

# AFTER SURGERY INSTRUCTIONS



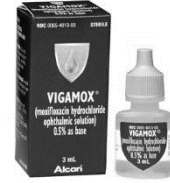
## Stratford Eye Specialists

771 Erie Street, Unit C, Stratford | 226-633-5888

A prescription will be faxed to your Pharmacy. Please pick up your medication the week **before** your surgery. **These are taken after your cataract surgery.** There are refills and enough drops for 2 eyes.



**Maxidex**  
(Dexamethasone)



**Vigamox**  
(Moxifloxacin)

	<b>1</b> drop	<b>1</b> drop
<b>WEEK 1</b> After Surgery	<b>4</b> Times per day	<b>4</b> Times per day
<b>WEEK 2</b> After Surgery	<b>3</b> Times per day	<b>4</b> Times per day
<b>WEEK 3</b> After Surgery	<b>2</b> Times per day	Done this drop
<b>WEEK 4</b> After Surgery	<b>1</b> Time per day	Done this drop
<b>WEEK 5</b> After Surgery	Done this drop	Done this drop

**STOP** these drops one (1) month after surgery, unless directed. You have 2 repeats for each bottle.

**CONTINUE** all existing / long term drops (eg. glaucoma drops)

Please Note: when using two or more eye medications, always **wait at least five (5) minutes** between the medications. You may use the drops in any order. **Start the drops later on the day of surgery.** If you experience any difficulties or have questions, please contact your doctor's office.



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### Additional Instructions

1. **Do NOT rub** the affected eye(s). **ALWAYS** wash your hands before touching the eye
2. **Wear plastic eye shield** (provided by hospital) when **sleeping** for **ONE WEEK** after surgery
3. Wear UV protective **sunglasses** outdoors as needed for comfort
4. You may carefully shower and wash your hair the day following surgery but **AVOID getting water in your eye** for the first two weeks.
5. **Do not go swimming** for at least four weeks.
6. You may continue with normal household activities, but **AVOID heavy lifting** and strenuous exercise for about two weeks.
7. Avoid activities that may result in the operated eye being hit or bumped.
8. You can take Acetaminophen (Tylenol) or Ibuprofen (Advil) for discomfort and/or Dimenhydrinate (Gravol) for nausea if needed.
9. Once you have completed your prescribed eye drops, you may use artificial tears for dry/irritated eyes.
10. No driving for the first 24 hours after surgery.

#### 11. **Concerning Symptoms**

It is rare to have problems after cataract surgery, but please contact our office (226-633-5888) or go directly to the nearest Emergency Department should you experience:

- a. Severe eye pain
- b. Decreasing or loss of vision
- c. Nausea/Vomiting
- d. Severe headache or light sensitivity

#### 12. **Normal Symptoms**

- a. Scratchy feeling or like there is sand in your eye for up to 2 weeks, worst on the day of surgery. Use artificial tears or take Tylenol as needed
  - b. A tired feeling, especially in the first 24 hours
  - c. Everything appears brighter
  - d. Headache and upset stomach
  - e. Red, bruised, or bloodshot eye for 1-2 weeks
  - f. Blurred vision, especially on the day of surgery, that gradually improves. It can be normal for the vision to seem clear right away after surgery but gets blurry later the same day. It is not normal for it to get blurry after that.
13. **Note:** Your eyeglass prescription will most likely need to change after cataract surgery. You may visit your optometrist at least 4-6 weeks after surgery to get checked for new glasses.



CATARACT SURGERY POSTOPERATIVE DROP CHECKLIST														
FIRST EYE	Thursday	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday
<b>WEEK 1 - MAXIDEX/DEXAMETHASONE (WHITE BOX), VIGAMOX/MOXIFLOXACIN (GREY BOX) 4 TIMES PER DAY</b>														
MORNING														
AFTERNOON														
EVENING														
BEDTIME														
<b>WEEK 2 - MAXIDEX 3 TIMES PER DAY, VIGAMOX 4 TIMES PER DAY</b>														
MORNING														
AFTERNOON														
EVENING														
BEDTIME	X	X	X	X	X	X	X	X	X	X	X	X	X	X
<b>WEEK 3 - MAXIDEX 2 TIMES PER DAY</b>														
MORNING														
BEDTIME														
<b>WEEK 4 - MAXIDEX 1 TIME PER DAY</b>														
MORNING														
<b>SECOND EYE</b>														
Thursday	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday	
<b>WEEK 1 - MAXIDEX/DEXAMETHASONE (WHITE BOX), VIGAMOX/MOXIFLOXACIN (GREY BOX) 4 TIMES PER DAY</b>														
MORNING														
AFTERNOON														
EVENING														
BEDTIME														
<b>WEEK 2 - MAXIDEX 3 TIMES PER DAY, VIGAMOX 4 TIMES PER DAY</b>														
MORNING														
AFTERNOON														
EVENING														
BEDTIME	X	X	X	X	X	X	X	X	X	X	X	X	X	X
<b>WEEK 3 - MAXIDEX 2 TIMES PER DAY</b>														
MORNING														
BEDTIME														
<b>WEEK 4 - MAXIDEX 1 TIME PER DAY</b>														
MORNING														