

Cataract and Eye Consultants

IOL POST-OPERATIVE INSTRUCTIONS

(Unless Otherwise Directed)

PATIENT NAME: _____

EYE: RIGHT / LEFT

- Avoid getting water in your eyes for 3 days.
- Do not wear eye make-up for 3 days.
- Avoid rubbing your eyes.
- Do not do any strenuous or vigorous activities for 1 week.
- No swimming for 2 weeks.
- Wear the clear shield at bedtime and for naps for 1 week.
- Wear sunglasses as needed for comfort.
- Use your EYE DROPS as instructed below. **MUST SHAKE BOTTLE WELL.** Always allow 1 minute between this drop and any other eye drops you make take. A chart has been provided on the back of this page to help you keep track of your drops.

	PRED/GATI/BROM (PURPLE CAP)
WEEK 1: _____	4 times per day - Shake Well
WEEK 2: _____	3 times per day - Shake Well
WEEK 3: _____	2 times per day - Shake Well
WEEK 4: _____	1 times per day - Shake Well

Call CEC at **724-617-2020** or your eye doctor if you have any of the following symptoms: worsening pain/redness, discharge, decreased vision, new flashes/floaters.

Your **ONE-WEEK POST-OP VISIT** is scheduled with Dr. _____.

Day: _____ Date: _____ Time: _____

