

## LASIK POST OPERATIVE INSTRUCTIONS

Patient Name	Date of Procedure
1-Day Follow Up	
nJoy Vision Emergency Contact Number 405.842.6060	
this time your vision may scratchy/itchy (similar to	surface of the eye(s) will begin to heal immediately after your procedure. During be blurry and your eye(s) may appear a little red and swollen. The eye(s) may feel having an eyelash in the eye), which may cause it to water and your nose may run. oright light. These are all normal symptoms and will disappear within a day or so.
The level of discomfort va	y experience some discomfort for the first 24 to 72 hours following the procedure. aries significantly from patient to patient. If you experience any serious problem or e call your doctor immediately.
	as much as possible on the day of your procedure as this will promote more rapid s) when sleeping the first 4 days or nights.
Sunglasses: Wear whenever week post-op.	ver outdoors for UV protection and to prevent injury to the flap(s) for the first
	ot already done so, please fill your prescriptions immediately following your ke the eye drops well before applying to the treated eye(s) and wait 1-2 minutes .
Pred Forte Zymaxid Lubricating Drops	One drop four times daily for 5 days including the day of surgery One drop four times daily for 5 days including the day of surgery Use every 1-2 hours for 1 week, then as needed
Recovery:	
<ul> <li>+ Your vision should for a few weeks.</li> <li>+ You may wear eye Avoid swimming p</li> <li>+ Your focus may va</li> <li>+ You may have the driving.</li> <li>+ Finally, it is import</li> </ul>	r rub your eyes for one week following surgery.  I improve over a period of 24 to 48 hours after surgery and continue to fluctuate make-up and return to most of your normal activities 7 days after your procedure. Sools and hot tubs for 1 week; ocean/river/lake water for 1 month. Bury throughout the day and may take several seconds for objects to become clear. The need to use temporary or permanent correction for tasks such as reading or sant to remember that everyone heals at their own pace so please have patience. The be monitored at regularly scheduled visits and management will be decided
Patient Signature:	Date: