



Implantable Contact Lenses

V I S I A N I M P L A N T A B L E C O L L A M E R L E N S E S

Post-Operative Instructions

It is *very* important that you follow these instructions for **TWO** weeks following your surgery to avoid infection, inflammation, or other complications.

- Wear the clear, plastic eye shield (included in your surgery kit) at bedtime to prevent unconscious rubbing or scratching of the eye while sleeping. You may wear regular glasses, sunglasses, or the clear plastic eye shield during the day if you wish.
- Continue using your eye drops as prescribed. You should **NEVER** discontinue your eye drops without the doctor's consent. Should you need a refill of any of your drops, please do not hesitate to call us.
- Always allow five minutes between your eye drops, and do not wipe the drops from your eye.
- Do **NOT** lie on your operated eye after surgery.
- Do **NOT** allow water to enter your operated eye. If you need to rinse the eye, use the bottle of sterile eye solution provided in your surgery kit. You may shower and shampoo as usual as long as you avoid getting shampoo or water in the eye.
- Do **NOT** bend your head below your waist following surgery.
- Do **NOT** lift anything heavy (more than 20 lbs) or strain yourself during the two weeks following surgery.
- Do **NOT** rub your eyes after your surgery. Keep your hands away from your eyes to avoid placing pressure on your operated eye and to avoid infection.
- You may drive **AFTER** your one-day post-op visit as long as you feel comfortable and your vision is good.
- You may expect some slight burning or a scratching sensation in the eye after surgery. For mild pain, you may take Extra Strength Tylenol. Do **NOT** take medicines containing aspirin.

If you should experience any unusual pain, redness, discharge, or sudden vision loss, notify your physician immediately at (901) 683-4600. Our doctors are available for emergency care 24 hours a day, 7 days a week.

Your **FIRST** follow-up appointment will be on _____ at _____ am / pm.

Your **SECOND** follow-up appointment will be on _____ at _____ am / pm.

Your **THIRD** follow-up appointment will be on _____ at _____ am / pm.