

California Retina Consultants

Eye Surgery Home Care Instructions

1. Resume all routine medications from other physicians unless otherwise instructed.
2. You may take extra-strength Tylenol for pain every 4 hours if needed. If Tylenol does not relieve your pain, you may try Ibuprofen (Advil, Duprin, and Motrin) every 4 hours.
3. You may place ice cold compresses on and around the eye for pain and/or swelling.
4. If constipated, use Colace, a stool softener, one capsule at bedtime.
5. Leave the patch and shield in place until removed by your ophthalmologist.
6. You can expect excessive tearing from the operated eye for a week. Tears may be pink or tinted with blood.
7. Avoid bending, heavy lifting, hard work or strenuous exercise.
8. If you feel sick to your stomach, drink only clear liquids. Eat a regular meal when you no longer feel sick. Do not drink alcoholic beverages for 24 hours after surgery.
9. You may feel well, but the medications may affect you for several hours. Do not drive a car, operate machinery, power tools, and household appliances or do any activity that requires coordination and/or judgement for 24 hours.
10. If you have the GAS bubble in your eye, do not lie flat on your back. This can cause cataracts, an increase in eye pressure and eye pain.
11. If you have the GAS bubble in your eye, do not fly on a plane, and do not travel over 2000 ft in elevation. Wear the gas bubble bracelet until your surgeon or their technician tells you that you can remove it.
12. Keep the RIGHT | LEFT | EITHER side of your face down when sleeping or laying down.
 - and alternate every hour by rolling across your belly
13. Keep your face straight down 45 minutes of every hour while awake.
14. Some patients find that resting their forehead on a desktop, table or ironing board is the most comfortable way to maintain the position. If you wish to watch television, an angled mirror placed at your feet can be used. It is very important to keep the eyeball pointing straight down toward the floor.
15. Call the office if you are experiencing:
 - a. Increased eye pain
 - b. Sudden decrease in vision
 - c. Nausea and vomiting that does not go away

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Your next appointment is _____ at _____ AM/PM