

AFTER SURGERY INSTRUCTIONS FOR YOUR FOLLOW-UP APPOINTMENT PLEASE CHECK WITH ALOHA LASER VISION

OFFICE NUMBER: 808-792-3937

- Driving is permitted the day after your surgery; however please use your best judgment.
- Wearing dark shades while outside is recommended.
- Please bring your post-operative kit & all eye drops to your follow-up appointment.
- It is normal to experience mild aching, scratchiness or a foreign body sensation.
 - You may use Tylenol or Aspirin to help relieve your discomfort.
 - Call Aloha Laser Vision office at 808-792-3937 or Physicians' Exchange (808-524-2575) for any of the following:
 - * Increased pain or discomfort
 - * Loss of vision
 - * Trauma to the eye
 - * Increased redness or mucous discharge
 - * Nausea and vomiting
- ➤ The Surgical Suites will place a plastic eye shield over your surgical eye, please keep the shield on to refrain from rubbing the eye. You may remove the eye shield the next morning prior to your post-operative appointment and begin your eye drops.
 - Please wear your eye shield when sleeping for one week after surgery.
- > To avoid the risk of serious infection, do not rub or get water in the surgical eye for two weeks after surgery
 - Ok to shower, keep the surgical eye closed.
 - You may wash your face, keep the surgical eye closed.
 - Do not wear eye make-up for three days after surgery.
- ➤ Use your prescription eye drops as instructed (see drop instructions)
 - If you are experiencing dryness, blurriness, or scratching use the artificial tears.
 - Artificial tears can be purchased at any drug store
 - Artificial tears must be preservative free for one month after surgery.
 - If you are taking any antibiotic eyedrops, always complete the full prescription as instructed by your
 - surgeon
- ➤ It may take three (3) to five (5) weeks for your vision to stabilize before you have your prescription updated.
 - It is normal for your vision to fluctuate during this time.

If you are experiencing a medical emergency, dial 911.

➤ If there are any questions or concerns regarding your surgery, please call **Aloha Laser Vision office** at 808-538-3677. For after-hours call the <u>PHYSICIAN'S EXCHANGE</u>: 808-524-2575

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PATIENT SIGNATURE	DATE	TIME
RESPONSIBLE PARTY / RELATION	THE SURGICAL SUIT	TES STAFF SIGNATURE

□ PATIENT DOES NOT HAVE ADDITIONAL QUESTIONS REGARDING INSTRUCTIONS ______RN INITIAL