

### Pterygium/Conjunctival Surgeries POST-OPERATIVE CARE

1. Please do not remove the patch. The doctor will remove dressing in the office 1 day after the surgery. Begin using your ointment immediately after the office visit, according to the schedule.
2. There may be some staining of the patch with fluid or blood – this is normal. If there is excess bleeding please call the doctor.
3. Medications: \_\_\_\_\_ : FOUR TIMES PER DAY UNTIL ONE WEEK VISIT
4. Artificial Tears – use as needed to help relieve any “sandy” feeling.
5. Do not use the pool, Jacuzzi or steam bath for 3 weeks after surgery.
6. You may shower and wash your face and hair as you normally would. Avoid splashing water or soap directly into the eye. To dry, gently pat around the eye.
7. We do not anticipate significant physical restrictions following pterygium surgery; however one should avoid particularly strenuous activity for approximately two weeks.
8. Normal daily activities, including sexual activity, may be resumed almost immediately.
9. Please avoid any activity that may cause you to bump, rub, or press on your eye.
10. It is advisable to wear your normal glasses or sunglasses during the day to protect your eye. You may be light sensitive after surgery and may be more comfortable with sunglasses.
11. If you drive, you may resume doing so as soon as you feel visually comfortable.
12. You may resume your normal diet after surgery. However, if you do not feel well, begin with liquids and gradually work up to solid foods.
13. Continue any medications in the unoperative eye that were used prior to surgery.
14. Tylenol may be taken to relieve mild discomfort you may feel following pterygium surgery. If you have an allergy to Tylenol, do not use it.

**If you experience severe pain, excessive bleeding, yellow drainage, or reduced vision of your operative eye, contact us immediately day or night at 530-891-1900. If the office is closed, the answering service will page the doctor on call.**

We will see you for your 1-day post-op visit in our office on: \_\_\_\_\_ @ \_\_\_\_\_.

I acknowledge and understand all of the above information. I have received my post-op instructions on how to instill my eye medication.

PATIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_