

# Postoperative Care and Discharge Letter

**Patient Name:** [Patient Name]

**Date of Surgery:** [Date]

**Procedure:** [Type of Vision Correction, e.g., LASIK/PRK]

**Surgeon:** [Surgeon Name]

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## 1. Immediate Post-Operative Instructions

- **Rest:** Go home and rest with your eyes closed for at least 4-6 hours following the procedure.
- **Eye Protection:** Wear the provided eye shields or sunglasses at all times, including while sleeping, for the first [Number] days.
- **Do Not Rub:** Avoid rubbing or touching your eyes under any circumstances.

## 2. Medication Schedule

Follow the drop schedule below exactly as prescribed:

- **Antibiotic Drops:** [Name] - [Frequency] for [Duration]
- **Anti-inflammatory Drops:** [Name] - [Frequency] for [Duration]
- **Lubricating Drops (Artificial Tears):** Use every [Number] hours or as needed for dryness.

## 3. Activity Restrictions

- **Showering:** You may shower tomorrow, but keep soap and water out of your eyes for one week.
- **Exercise:** Avoid strenuous activity or heavy lifting for [Number] days.
- **Swimming:** Avoid pools, hot tubs, and natural bodies of water for at least 2 weeks.
- **Makeup:** Do not apply eye makeup for [Number] days.

## 4. What to Expect

- Mild burning, grittiness, or "foreign body sensation" is normal for the first 24-48 hours.
- Fluctuating vision and light sensitivity are common during the healing process.
- Red spots on the white of the eye (bruising) may appear but will resolve on their own.

## **5. Warning Signs (Contact Us Immediately)**

Please call our emergency line at [Phone Number] if you experience:

- Sudden or severe eye pain.
- A sudden decrease in vision.
- Increased redness or unusual discharge.
- Flash of light or a shadow in your peripheral vision.

## **6. Follow-Up Appointments**

Your scheduled follow-up visits are:

- **1 Day Post-Op:** [Date/Time]
- **1 Week Post-Op:** [Date/Time]
- **1 Month Post-Op:** [Date/Time]

**Doctor's Signature:** \_\_\_\_\_

**Clinic Contact:** [Phone Number / Email]