED FLOATERS OR FLASHES OF LIGHT (like lightning streaks or flash bulb)

SUDDEN LOSS OF VISION or NEW DOUBLE VISION

SUDDEN CHANGE IN EYE COLOR OR PUPIL SIZE

Lawrence E. Lohman, M.D. Marc F. Jones, M.D. Matthew C. Willett, M.D. Elizabeth Shanika Esparaz, M.D. Rachel S. Davis, M.D.

Katie L. Greiner, O.D. Elizabeth D. Muckley, O.D. William R. Rudy, O.D. Katherine Hastings Zajac, O.D. Marcella E. Pipitone, O.D. David B. Beckett, O.D. Jennifer S. Vincent, O.D. Samantha R. Zaczyk, O.D.

DRIVING:

You will NOT be allowed to drive home from the Surgery Center—please make arrangements.

We ask that you do NOT drive until you discuss with your doctor during one of the post operative visits.

If your doctor indicates that you are "legal to drive", we ask that you:

- 1) limit driving to day-time only and familiar areas for at least the first several days,
- please use YOUR best, safest judgment on whether you are safe to drive.

Office Number: 330.678.0201 After Hours Number: 330.475.7385

BRING THIS SHEET WITH YOU TO ALL POST-OPERATIVE APPOINTMENTS.

Northeast Ohio Eye Surgeons—Eye Drop Summary □RIGHT EYE □LEFT EYE

iLASIK

Please follow this bubble sheet. Mark off each dose.

It is IMPORTANT to take the eye drops as instructed. The following schedule is a guideline, but your doctor may change the regimen through the course of healing.

Wait approximately 5 minutes between the different medications.



Moxifloxacin (Tan Cap)



Prednisolone Acetate (Pink cap)



Preservative Free Tears

Tears: Very Important!

We encourage you to use Preservative-Free artificial tears or lubricating drops frequently which will help healing and reduce irritation.

After 1 month, you may switch to Preserved or Bottled Tears, but stay with Brand names such as Refresh, Genteal, Thera Tears, or Systane.

Again, wait 5 minutes between any 2 drops.

Br = Breakfast L =Lunch D =Dinner Bd =Bedtime

			Wear Eye Shie	eld at Bedtime x	l week		
First Week	Surgery Day	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
		Br L D Bd	Br L D Bd	Br L D Bd	Br L D Bd	Br L D Bd	Br L D Bd
Moxifloxacin	Every 2 Hrs	0000	0000	0000	0000	0000	0000
Pred	Every 2Hrs	0000	0000	0000	0000	0000	0000
Tears every 2hrs							

Stop Moxifloxacin

2nd Wee	ek	Da	ay 8	D	ay 9	Da	y 10	D	ay 11	Da	ıy 12	Da	ıy 13	Da	y 14
No Moxiflo	xacin	Br L	. D Bd	Br L	D Bd	Br L	D Bd	Br I	_ D Bd	Br L	D Bd	Br L	D Bd	Br L	D Bd
Pred	2x/day	O	0	0	0	O	0	O	•	O	•	O	0	O	O
Tears at le	east 4x/day														

			_				
3rd & 4th wk	Br L D Bd						
Tears at least 4x/day							

BRING THIS SHEET WITH YOU TO ALL POST-OPERATIVE APPOINTMENTS.

Northeast Ohio Eye Surgeons—Eye Drop Summary □RIGHT EYE □LEFT EYE

Advanced Laser Surfacing Refractive Procedure (aka PRK)

Please follow this bubble sheet. Mark off each dose.

It is IMPORTANT to take the eye drops as instructed. The following schedule is a guideline, but your doctor may change the regimen through the course of healing.

Wait approximately 5 minutes between the different medications.







Prednisolone (G

(White or Pink cap)



Prolensa (Gray Cap)



"FML" (white cap)

Tears: Very Important!

We encourage you to use Preservative-Free artificial tears or lubricating drops frequently which will help healing and reduce irritation.

After 1 month, you may switch to Preserved or Bottled Tears, but stay with Brand names such as Refresh, Genteal, Thera Tears, or Systane.

Again, wait 5 minutes between any 2 drops.



Br = Breakfast L =Lunch D =Dinner Bd =Bedtime

			Wear Eye Shield at Bedtime x 1 week											
First We	ek	Surgery Day	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7						
	─ 4x/day		Br L D Bd	Br L D Bd	Br L D Bd	Br L D Bd	Br L D Bd	Br L D Bd						
Moxiflox	-	Every 2 mis	$\circ \circ \circ$	0000	0000	0000	0000	0000						
Pred	— 4x/day	Every 2 Hrs	$\circ \circ \circ \circ$	0000	$\circ \circ \circ \circ$	0000	0000	$\circ \circ \circ$						
Prolensa	1x/day		O	O	O	O	O	O						
Tears ev	ery 2hrs													
2nd Wee		Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14						
No Moxifloxacin,	Pred, Prolensa	Br - D Bd	Br - D Bd	Br - D Bd	Br - D Bd	Br - D Bd	Br - D Bd	Br - DBd						
"FML "	3x/day	O - O	O - O	0 - 0	O - O	O - O	O - O	O - O						
Tears at le	ast 4x/day													
3rd & 4th	n wk	Br Bd	Br Bd	Br Bd	Br Bd	Br Bd	Br Bd	Br Bd						
"FML"	2x/day	o o	o o	o o	O O	o o	O O	O O						
Tears at le	east 4x/day													
				_										
5th—8th	Wk	Br Bd	Br Bd	Br Bd	Br Bd	Br Bd	Br Bd	Br Bd						
"FML"	1x/day	O	•	O	O	O	•	O						
Tears at le	ast 2x/day													

TYPICAL Post-Op SYMPTOMS: You may notice...

Blurry or Hazy Vision for the first several days, but fluctuating vision may last for a couple weeks. A foreign body or scratchy sensation in the eye for several weeks. (use Artificial Tears often for relief)

ACTIVITIES TO AVOID:

Avoid activities such as Yoga and weight training for 1 week

Avoid contact sports for 1-2 weeks

Avoid dusty/dirty environments - wear protective eye wear if you must be around dust/dirt

No eye make-up for at least 1 week (being careful not to rub eye when removing make-up for 4 weeks)

No swimming and Avoid splashing water into eye for 2 weeks

PRECAUTIONS:

Wear Eye Shield at bedtime for 1 (one) week

Take a shower or bath, but cautiously wash your eyelids — no splashing

Wear sunglasses if light sensitive

Wear eye protection when needed

APPROVED ACTIVITES: You may...

Sleep on either side, but use the eye shield for the first week after surgery

Watch TV, read, or work on computer, etc

Perform most household activities, but minimize "STRAINING" for 1 week

Participate in most exercise routines, except avoid straining to lift/bend for 1 week

Have your hair styled at barber/beauty shop (being careful not to get hair or hair product in eyes)

CALL OUR OFFICE IMMEDIATELY IF YOU EXPERIENCE:

SEVERE PAIN

SIGNIFICANT REDNESS

INCREASED FLOATERS OR FLASHES OF LIGHT - like lightning streaks or flash bulb

SUDDEN LOSS OF VISION

SUDDEN CHANGE IN EYE COLOR OR PUPIL SIZE

STOW LOCATION	KENT LOCATION	AKRON LOCATION	AFTER HOURS: 330.475.7385
330.928.0201	330.678.0201	330.836.8545	

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BRING THIS SHEET WITH YOU TO <u>ALL</u> POST-OPERATIVE APPOINTMENTS.

Northeast Ohio Eye Surgeons—Eye Drop Summary □LEFT EYE □RIGHT EYE

Cataract Surgery - Pharmacy:

Please follow this bubble sheet. Mark off each dose. It is IMPORTANT to take the eye drops for the FULL 28 days AFTER your surgery. Wait approximately 5 minutes between the different medications. You may also use artificial tears or lubricating drops as needed which may help healing and reduce irritation. **SHAKE PRED BOTTLE BEFORE EACH USE** Ofloxacin "O-flox" (Tan Cap) Ofloxacin (Gray Cap) Prolensa (Gray Cap)								h er						
Begin: Day Before Surgery			Date of Surge	Date of Surgery		s	DATE		TIME		OFFICE		DOCTOR	
		Surgery			Day 1									
O-flox	O-flox Br L D Bd				Approx 1 w									
Prolensa	Prolensa O		Approx		1mo									
Wear Eye Shield at Bedtime x 1 week														
First Week		Surgery Day	/ Day 2		Day 3	Da	y 4	D	ay 5		Day 6	[Day 7	
O-flox 4x/day		Br L D Bd	Br L D Bd	Br	Br L D Bd		Br L D Bd		Br L D Bd		Br L D Bd		Br L D Bd	
		0000		O	0000		0000		0000		0000			
Pred 4	x/day	0000		O	$\circ \circ \circ$	\mathbf{c}	\mathbf{c}	00	\mathbf{c}	\mathbf{c}	$\mathbf{c} \cdot \mathbf{c}$	O (c c c	
Prolensa 1	x/day	O	O	C		0		O		O		O		
2nd Week		Day 8	Day 9		Day 10	Day	/ 11	Da	ıy 12	I	Day 13	D	ay 14	
No O-flox		Br Bo	d Br Bd	Br	Bd	Br	Bd	Br	Bd	Br	Bd	Br	Bd	
Pred 2	x/day	o o	O O	O	O	O	O	O	0	O	O	C	<u> </u>	
Prolensa 1	x/day	0	O	O		O		O		O		O		
3rd Week		Day 15	Day 16	[Day 17	Day	<i>,</i> 18	Da	y 19	I	Day 20	D	ay 21	
		Br Bo	d Br Bd	Br	Bd	Br	Bd	Br	Bd	Br	Bd	Br	Bd	
Pred 2	x/day	o o	O O	O	O	O	O	O	•	O	O	O	C	
Prolensa 1	x/day	•	O	O		O		O		O		O		
4th Week		Day 22	Day 23		Day 24		Day 25		Day 26		Day 27		Day 28	
		Br Bo	d Br Bd	Br	Bd	Br	Bd	Br	Bd	Br	Bd	Br	Bd	
Pred 2	x/day	o o	O O	O	0	O	O	O	O	O	O	O	O	
Prolensa 1	x/day	O	0	O		O		O		0		O		

Thomas Chi, M.D. Myron Bodnar, M.D. Sara Prusinski, O.D. Amy Fernandez, O.D. Jennifer S. Vincent, O.D.

TYPICAL Post-Op SYMPTOMS: You may notice...

Blurry or Hazy Vision for the first several days, but blurry vision may last for a couple weeks.

ACTIVITIES TO AVOID:

Avoid Lifting/Pushing anything that causes you to STRAIN for at least 1 (one) week Avoid Bending/stooping/head positions that causes a "pressure" feeling in your head for 1 (one) week Avoid dusty/dirty environments - wear protective eye wear if you must be around dust/dirt No eye make-up for at least 1 week (being careful not to rub eye when removing make-up for 4 weeks)

PRECAUTIONS:

Wear Eye Shield at bedtime for 1 (one) week
Take a shower or bath, but cautiously wash your eyelids — no splashing
Wear sunglasses if light sensitive

APPROVED ACTIVITES: You may...

Sleep on either side, but use the eye shield for the first week after surgery Watch TV, read, or work on computer, etc

Perform most household activities, but minimize "STRAINING" for 1 week

Participate in most exercise routines, except avoid straining to lift/bend for 1 week

EYEGLASSES:

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SIGNIFICANT REDNESS
INCREASED FLOATERS OR FLASHES OF LIGHT - like lightning streaks or flash bulb
SUDDEN LOSS OF VISION
SUDDEN CHANGE IN EYE COLOR OR PUPIL SIZE

MEDINA LOCATION 330.722.8300	WADSWORTH LOCATION 330.334.1300	

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