



CATARACT SURGERY HOME CARE INSTRUCTIONS

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It is important that you understand and comply with the following instructions: Leave your eye shield and patch in place; they will be removed the day after surgery at your post-operative appointment. Please, follow the instructions below until your doctor advises you otherwise.

DOs

1. Do call the office if you have any problems or questions.
2. Do have moderate normal activity. Watching TV, reading, walking, and riding in a car are acceptable.
3. Do wear the eye shield over the operated eye while sleeping.
4. Do bring a family member with you to your postoperative appointment.
5. Do bring medications and instructions with you to your postoperative appointment.
6. Do take Tylenol if you have any minor discomfort. If severe pain persists for 30 minutes, call the office.
7. Do shower and shampoo, but DO NOT get water in your eye.
8. You may bend over half way, but DO NOT lower your head below your knees.

DON'Ts

1. Don't rub your eye or the area around your eye.
2. Don't lift anything weighing more than ten (10) pounds the first week.
3. Don't do anything which is a physical strain, or anything that involves a risk of bumping your head such as contact sports, heavy housework, etc.
4. Don't drive the day of surgery or while taking narcotic pain medications.
5. Do not drink alcoholic beverages for the next 24 hours or while taking narcotic pain medications.
6. Do not make any important decisions or sign important papers for 24 hours.

OTHER POINTS TO BE AWARE OF INCLUDE:

1. Allergic reactions to medications occasionally occur and are characterized by redness, swelling, and itching of the upper and lower lids. If you think you are having an allergic reaction to a medication, please call the office.
2. The incision in the eye does not heal well until approximately six weeks after surgery. For this reason, we generally prefer to wait until that time to fit you with eyeglasses.
3. If you experience a sudden loss of vision or severe pain, **call the office immediately.**

Patient/Representative Signature

MD/Nurse Signature

Date