

ALL-LASER LASIK POST-OPERATIVE INSTRUCTIONS

To ensure a smooth recovery, it is important to carefully follow these post-operative instructions and medication directions.

Your post-operative appointments are very important to monitor the healing of your eyes. Please ensure you attend each appointment.



After surgery, it is normal to experience tearing, a burning sensation or difficulty keeping your eyes open for the first day/evening. We recommend you go directly home and take a nap for an hour or more to rest your eyes. Before going to sleep, apply your drops as directed.



Avoid watching television, reading, using computers, tablets and smartphones for the first **24 hours** after your surgery as these activities may cause eyestrain.



Do not rub your eyes.



If you experience worsening pain or a significant decrease in your vision after your laser vision correction, advise us immediately by calling: _____

Emergency line (after business hours only): _____



Eye protection: To prevent eye-rubbing the first night, we recommend wearing sunglasses to bed.

For the first 24 hours after surgery, it is important that you wear your sunglasses at all times, both indoors and outdoors.

For the two (2) following days, it is important that you wear sunglasses every time you go outside to protect your eyes from wind and dust. Do not drive at night with sunglasses on.

When you wake up, if you need to clean your eyelids, **do not rub them**. Instead, you can use a soft damp facecloth or sponge in a gentle downward motion.

Please note:





- Discomfort after LASIK surgery varies. Many patients describe a mild "foreign body" sensation immediately after surgery, such as when you open your eyes while swimming in chlorinated water, and others feel as though there is an eyelash in their eye. Any discomfort experienced usually subsides after the first day.
- After surgery, it is normal for red areas to appear on the white of the eye. These should resolve two (2) to four (4) weeks following surgery.

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Below, please find a guide to help you administer the post-operative medication.

Please be sure to:

- Wait five (5) minutes between the applications of the different drops, and close your eyes for a minute afterwards. This method is important to improve the effectiveness of the drops.
- You may experience an aftertaste in your throat. This is normal.

MEDICATION	DAY 1 (Day of surgery)	DAY 2	DAY 3	DAY 4	DAY 5
ZYMAR (Beige cap) 1 drop 	<div>4 times a day</div> <div> <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime </div>	<div>4 times a day</div> <div> <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime </div>	<div>4 times a day</div> <div> <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime </div>	<div>4 times a day</div> <div> <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime </div>	<div>4 times a day</div> <div> <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime </div>
PRED FORTE (White cap) 1 drop <i>Shake well before using.</i> 	Every hour until bedtime _____ _____ _____ _____	<div>4 times a day</div> <div> <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime </div>	<div>4 times a day</div> <div> <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime </div>	<div>4 times a day</div> <div> <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime </div>	<div>4 times a day</div> <div> <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime </div>
SYSTANE ULTRA HYDRATION OR OPTIVE FUSION 1 drop 	Every hour until bedtime _____ _____ _____ _____	<div>Four times a day (or more) for the first week. After one week, follow the directions provided by your eye care professional.</div> <div> <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime </div>	<div>Four times a day (or more) for the first week. After one week, follow the directions provided by your eye care professional.</div> <div> <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime </div>	<div>Four times a day (or more) for the first week. After one week, follow the directions provided by your eye care professional.</div> <div> <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime </div>	<div>Four times a day (or more) for the first week. After one week, follow the directions provided by your eye care professional.</div> <div> <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime </div>
TETRACAINE MINIMS (Small clear tube "TET") 1 drop <i>Maximum 6 times per day</i> 	Use only if you experience severe pain. May be used at night time before bed.				

LASIK MD
VISION