



Cataract & Lasik Center

Utah's Cataract and iLASIK Solution!SM of Utah

DEAR PATIENT:

It is a real pleasure and compliment to work with you, and to perform your eye surgery. We are dedicated to providing you the latest technology combined with personal care and attention (TLC) to give you the finest results possible. I have the following suggestions concerning post-operative care:

- 1. YOUR EYE:** A patch has not been applied to your eye. Wear your glasses during the day and an eye shield at night for the first 3 nights. Each morning (and as needed) gently blot secretions and mattering away from the eyelids, using a clean wet wash cloth.
- 2. OFFICE VISITS:** On all post-operative visits, please bring your glasses and all eye medications (eye drops and pills).
- 3. MEDICATIONS AND DROPS**



ZYMAR DROPS (tan cap):

Begin today -
One (1) drop in the operated _____ eye
every 2 hours while awake today,
then four (4) times daily for 2 weeks, then stop.



PRED FORTE DROPS (white cap): (SHAKE WELL)

Begin today -
One (1) drop in the operated _____ eye
four (4) times daily for 2 weeks,
then two (2) times daily for the next 2 weeks, then stop.



ACULAR LS DROPS (gray cap):

Begin today -
One (1) drop in the operated _____ eye
four (4) times daily for 2 weeks,
then two (2) times daily for the next 2 weeks, then stop.



REFRESH PLUS DROPS:

Begin today -
One (1) drop in the operated _____ eye
anytime for comfort.

When using the drops wait approximately five (5) minutes between each drop. Always wash your hands before treating your eyes.

4. ACTIVITIES:

- a) Avoid heavy lifting or straining for 2-3 days.
- b) Bending over is permitted.
- c) Washing your hair or receiving a permanent is permitted after 2 days following surgery. Avoid getting water, shampoo, or permanent solution in the operated eye.
- d) You may resume normal activities after 2-3 days.
- e) You may return to work after 2-3 days.
- f) You may resume driving the day after surgery.
- g) Resume your regular medications and diet unless otherwise instructed.

5. PRECAUTIONS:

- a) Do not rub the eye for one month.
- b) For protection, keep your glasses on during the day, and wear the shield at bedtime for the first three nights after surgery.
- c) Wear solar shields (sunglasses) when outside in the sun, as needed.
- d) Do not drink alcoholic beverages, including beer, for 24 hours after surgery. Alcohol enhances the effect of anesthesia and sedation.
- e) Due to the effects of anesthesia, do not drive, or operate machinery or power tools for at least 24 hours after surgery.
- f) Do not sign any important papers or make any important decisions for 24 hours after surgery.

6. WHAT TO EXPECT:

- a) Remember that people vary as to vision in the operative eye after cataract surgery. In general, vision improves week by week. As your eye is healing, you will notice your vision changing. It is normal to have blurred vision for a varying period, and possible double vision for a day or more after surgery. Floaters are commonly seen. You may see silver streaks or black streaks or rings that will gradually disappear.
- b) Glasses may be changed 3 to 5 weeks after surgery.
- c) Do not be concerned if you feel a slight scratchiness in the operated eye. This is normal. You may use artificial tear drops as needed for scratchiness.
- d) It is normal for your eye to feel blurry with glare and haloes, the drops to burn, and the pupil to be dilated for the first few days.
- e) It is NOT normal to experience redness, swelling, aching pain, or decreasing vision.

If you have any questions, please call our office:

(801) 224-6767 or 1-(800) 437-3937

where one of our staff will answer them, or if in doubt, will call me. In the event of an emergency:

- 1) pain not relieved by oral medication, 2) loss of vision, 3) temperature above 100 degrees or severe chilling,
- 4) persistent nausea or vomiting, 5) excessive drainage, or 6) other serious problems, please call:

Jamie Monroe, MD

(801) 785-3933

(801) 361-3504

Pat Beaty, OD

(801) 944-8118

(801) 718-8119

Neil Roberts, OD

(801) 434-9142

(801) 400-1165

Signature of Patient: _____

Signature of Authorized Person: _____

Cataract Surgery Drop Schedule

Please begin the drops the day of surgery at the next mealtime (this will be two or three sets of drops the first day). Begin charting the drops on this chart the day of surgery.

Zymar (antibiotic) - (tan cap) one drop to the operated eye every two hours while awake today, then four times daily for two weeks, then discontinue.

Pred Forte (anti-inflammatory) - (white cap) one drop to the operated eye four times daily for two weeks, then two times daily for two weeks, then discontinue (four weeks total).

Acular LS (anti-inflammatory) - (gray cap) one drop to the operated eye four times daily for two weeks, then two times daily for two weeks, then discontinue (four weeks total).

Refresh Plus (artificial tears) - One drop in the operated eye anytime for comfort - begin today.

* If you normally use drops for pressure, please continue them unless told otherwise.

* Please **shake** each bottle prior to use and **wait at least FIVE minutes** between each kind of drop.

WEEK ONE		DAYS	1	2	3	4	5	6	7
BREAKFAST	Zymar (every 2 hours on day 1, then 4 times daily)								
	Pred Forte								
	Acular LS								
	Other _____								
LUNCH	Zymar								
	Pred Forte								
	Acular LS								
	Other _____								
DINNER	Zymar								
	Pred Forte								
	Acular LS								
	Other _____								
BEDTIME	Zymar								
	Pred Forte								
	Acular LS								
	Other _____								

WEEK TWO		DAYS	1	2	3	4	5	6	7
BREAKFAST	Zymar								
	Pred Forte								
	Acular LS								
	Other _____								
LUNCH	Zymar								
	Pred Forte								
	Acular LS								
	Other _____								
DINNER	Zymar								
	Pred Forte								
	Acular LS								
	Other _____								
BEDTIME	Zymar								
	Pred Forte								
	Acular LS								
	Other _____								
WEEK THREE		DAYS	1	2	3	4	5	6	7
BREAKFAST	Pred Forte								
	Acular LS								
	Other _____								
BEDTIME	Pred Forte								
	Acular LS								
	Other _____								
WEEK FOUR		DAYS	1	2	3	4	5	6	7
BREAKFAST	Pred Forte								
	Acular LS								
	Other _____								
BEDTIME	Pred Forte								
	Acular LS								
	Other _____								

If you have been prescribed drops other than Zymar and Pred Forte, please continue then until instructed to discontinue.