FILUTOWSKI CATARACT & LASIK INSTITUTE
LASIK/PRK POST-PROCEDURE CARE

Patient's Name:	Chart #:

EYE DROPS: Please follow the written Post-Op eye drop instruction sheet attached.

EYE PROTECTION: DO NOT RUB YOUR EYE(S) FOR 1 FULL WEEK.
We recommend that you have sunglasses with you to wear home after the procedure and anytime thereafter for your comfort and for eye protection. The eye shield should be taped over your eye before sleep for the first 4 days.

SLEEPING PILL: It is helpful to sleep for the first 4-6 hours following LASIK/PRK. Before you get home, it is recommended that you have the provided prescription for Valium filled to help you sleep for this 4-6 hour period.

RESTRICTIONS:
No eye makeup for 1 week
No dirt in your eye for 1 week
No swimming or contact sports for 1 week
No driving until permitted by your doctor

EXPECTATIONS: VISION MAY BE BLURRY AND FLUCTUATE FOR THE FIRST WEEK OR SO. VISUAL RECOVERY TAKES UP TO 6 MONTHS.

Symptoms of light sensitivity, halos, starbursting, double or distorted vision improve with time.

Your eye may burn, sting, feel scratchy and tear for about 1-7 days. Artificial tears will diminish those symptoms. Tylenol, Advil, or other similar pain relievers may be taken as necessary.

Your lids may be swollen and crusty initially. You may also notice white matter in the corner of the eye while using the prescribed drops. Red spots (broken blood vessels) on the white of the eye go away in 1-2 months.

If you are over 40, reading may be difficult. Regular reading glasses may be adequate. Prescription readers may be prescribed once your vision stabilizes.

You may be a little overcorrected initially. Regression is part of the normal healing. After 6 months, if you are stable and under- or over-corrected, you may have an enhancement (more laser). While healing, you may need to wear temporary glasses or contact lenses.

POST-OP VISITS:
Day 1: Check the flap/corneal surface Date: _____ Time: _____ Loc: DB LM ORL

Day 7: **(IF DR REFERRED)**: Date: _____ Time: _____ with Dr. _____

Month 1: Check Vision

Month 6: Check if Enhancement Needed/Final Visit

If you experience increasing redness, increasing pain, decreasing vision or if you have any questions at all, please call (407) 333-5111 Lake Mary, (386) 788-6696 Daytona Beach, (407) 902-2533 Orlando

I HAVE READ AND UNDERSTAND THE ABOVE AND DR. FILUTOWSKI/DR. DEMPSEY AND/OR THEIR STAFF HAVE ANSWERED ALL MY QUESTIONS. I HAVE BEEN GIVEN A COPY OF THESE INSTRUCTIONS.

Patient Signature:	Date: _____/_____/_____

Reviewed with Patient by: