

Hoopes Vision 11820 S. State Street Draper, UT 84020 801.568.0200



ANTIBIOTIC: Vigamox or Ofloxacin

EVERY 4 HOURS FOR 1 WEEK



STEROID:

Prednisolone Acetate **EVERY 2 HOURS**

THE FIRST 24 HOURS

THEN
EVERY 4 HOURS
FOR 1 WEEK

* SHAKE BEFORE EACH USE Wait at least 5 minutes between drops. Only necessary during waking hours.

ARTIFICIAL TEARS (PRESERVATIVE FREE)



EVERY 15 -30 MINUTES

THE DAY OF SURGERY

THEN
EVERY HOUR
FOR 1 MONTH

AFTER YOUR SURGERY:

- A short nap is advised. Remain quiet the evening of surgery. Limit watching TV. Increase activity as your comfort and vision allows. Take your normal over-the-counter pain medication if needed.
- Your vision will be foggy for the first day.
- You may experience some tearing, burning, stinging, light sensitivity, redness, and foreign body sensation.
- Do not drive until after your 1-day post-op appointment. You may return to work and/or drive when you are confident with your vision and your comfort allows.
- If you notice increasing pain or a sudden decrease in vision call us immediately.
- ARTIFICIAL TEARS:
 - FIRST MONTH Use preservative free artificial tears in vials every hour
 - MONTH 2 & 3 OK to switch to a bottled artificial tear and use every 2 to 3 hours.

OTHER IMPORTANT PRECAUTIONS:

- Your vision may fluctuate for the first several weeks.
- You may experience halos and glare around lights at night for the first couple weeks.
- No eye makeup for 3 5 days. New mascara is recommended after the procedure.
- Avoid getting soap or water in your eyes while showering for the first week.
- Wear your shields while sleeping or napping for the first week.
- You should protect your eyes from bright sun and wind for 1 month.
- No swimming or hot tubs for 2 weeks. No highimpact water sports for 3 months.
- Do not rub or bump your eyes for at least 2 months after surgery. It is a bad habit to rub your eyes. We suggest you avoid this habit altogether.

Preservative Free Artificial Tears (vials) Month 1



OK to use Bottle Artificial Tears When used less frequently



Patient Signature: _______

Date: ______

Staff Signature:

Phillip C. Hoopes, M.D.

Tomorrow's Appointment Time: