

DISCHARGE INSTRUCTIONS

In order to continue your care at home, please follow the instructions checked below.

1. ANESTHESIA AND SEDATION

- Do not drive or operate machinery for at least twelve hours.
- Do not consume alcohol, tranquilizers, sleeping medications, or any non-prescribed medication for 24 hours.
- Do not make important decisions or sign any important papers in the next 24 hours.

2. ACTIVITY

- You may resume normal activity today, including walking and climbing stairs.
Do not engage in strenuous activity such as jogging, swimming, or lifting objects over 10 pounds.
- Do not return to work today.
- Do not engage in marital relations.
- You may resume normal bathing procedures, including shower, bath and shampoo.
- You may sleep on either side. Wear the eye shield provided for protection the first week after surgery.
- Wear your glasses or sun glasses for protection as needed.
- Specific activity instructions: _____

3. FLUIDS AND DIET

- Resume a regular diet.
- If nauseated, you may begin a regular diet when you desire.

4. MEDICATIONS

- You may resume your daily prescription medication schedule.
- Use regular or extra strength Tylenol or aspirin today as necessary.

5. OPERATIVE SITE

- Keep eye patch on until seen in office.
- You may remove dressing at _____.
- Special instructions: _____

6. FOLLOW-UP PLAN OF CARE

- Return to office: Date _____ Time _____ Physician phone number _____
Location _____

7. ADDITIONAL INSTRUCTIONS

- Follow your doctor's instruction sheet.
- Start eye drops as instructed.
- All personal belongings have been returned.

Call your surgeon if you have any problem that concerns you. After office hours, you can reach your physician through his answering service. If you need immediate attention, go to the nearest emergency center or call 911.

A follow-up call will be attempted by a recovery room nurse 24-48 hours to check on your progress. If you have any questions, call your doctor.

Nurse Signature _____ Date _____

I have read and understand the above discharge instructions. I have no further questions regarding these instructions.

Patient/Patient Representative Signature _____ Date _____