

LASIK POSTOP INSTRUCTIONS



MEDICATIONS / EYE DROPS:

*** SHAKE BEFORE EVERY USE ***



☐ Zymar ☐ Vigamox

**EVERY 4 HOURS
FOR 1 WEEK**



☐ Omnipred ☐ Pred Forte

**EVERY 2 HOURS FOR
THE FIRST 24 HOURS
THEN EVERY 4 HOURS
FOR 1 WEEK**



**Preservative Free
Artificial Tears**

**DAY OF SURGERY:
EVERY 15 MINUTES x 3 hrs.
THEN EVERY 30-60
MINUTES
UNTIL BED TIME**

Wait 5 minutes between different drops.

AFTER YOUR SURGERY:

- Remain quiet the evening of surgery. A short nap is advised. No reading or computer work the first day. You may watch 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 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 to 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.
- Do not rub or bump your eyes for at least 2 months after surgery.
- No swimming or hot tubs for 2 weeks. No high-impact water sports for 3 months.
- You should protect your eyes from bright sun and wind for 1 month.

Your appointment tomorrow is: Time _____ Doctor _____

If you have a concern and need to speak to a doctor, please call your co-managing optometrist or:

Hoop Vision
(801) 568-0200 or (877) 305-2745

Patient Signature

Witness Signature

Date