

DR. ROBERT REEVE / DR. DAVID WOODS

GENERAL POST-OPERATIVE INSTRUCTIONS

1. Because your reflexes are diminished after receiving anesthetic medications, for the next 24 hours:
 - a. You should not operate a vehicle or engage in the operation of machinery or appliances
 - b. You should not drink alcoholic beverages
 - c. You should avoid making any critical decisions
 - d. You must have a responsible adult stay with you after discharged from the Center.
2. There are no diet restrictions, although a heavy meal is not recommended. You may resume your medications unless otherwise directed by your physician.
3. **DO NOT** rub wound/eye or do any heavy lifting for 1 week. Otherwise, you may resume your normal activity.
4. You may have a headache or eye pain and can take Tylenol for any discomfort. Aspirin products should be avoided. If prescription pain medicine was prescribed, you may take that as directed.
5. Applying ice to the surgical site(s) will greatly reduce pain and swelling. Apply ice pack for 20 minutes, then remove for 20 minutes, and repeat for the next 48 hours while awake, and then as needed.
6. Keep your head elevated on 2-3 pillows at all times for the next 48 hours to help control swelling.
7. If you have a dressing over your eye, leave that in place until you follow-up with your physician.
8. If prescribed, apply _____ ointment / drops to operative sites ___ times a day.
9. **POST-OPERATIVE EXAMINATION:** Please return to your physician's office @ _____ on _____ in Chico / Paradise for your follow-up appointment.
10. Additional instructions:

PRECAUTIONS: If you have problems relating to your surgery or develop any of the following – fever over 101, chills, difficulty breathing, excessive drainage from the eye, excessive headache or eye pain not relieved by Tylenol or your prescribed pain medication, please call your physician's office @ **899-2244**. **IF YOU ARE UNABLE TO REACH YOUR PHYSICIAN, YOU SHOULD GO TO THE EMERGENCY ROOM NEAREST YOUR HOME, OR DIAL 911.**

I have received a copy of these instructions

Patient/Parent/Guardian

Nurse Signature

Date