



Post-Op Instructions

Your path to recovery.

- 1 Keep your post-operative eye clean and dry. Showering is okay.
- 2 **NO** heavy lifting, bending, or straining.
- 3 Please remain relatively inactive until further notice (usually 1-2 weeks). Strict bed-rest is not necessary.
- 4 Head positioning: _____
- 5 Avoid high-altitudes if you have gas or air in your post-operative eye.
- 6 **Please call the office IMMEDIATELY if you experience excessive pain, redness, or pus/discharge.**

In general, these symptoms should show signs of decrease, rather than increase.

- 7 Reading, watching TV, etc., is okay. You will not damage the post-operative eye by using the "good eye".
Excessive strain (such as speed reading) could cause discomfort.
- 8 Cover your post-operative eye at bedtime with a patch or shield; you may leave uncovered during daytime.
- 9 Clean eyelids with cotton-tip swabs or gauze pads as needed.
- 10 You may use ice packs on the post-operative eye for 5-10 minutes. Repeat every 30 minutes as needed.

11 Medication Regimen/Schedule

Typical Eye Drop Regimen 8_____ 12_____ 4_____ 8_____

<input type="checkbox"/> Prednisolone Acetate (pink or white cap)	1 drop in	<input type="checkbox"/> left <input type="checkbox"/> right eye	_____ times per day.
<input type="checkbox"/> Atropine (red cap)	1 drop in	<input type="checkbox"/> left <input type="checkbox"/> right eye	_____ times per day.
<input type="checkbox"/> Ofloxacin/other (tan cap)	1 drop in	<input type="checkbox"/> left <input type="checkbox"/> right eye	_____ times per day.
<input type="checkbox"/> Dorzolamide/Timolol (blue cap)	1 drop in	<input type="checkbox"/> left <input type="checkbox"/> right eye	_____ times per day.
<input type="checkbox"/> Combigan (purple cap)	1 drop in	<input type="checkbox"/> left <input type="checkbox"/> right eye	_____ times per day.
<input type="checkbox"/> Other _____	1 drop in	<input type="checkbox"/> left <input type="checkbox"/> right eye	_____ times per day.
<input type="checkbox"/> Ointment _____	1/2" inside lower eyelid	<input type="checkbox"/> left <input type="checkbox"/> right eye	at bedtime.
<input type="checkbox"/> Pain Pills _____	Use as directed.		

- 12 Your post-operative appointment is with: Dr. Seligson Dr. Golubev Dr. McMillan Dr. Hudson

Location: Santa Fe Albuquerque

Day/Date _____ Time _____