

| Bring | this | sheet | with | you | to | ALL | post- | opera | ative | appo | intm | ent |
|-------|------|-------|------|-----|----|-----|-------|-------|-------|------|------|-----|
|       |      |       |      |     |    |     |       |       |       |      |      |     |

# Northeast Ohio Eye Surgeons - Eye Drop Summary Left Eye Right Eye

**ICL Surgery** 

### Please follow this bubble sheet. Mark off each dose.

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



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

| Begin:             | Day Before | Date of Surgery | Post Op           | DATE | TIME | OFFICE | DOCTOR |
|--------------------|------------|-----------------|-------------------|------|------|--------|--------|
|                    | Surgery    |                 | Day 1             |      |      |        | ı      |
| Pred-Moxi-<br>Brom | Br L D Bd  |                 | Approx<br>1 week  |      |      |        | -      |
|                    |            |                 | Approx<br>1 month |      |      |        |        |

| First Week          |             |           | Wear Eye Sh | ield at Bedtime | x 1 week  |           |           |  |
|---------------------|-------------|-----------|-------------|-----------------|-----------|-----------|-----------|--|
|                     | Surgery Day | Day 2     | Day 3       | Day 4           | Day 5     | Day 6     | Day 7     |  |
| Pred-Moxi-Brom      | 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 |  |
| 4x/day              | 0000        | 0000      | 0000        | 0000            | 0000      | 0000      | 0000      |  |
| Tears 4/day or More | 0000        | 0000      | 0000        | 0000            | 0000      | 0000      | 0000      |  |
|                     |             |           |             |                 |           |           |           |  |

| 2nd Week            |       |    |       |    |        |    |        |    |        |    |        |    |        |    |
|---------------------|-------|----|-------|----|--------|----|--------|----|--------|----|--------|----|--------|----|
| Ziid Week           | Day 8 |    | Day 9 |    | Day 10 |    | Day 11 |    | Day 12 |    | Day 13 |    | Day 14 |    |
| Pred-Moxi-Brom      | Br    | Bd | Br    | Bd | Br     | Bd | Br     | Bd | Br     | Bd | Br     | Bd | Br     | Bd |
| 2x/day              | 0     | 0  | 0     | 0  | 0      | 0  | 0      | 0  | 0      | 0  | 0      | 0  | 0      | 0  |
| Tears 2/day or More | 0     | 0  | 0     | 0  | 0      | 0  | 0      | 0  | 0      | 0  | 0      | .0 | 0      | С  |
|                     |       |    |       |    |        |    |        |    |        |    |        | 4  |        |    |

| 3rd Week            |        |    |        |    |        |    |        |    |        |    |        |    |        |    |
|---------------------|--------|----|--------|----|--------|----|--------|----|--------|----|--------|----|--------|----|
| Sid week            | Day 15 |    | Day 16 |    | Day 17 |    | Day 18 |    | Day 19 |    | Day 20 |    | Day 21 |    |
| Pred-Moxi-Brom      | Br     | Bd |
| 2x/day              | 0      | 0  | 0      | 0  | 0      | 0  | 0      | 0  | 0      | 0  | 0      | 0  | 0      | 0  |
| Tears 2/day or More | 0      | 0  | 0      | 0  | 0      | 0  | 0      | 0  | 0      | 0  | 0      | 0  | 0      | 0  |
|                     |        |    |        |    |        |    |        |    |        |    |        |    |        |    |

| 441 387             |        |    |        |    |        |    |        |    |        |    |        |    |        |    |
|---------------------|--------|----|--------|----|--------|----|--------|----|--------|----|--------|----|--------|----|
| 4th Week            | Day 22 |    | Day 23 |    | Day 24 |    | Day 25 |    | Day 26 |    | Day 27 |    | Day 28 |    |
| Pred-Moxi-Brom      | Br     | Bd |
| 2x/day              | 0      | 0  | 0      | 0  | 0      | 0  | 0      | 0  | 0      | 0  | 0      | 0  | 0      | 0  |
| Tears 2/day or More | 0      | 0  | 0      | 0  | 0      | 0  | 0      | 0  | 0      | 0  | 0      | 0  | 0      | 0  |
|                     |        |    |        |    |        |    |        |    |        |    |        |    |        |    |

## 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 or 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 makeup 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 ACTIVITIES: 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 o 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 no, 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 months after your final surgery.

#### **CALL OUR OFFICE IMMEDIATELY IF YOU EXPERIENCE:**

SEVERE PAIN

SIGNIFICANT REDNESS

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

SUDDEN LOSS OF VISION or NEW DOUBLE VISION

SUDDEN CHANGE IN EYE COLOR OR PUPIL SIZE

#### **DRIVING:**

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

We ask thatt 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,

2)please use YOUR best, safest judgement on whether you are safe to drive.

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