



Post-Operative Instructions – PRK

Patient Name: _____

Date & Time Post-Operative Appointment: _____

REST AFTER SURGERY

Immediately after surgery, try to sleep or rest with your eyes closed for 3 hours. Start your eye drops (as directed below) after the 3 hour nap. Sleep and rest today with **your head slightly elevated until your one day post-op appointment**. Do not rub your eyes and avoid reading. Your vision will be "foggy" & your eyes may tear due to a "gritty" or "foreign body" sensation with sensitivity to light.

WEAR GOGGLES WHILE SLEEPING

While sleeping, please wear the eye goggles provided in your post-op pack; this includes all times, even if only taking a short nap. This protective measure is required for 5 days after surgery.

USE YOUR DROPS EXACTLY AS DIRECTED

Wash your hands before administering drops and DO NOT touch dropper to your eye.
*******Please wait 5 minutes in between drops.**

Tobradex ST: Please shake bottle prior to use. Place **1 drop** in the operated eye(s) **4 times per day until the bandage lens is removed**. This drop may sting on instillation.

Tetracaine (Numbing drops) AS NEEDED ONLY: Place **1 drop** in the operated eye(s) up to a maximum of 6 drops/day for the first 2-3 days (3 days maximum). It is best to use numbing drops just prior to applying medicated drops or just before resting/sleeping. **CAUTION: Excessive or prolonged use of numbing drops may delay corneal healing.**

Retaine Artificial Tears: Use **4 times per day for the first week and twice daily thereafter**.

Fluorometholone (FML): Begin using this drop **4 times per day in each eye**

once the contact lens has been removed and discontinue the Tobradex ST. Your doctor will advise you when to discontinue the FML.

CONTACT LENS BANDAGE

If loss of contact lens is experienced, first wash your hands. Next, apply "Numbing Drops" to **BOTH** eyes immediately prior to attempting to insert the replacement contact lens in your eye. If you cannot insert the spare contact lens, call the emergency number. If you do not need to use the replacement contact lens, please return it to the doctor during your 5 day post-op visit.

IF YOU EXPERIENCE PAIN OR DISCOMFORT

A prescription for narcotic pain medication has been given to you. If you experience pain, please take it as directed. You can also use an over the counter pain reliever according to package directions. If you experience pain that cannot be relieved, call the center immediately: **724.772.9600**. If after hours, please call the number below.

Patient's Initials _____

DRIVING & TRAVEL

You are NOT to drive until given permission by the doctor. Do not attempt to drive or operate machinery of any kind if your vision is not clear. PLEASE **stay close to home for at least one week after surgery**. It is not recommended to travel outside the area, unless absolutely, positively necessary.

PROTECT YOUR EYES FROM EXTERNAL POLLUTANTS

Avoid exposing your eyes to dust, water, smoke and chemical exposure (fumes, aerosol sprays, vapors, etc.) for 2 weeks following the procedure. **Do not swim, use hot tubs or saunas. Do not use cosmetics or eye make-up of any kind until the doctor tells you that you can, usually 2 weeks. Do not use a tanning bed until 30 days after your surgery.** When showering, close your eyes tightly to avoid getting water in your eyes; then dry your eyelids thoroughly before opening your eyes.

AVOID EYE TRAUMA; LIMIT STRENUOUS EXERCISE AND SPORT ACTIVITIES FOR ONE MONTH

Take every precaution to protect your eyes from trauma. **DO NOT RUB YOUR EYES. Use EXTREME caution when putting sunglasses or goggles ON & taking them OFF; use 2 hands and avoid any contact with your eyes. Avoid ALL contact sports and racquet sports for 1 month following surgery. Avoid all activities that would cause you to come in contact with contaminated water for 2 weeks following surgery.** You may resume non-strenuous sporting activities 3 days after surgery, but do not allow perspiration to get into your eyes. Once you resume normal activities, it is highly recommended that you wear protective eyewear while playing ANY contact or racquet sports.

WORK

The surgeon will determine a work release date upon your post-procedure visit.

MEDICATIONS

Resume your routine medications unless otherwise instructed.

SYMPTOMS

You will be seen the day after surgery. **Expect your vision to fluctuate the first few weeks after surgery.** Your eyes may be somewhat sore and you may experience blurring of vision and/or light sensitivity. These symptoms and any discomfort will become milder. If you have acute pain, loss of vision, discharge (other than tearing) or if your symptoms become worse, contact us immediately: **724.772.9600**. If after hours, please call **412-400-2250**.

I have received verbal and written post-operative instructions and I understand them.

Patient or Legal Guardian Signature

Relationship to Patient

Authorized Signature

Date and Time

EMERGENCY NUMBER: (412) 400-2250

PLEASE MAKE SURE TO KEEP ALL FOLLOW UP APPOINTMENTS: 1 DAY, 1 WEEK, 1 MONTH, 3 MONTH, 6 MONTH, 1 YEAR. THIS IS **REQUIRED** TO ENSURE ELIGIBILITY FOR THE 1 YEAR RETREATMENT/ENHANCEMENT Program

Patient's Initials _____

Revised 07-2013