



Dr. Billy J. Hagewood, Jr • Dr. Brice B. Dille • Dr. K. Leanne Wickliffe Dr Jake Bostrom

Refractive Laser (LASIK) Surgery Discharge Instructions

1. Use the following eye drops in the treated eye(s).
 Pred/Gati 1% Ophthalmic drops: Use 1 drop three times a day for 2 weeks.
 Artificial Tears: (as needed for comfort) *may be used frequently*.
 Other: _____
2. Use the following medications every four to six hours as needed for pain:
 Acetaminophen 1000mg OR Ibuprofen 800 mg by mouth every 4-6 hours: Take first dose @ _____.
3. For the first few days you may experience one or more of the following symptoms which are all normal and will disappear in a few days:

Scratchy eye /foreign body sensation	Minor irritation
Sensitivity to light or glare	Burning
Tearing	Dry eye sensation
Difficulty with depth perception	Fluctuation in vision
Redness	
4. If you have had any oral medications for relaxation today, please wait 24 hours before doing any of the following:
 No driving
 No signing of legal documents
 No drinking of alcoholic beverages, including beer and wine.
5. For the rest of today: Go home and rest. We recommend that you *sleep* for 2-3 hours after your procedure. Do not read; use the computer, tablets or cellphone applications for extended period of times on the day of treatment.
6. **DO NOT RUB YOUR EYES.**
7. **WEAR YOUR DARK GLASSES OR EYE SHIELD(S) FOR THE NEXT 24 HOURS.**
8. Wear protective eye covering (clear goggles and sunglasses) during the first 24 hours following your LASIK procedure. After the 24 hour period sleep with eye shields for the next 1 week and sunglasses as needed.
9. No eye makeup for 1 week.
10. No swimming for two weeks.
11. Keep in mind that you should plan to relax for the next 2-3 days.
12. Remember your post-operative appointment at our office: _____
(Date) (Time)
13. Please telephone our office in the event of an eye emergency at 864-583-6381.

I understand these instructions and have been given a copy of them.

Patient Signature: _____ Date: _____

RN/Technician Signature: _____ Date: _____