

**Date:** [Date]

**Patient Name:** [Patient Full Name]

**Date of Birth:** [DOB]

**Patient ID:** [ID Number]

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# Discharge Summary: Refractive Lens Exchange (RLE)

**Procedure Date:** [Date of Surgery]

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

**Surgeon:** [Surgeon Name]

**Lens Type Implanted:** [Lens Model/Power]

## Clinical Summary

The patient underwent an uncomplicated Refractive Lens Exchange procedure. The natural crystalline lens was removed and replaced with an intraocular lens (IOL). The procedure was completed under [Local/General] anesthesia. Immediate post-operative examination showed stable intraocular pressure and a well-positioned lens.

## Post-Operative Medications

- **Antibiotic Drops:** [Name] - [Frequency] for [Duration].
- **Anti-inflammatory Drops:** [Name] - [Frequency] for [Duration].
- **Lubricating Drops:** As needed for comfort.

## Patient Instructions

- Wear the provided eye shield while sleeping for the first [Number] nights.
- Do not rub or apply pressure to the operated eye.
- Avoid strenuous exercise, heavy lifting, or bending over for [Number] days.
- Avoid swimming or getting tap water directly in the eye for [Number] weeks.
- Vision may be blurry or fluctuate for the first few days as the eye heals.

## **Follow-Up Appointment**

**Date:** [Follow-up Date]

**Time:** [Time]

**Location:** [Clinic Address]

## **Emergency Contact**

If you experience sudden loss of vision, severe pain, increasing redness, or new flashes/floaters, contact the clinic immediately at [Phone Number] or visit the nearest Emergency Department.

**Signed:** \_\_\_\_\_

[Doctor Name/Clinic Stamp]