

SIERRA AMBULATORY SURGERY CENTER 530-272-3428 / 530-272-3411
CATARACT SURGERY DISCHARGE INSTRUCTIONS

ACTIVITY

- Do not drive or operate machinery for 24 hours.
- We recommend a responsible adult be with you for 24 hours.
- Do not consume alcohol, tranquilizers or sleeping medications for 24 hours.
- It is advised you rest today, however you may watch television, read and pursue light activity as tolerated.
- Do not stoop over with your head below the level of your heart for 24 hours.
- No heavy lifting (25 lbs) or straining for 24 hours and do not engage in strenuous activity for 7 days.
- We recommend that you do not make any legal decisions for 24 hours.
- Please change positions slowly to avoid dizziness or nausea.

DIET You may resume a regular diet immediately.

DRESSING & WOUND CARE

- DO NOT REMOVE THE SHIELD! Your surgeon will remove the shield at your appointment tomorrow.
- Do not rub or put your finger in or around the operated eye, and Do Not Use Any Eye Drops until instructed.
- Showers and baths are permissible as long as you do not get wet above the neck. Do not shampoo your hair or have your hair set for at least 24 hours.
- You may have mild irritation, burning, scratchy or itchy sensations. This is normal.

MEDICATIONS

- You may resume your daily prescription medications schedule immediately except;
 - Tomorrow you may resume all vitamins, non steroidal, herbal supplements and blood thinners that were stopped prior to surgery.
- For discomfort you may take Tylenol or a pain medication may be prescribed for you if necessary.

FOLLOW-UP

YOU SHOULD CALL (530) 272-3411 IF YOU EXPERIENCE:

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| <ul style="list-style-type: none">• Excessive achiness or pain• Sudden decrease in vision• Bleeding or swelling | <ul style="list-style-type: none">• Nausea, vomiting, or fever over 101 degrees• Any significant problem you feel is related to your eye surgery. |
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NOTE: If you are unable to reach your doctor and feel you need a doctor's attention immediately, call Sierra Nevada Memorial Hospital Emergency Room (530) 274-6001 or call 911.

Your follow up appointment is scheduled for tomorrow at _____, at the SIERRA VIEW MEDICAL EYE office, 400 A Sierra College Drive.

PLEASE BRING YOUR PRESCRIPTION EYE DROPS TO THIS APPOINTMENT.

SPECIAL INSTRUCTIONS: _____