

# West End Ophthalmology

Joseph D. Iuorno, M.D.

2010 John Rolfe Parkway Richmond, Virginia 23238

Office (804) 740- 7474 Fax (804) 740-7475

www.WestEndEyes.com

## OVERNIGHT POST-OPERATIVE INSTRUCTIONS FOR: \_\_\_\_\_

Congratulations on completing your surgery.

Below are guidelines to follow for a successful post-operative recovery.

**No heavy bending, lifting, or straining.** Refrain from doing anything that would make your face red. This could include bending over to put on shoes, or straining with excessive voiding.

**No swimming or direct water contact with the eye.** This includes showering for the time being.

**Take Tylenol (650 mg) for discomfort every 4-6 hours.** If Tylenol does not relieve pain within 30 minutes, please contact Dr. Iuorno.

**Leave patch and shield on overnight.** Your patch will be removed at the office tomorrow. If patch comes off, re-tape only hard shield over operative eye especially while sleeping.

**Do not rub or itch eye.** Take care not to put any pressure on operative eye including sleeping in a position which puts pressure on your eye.

**Do not drive** the day of surgery or while taking narcotic pain medications.

**Do not drink alcoholic beverages** for the next 24 hours or while taking narcotic medications.

**Do not make any important decisions** or sign important papers for 24 hours.

**When to call the office emergently:** Sudden onset of extreme pain, flashes of light, numerous floaters, decrease vision, or any other concern. There are no wrong questions. Someone is available 24 hours a day, 7 days a week. Call **740-7474**. After 5 PM, listen to answering machine prompts. For immediate access to Dr. Iuorno, press 7 and leave name and phone number. Dr. Iuorno will return your call shortly.

Thank you for electing to have your surgery done with us. We look forward to your quick recovery. Please return to **West End Ophthalmology** tomorrow at \_\_\_\_\_. We look forward to seeing you then.

Sincerely,

Dr. Iuorno & Staff

\_\_\_\_\_  
Patient/Representative Signature

\_\_\_\_\_  
MD/Nurse Signature

\_\_\_\_\_  
Date