

Name:

Date:

How to take care of the operated eye.

Cleaning the eye:

Usually the day after surgery you will visit the clinic first thing in the morning and bring all the instructions and drops that you received at the hospital. There the patch will be removed and the eye examined. The post op instructions will be reviewed so that you understand the instructions.

At home, please take care of the operated eye by removing any patch and washing your face with soap and warm water. Then use a clean washcloth with hot water, wring the cloth out so it is only damp and put it on the closed eye for 5 minutes. It will get cold in a few minutes so, reheat it again to get 5 minutes. Then put the drops in as follows.

Medication schedule:

First week after surgery

Time	Steroid	Antibiotic	Ointment (as needed)
8:00 AM	✓	✓	✓
12:00 PM	✓	✓	
4:00 PM	✓	✓	
8:00 PM	✓	✓	✓

Third week

Time	Steroid
8:00 AM	✓
12:00 PM	✓
4:00 PM	
8:00 PM	✓

Second week after surgery

Time	Steroid	Antibiotic	Ointment (as needed)
8:00 AM	✓		
12:00 PM	✓		
4:00 PM	✓		
8:00 PM	✓		✓

Fourth week

Time	Steroid
8:00 AM	✓
12:00 PM	
4:00 PM	
8:00 PM	

The first drop is a **STEROID** drop like *Pred Forte*, *Durzol* or *Lotemax* taken as one drop in the operated eye four times a day. This is usually the **#1 drop** on the information sheet. It is used for four times a day for at least two weeks before slowing it down (tapering the drop). We do not stop this drop “cold turkey” as the irritation will return. After the first two weeks of four times a day, we use it three times a day for a week, followed by two times a day for another week and finally one time a day for the last week then stop. If the irritation returns, restart the drop for another two weeks at twice a day and then taper again. You should have a prescription for three refills in the information package from the hospital to be used after you finish the first bottle from the hospital. You probably will not need all the refills.

The **#2 drop** is an **ANTIBIOTIC** like *Gentamicin* or *Ciloxan* and is used four times a day for one week post operatively then stop the drop. You will not need refills for this. The ointment you take home from surgery is usually called *Maxitrol* (Dexamethasone, Polymixin, Neomycin) and is used after you put in

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the other two eye drops, up to four times a day but is not necessary. It is used by putting about a 1/2' of ointment in the pocket made by gently pulling the lower eye lid out and place the ointment in the pocket formed there. The ointment will blur the vision but it should relieve any foreign body pains or irritation. If the eye is not irritated, then you do not need to use it. You will not need a refill after the first tube.

Pain control:

Pain medications are usually not needed because a long acting local anesthetic was administered at the end of surgery. This keeps the eye asleep for at least 24 hours. You can use over the counter medications like Extra Strength Tylenol, Advil, Motrin or Aleve (follow the bottle directions). For more intense surgery like scleral buckles or ruptured globes, Tylenol #3 or Norco can be prescribed (follow the prescription directions, usually one tablet every 6 to 8 hours by mouth).

If you have increasing pain, puss like discharge or further declining vision, please call the office or go to the local emergency room (252-847-4100 Vidant ER). Usually after any surgery, the eye is sore and can be mildly to moderately painful. It may be blood shot and red but that should be slowly declining and getting better as time goes on. It will tear significantly as the irritation can be uncomfortable (use the ointment). Call if it is getting worse rather than slowly better.

Post operative positioning and activity:

Most patients should be relatively quiet activity without physical straining (doing too much physical activity). If constipation is a problem then take a laxative. The head of the bed can be up on one or two pillows. We like patients to be home for the first week. Watching television or playing cards quietly are good activities. Reading and physical straining are not good activities.

If you have either a Gas/Air/Silicone oil bubble implanted in your eye then positioning becomes much more important to get the "bubble" to press on the retina problem to get it to heal in the right position. For example: **Macular holes** are a hole in the back of the eye and a bubble is used to close the hole and keep it closed until it heals. Usually that position is straight face down (Gas bubble) for as long as you can stand it. We must have two weeks to get the best results. The gas bubble needs to be face down for 2 hours followed by 15 minutes of a break in which you can go to the bathroom or eat a meal. Keep the face down as much as possible while doing these breaks and then go back to bed or the sofa and resume another 2 hours of face down, etc... This is very hard to do but the patients that do it are the ones that may not have to have repeat surgery and will get the best vision out of the surgery the first time! You can rent positioning equipment for a month making this much easier on you. For patients that get **silicone oil** bubble in the eye, positioning is important for the first two days and nights to allow the oil to settle in the right position and not drive the eye pressure high. After that the positioning is much easier but must not position flat on back for more than 15 minutes to get the drops in. Flat on back can raise the eye pressure very high and can take the vision needing emergency surgery to remove it and get a gas bubble instead. Your discharge summary sheet from the hospital will have specific instructions tailored to your surgery and situation. Follow those instructions specifically.

Post op clinic visits:

You usually have post operative clinic visits on the day after surgery, usually at 7:30 AM so that you can be seen and go home quickly as possible with a minimal wait time as you have had a challenging day before this. The second post op day is usually one week later. The third visit is scheduled more related to the needs of the eye, usually somewhere between 1 and 3 months later. Bring all you eye medications and instructions to each visit as they will be reviewed by the nurse and changed as needed. After each visit, you should have the next appointment made for the next visit.

It is the most sincerest hope and desire from all of us at East Carolina Retina Consultant that you get better as quickly and as much as possible. Sincerely Dr. Van Houten.