PRK Postoperative Discharge Letter

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Date of Birth: [Insert Date of Birth]

Surgeon: [Insert Surgeon Name]

Dear Patient,

This letter provides instructions and information regarding your recovery following your PRK (Photorefractive Keratectomy) surgery performed on [Insert Procedure Date].

1. Immediate Postoperative Care

- **Bandage Contact Lens:** A clear bandage contact lens has been placed on your eye(s) to promote healing and reduce discomfort. Do not attempt to remove this lens. If it falls out, do not try to put it back in; contact the clinic immediately.
- **Eye Protection:** Wear the provided clear shields while sleeping or napping for the next [Insert Number] nights to prevent accidental rubbing.
- **Rest:** Keep your eyes closed as much as possible for the first 24-48 hours.

2. Medications and Eye Drops

Please follow the schedule below strictly:

- **Antibiotic Drops:** [Insert Name] - [Insert Frequency] for [Insert Duration].
- **Steroid Drops:** [Insert Name] - [Insert Frequency] for [Insert Duration].
- **Lubricating Drops (Preservative-Free):** Use every [Insert Frequency] or as needed for dryness.
- **Pain Relief:** [Insert Name/Dosage] as directed for discomfort.

3. What to Expect

- **Pain/Discomfort:** It is normal to experience a "gritty" sensation, watering, and mild to moderate pain for the first 3-5 days.
- **Vision:** Your vision will be blurry initially and may fluctuate for several weeks as the surface cells heal.
- **Light Sensitivity:** You will likely be sensitive to bright light; wear sunglasses outdoors.

4. Activity Restrictions

- Do not rub your eyes.
- Avoid getting tap water, soap, or sweat in your eyes for 1 week.
- No swimming, hot tubs, or eye makeup for 2 weeks.
- Avoid dusty or smoky environments for 1 week.

5. Follow-Up Appointments

Your scheduled follow-up visits are as follows:

- **1-Day Post-op:** [Date/Time]
- **Bandage Lens Removal (approx. 5 days):** [Date/Time]

6. When to Call the Clinic

Contact us immediately at [Insert Phone Number] if you experience:

- Sudden, severe pain not relieved by medication.
- A sudden decrease or loss of vision.
- Increased redness or unusual discharge.
- Flashers or a sudden increase in floaters.

Sincerely,

[Insert Surgeon/Clinic Name]
[Insert Contact Information]