

## **Discharge Instructions- Cataracts**

## **Diet and Activity**

- Your reflexes are diminished for 24 hours after receiving anesthetic medication; no operating a vehicle or appliances, drinking alcohol or making critical decisions. You must have someone stay with you during this time.
- You may resume your regular diet; start light to avoid nausea.
- You may resume activities including "light" reading, watching television, and walking.
- For the next week, do not lift anything greater than 20 pounds and do not bend at the waist. Refrain from strenuous exercise until instructed by your surgeon. No swimming for 3 weeks. Refer to other specific instructions from your surgeon.

## Medications

- You may resume your normal daily medication schedule.
- \* You may use Tylenol, Aspirin or Ibuprofen for pain or discomfort.
- When you get home, continue prescribed eye drop(s) as directed by your surgeon. If multiple drops are being used, wait about 5 minutes between each drop.
- Artificial Tears (preservative-free only) may also be used as needed for dryness and discomfort.

**Eye Care** (follow instructions only for boxes that are checked):

<ul><li>✓ Avoid rub</li><li>✓ Wash han</li></ul>	obing, bumping, scratching, or tounds before and after instilling eye.	Iching your eye. No eye make-up for 2 weeks. drops; use clean tissue to wipe excess. is NORMAL . This should clear in 2-7 days following
Slight red	ness, scratchiness, and blurriness	is NORMAL. This should clear in 2-7 days following
surgery. R	Remember, every eye heals at a dif	fferent rate.
		vill evaluate your need for a new prescription during
	ming weeks. Wear sunglasses outs	
Apply eye	shield over operative eye any tim	ne you sleep (bedtime/naps) for the next 5 nights.
Leave snie	eld on until tomorrow morning; re	emove only to apply drops.
Follow-Up	<b>Appointment</b> : Go to your sur	rgeon's office tomorrow @
		tion glasses to this appointment for review
Dining arry cyc	sargery medications and presemp	tion glasses to this appointment for review
*CALL YOU	JR SURGEON IF ANY OF T	HE FOLLOWING OCCUR:
<ul> <li>Sudder</li> </ul>	n loss of vision or severe p	pain/unbearable headache
_		er, swelling, heat, drainage or redness
		ess, extreme nausea and/or vomiting
*Go to the Ei	mergency Room if you are unal	ble to reach your Surgeon at number below:
530-895	-1727 (Chico Eye Center)	530-899-2244 (Reeve-Woods Eye Center)
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	and have received a copy of these ny satisfaction.	instructions. All of my questions have been
Patient/Respo	onsible Party's Signature:	
Date	Nurse's Signature	
Dute	italse s signatule	
Please contac	t us if you have any questions:	Advanced Eye Surgery Center
		627 W. East Ave., Chico, CA 95926
		530-342-1800