

POSTOPERATIVE INSTRUCTIONS, EYES SECTION

ACTIVITY:

- _____ Bedrest with bathroom privileges only – Day of Surgery.
- _____ Minimal walking with assistance. (May walk to rest room)
- _____ Do not bend forward or lift – 2 weeks.
- _____ Driving permitted after 5-7 days.
- _____ Restrictions: No prolonged sun exposure to face for 4-6 weeks.
- _____ Resume full activity/exercise Start slowly after 2 weeks.
- _____ Other: Sleep with head and shoulders elevated on 2-3 pillows for 48 hours.

DIET:

- _____ Liquids and bland soft food for 24 hours.
- _____ Soft diet _____ days.
- _____ Regular diet.
- _____ Other Drink plenty of fluids.

HYGIENE:

- _____ Tub bath only for 2 days.
- _____ Sponge bath for 2 days.
- _____ Shower after 2 days.
- _____ Shampoo hair gently on _____ day after surgery.
- _____ Air dry hair for _____ and cool blow dry after _____ days.
- _____ Other: Apply cold compresses to eyes as much as tolerated for 48 hours.

MEDICATIONS:

_____ PAIN:

_____ Take one pill every 3-4 hours as needed for pain.

_____ SLEEP/ANXIETY:

Valium 10 mg Take one the night before surgery and one the morning of surgery with small sip of water.

_____ ANTIBIOTIC:

_____ Take one _____ times daily.

_____ Bacitracin Ophthalmic Ointment to eyes at night (gently pull down lower lid and put in eye).

_____ Neosporin drops every 2-3 waking hours.

_____ Apply cold compresses as much as possible for 48 hours.

Next Office Appointment Date: _____ Time:

Should you need assistance, please call (918) 749-5522. If it is after office hours, tell the answering service that you are a postop surgical patient and you need to speak to the doctor and they will page him and have him call you. To ensure the page has connected, please return the to the answering service if you do not get an immediate response.