

Discharge Summary: Implantable Collamer Lens (ICL) Surgery

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Date of Birth: [Insert DOB]

Patient ID: [Insert ID Number]

Procedure Details

Procedure: Posterior Chamber Phakic Intraocular Lens Implantation (ICL)

Eye Operated: [Left Eye / Right Eye / Both Eyes]

Surgeon: Dr. [Insert Surgeon Name]

Anaesthesia: [Insert Type, e.g., Topical/Local]

Clinical Outcome

The procedure was completed successfully without immediate complications. The intraocular pressure (IOP) at discharge is [Insert Pressure] mmHg. The lens position is stable.

Medication Schedule

- **Antibiotic Drops:** [Name], [Frequency] for [Duration].
- **Steroid/Anti-inflammatory Drops:** [Name], [Frequency] for [Duration].
- **Lubricating Drops:** [Name], use as needed.

Post-Operative Instructions

- Wear the provided eye shield while sleeping for the next [Number] nights.
- Do not rub or apply pressure to the operated eye.
- Avoid getting tap water, soap, or swimming pool water in the eye for [Number] days.
- Avoid heavy lifting, strenuous exercise, or bending over for [Number] days.
- Wear sunglasses outdoors to manage light sensitivity.

Follow-Up Appointment

Date: [Insert Date]

Time: [Insert Time]

Location: [Insert Clinic/Hospital Address]

Emergency Contact

Contact the clinic immediately or visit the emergency department if you experience:

- Sudden, severe eye pain.
- Significant decrease in vision.
- Increased redness or discharge.
- Flashing lights or a sudden increase in floaters.

Clinic Phone: [Insert Phone Number]

After Hours Emergency: [Insert Phone Number]

Authorized Signature
[Insert Hospital/Clinic Name]