

## Phaco-Cataract or Secondary Implants

*Dr. R. Beauchene, Dr. Edwards, Dr. Flaherty, Dr. Galang, Dr. M. Hattenhauer, Dr. Parmley, Dr. Sprik, Dr. Tuman*

Page 1 of 2

Date: \_\_\_\_\_

### SURGICAL SITE CARE

#### Surgical Site:

1. Always wash your hands before caring for your eye.
2. Wear the eye shield for sleeping or whenever you do not wear glasses (to protect your eye at all times).
3. Sunglasses may be worn indoors or outdoors if bright lights bother you.
4. If eye has been patched after surgery, the patch may be removed in 2-3 hours unless instructed otherwise by Physician.

**Eye medication:** If you are on glaucoma medications, continue those as you always have. Please bring the post operative packet to the office with you the first day.

**Day of your surgery:** Use one drop Zymar, Acular LS (if given in kit) and PredForte at 3:00 p.m., 7:00 p.m., and at bedtime in the operated eye. Wait 5-10 minutes between drops.

**For Dr. Edwards Only:** Use drops every 2 hours while awake.

**Beginning the day after surgery and continuing as instructed by Physician:** Use one drop Zymar, Acular LS (if given in kit) and PredForte four times a day. Wait 5-10 minutes between drops.

**For Dr. Parmley and Dr. Edwards:** If the eye is patched, leave the patch in place until your appointment on the day following your surgery, unless instructed otherwise by your doctor. If your eye is patched, no drops are needed that day, unless instructed otherwise by your doctor.

#### Other New Medications:

**Vision:** Today your eyelid may droop and your vision today may be double. This is quite variable. You will not have your glasses changed for about two to three weeks. If your old eyeglass lens blurs your vision, it can be removed from your glasses. Without glasses, however, your near vision usually will be poor.

#### Healing:

- Double vision may be noted the first week or so.
- If the eye matters excessively, gently apply a clean washcloth soaked in warm tap water over the closed lids to loosen this material.
- The eye is usually red at first and close examination may show a change in your pupil.
- Floating black spots or fine webs before your eyes are common.
- Scratchiness and itching are common and are not danger signs.
- The eye lid may be bruised or swollen, this will resolve.

### ACTIVITY

Refrain from strenuous activities such as lifting over 15 pounds, shoveling snow, etc. the day of your surgery. You may stoop, bend, be outside, do light work, read or cook without damage to the eye. Your hair may be washed or shampooed if desired; try to keep soap out of the eye.

### COMFORT

Some pain may be present for the first day or two. You may use Tylenol, two tablets orally every four hours, as needed. If pain is severe, or prolonged, call the Eye Clinic, day or night.





Wausau, WI

715.847.2121 ~ 800.283.2881

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Page 2 of 2

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**DIET**

Resume regular diet and medications.

**SAFETY**

- Because your vision will likely be blurry and double, use extra care when walking and when using stairs.
- We advise that someone else drive you home today.
- If you have had anesthesia/sedation you can expect to feel dizzy, weak and drowsy for as long as 12 -24 hours. Please follow these instructions for that time:
  1. DO NOT drive a car or operate machinery. Your reflexes and coordination are not up to normal. Have standby assistance on stairways.
  2. No alcoholic beverages today.
  3. Postpone signing important papers or making any important decisions.
  4. We recommend that you have someone stay with you for 12-24 hours or overnight following your procedure.

**WHEN TO CALL**

If any of the following symptoms occur: SEVERE EYE PAIN OR HEADACHE UNRELIEVED BY TYLENOL, DECREASING VISION ESPECIALLY IF THE VISION WAS INITIALLY BETTER, FEVER (101° OR ABOVE), PERSISTENT NAUSEA AND VOMITING, RASH OR ANY CONCERN ABOUT YOUR RECOVERY.

**WHO TO CALL**

Someone is available 24 hours a day to assist you.

Dr. \_\_\_\_\_

**OR**

EYE CLINIC:  
715-845-8201 or 1-800-472-0033

ASPIRUS DAY SURGERY PLUS: 715-847-2907  
6:00 a.m. to 7:00 p.m. (Monday - Friday)

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**RETURN APPOINTMENT:**

**DATE/TIME:**

A nurse will attempt to call you in the next few days to discuss your recovery and any questions or concerns you may have. If you have a question or concern before your hear from us, please don't hesitate to call.

In case of an emergency, please go to your nearest emergency facility.

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**I have discussed the above information with a nurse and my questions have been answered to my satisfaction.**

\_\_\_\_\_  
Patient or Responsible Party Signature

\_\_\_\_\_  
Date/Time

\_\_\_\_\_  
RN Signature

\_\_\_\_\_  
Date/Time