



LASIK POST OPERATIVE INSTRUCTIONS

Patient Name: _____ Procedure Date: _____

1 Day Follow Up scheduled on _____ with _____ at _____

nJoy Vision Emergency Contact Number 405.842.6060 (follow prompt)

Healing Symptoms: The surface cells of the eye(s) heal during the first 1-2 days after your procedure. During this time your vision may be blurry and your eye(s) may appear a little red and swollen. The eye(s) may feel itchy (similar to having an eyelash in the eye), which may cause it to water and your nose may run. You will be sensitive to bright light. These are normal symptoms and will disappear within a day or so.

Discomfort: Patients may experience some discomfort for the first 1-2 days following the procedure. The level of discomfort varies significantly from patient to patient. If you experience any large decrease in vision or sharp pain, please contact your eye doctor.

Sleep: It is best to sleep as much as possible on the day of your procedure as this will promote more rapid healing. Wear the shield(s) when sleeping the first 4 days or nights.

Sunglasses: Wear sunglasses whenever outdoors for UV protection and to prevent injury to the flap(s) for the first week after surgery.

Medication: If you have not already done so, please fill your prescriptions immediately following your procedure. Be sure to shake the eye drops well before applying to the treated eye(s) and wait 1-2 minutes between using each drop.

Pred Moxi	One drop four times daily for 5 days, including the day of surgery
Lubricating Drops	Use every 1-2 hours for one week, then as needed

Recovery:

- Do not squeeze or rub your eye(s) for one week following surgery.
- You may wear eye make-up and return to most of your normal activities 7 days after your surgery.
- Avoid swimming pools and hot tubs for 7 days after your surgery; ocean/river/lake water for 1 month.
- Your focus will vary throughout the day and may take several seconds for objects to become clear.
- You may have the need to use temporary or permanent correction for tasks such as reading or driving.
- Finally, it is important to remember that everyone heals at their own pace, so please have patience. Your progress will be monitored at regularly scheduled visits and management will be decided accordingly.

Patient Signature: _____ Date: _____

I confirm that I have read and understand all instructions.