CATARACT SURGERY Post-Op Care For Your Health

With cataract surgery, most patients experience little pain or discomfort. During cataract surgery, the cataract (the clouded natural lens) is replaced with an artificial lens called an intraocular lens (or IOL).

Cataract surgery is the only way to remove a cataract from your eye in order to restore your vision. It is one of the most common and effective surgical procedures performed in the U.S.¹ However, as with all surgery, it is possible to experience short-term treatable side effects or other complications as you recover. If you experience severe redness, light sensitivity, pain or loss of vision, you should contact your ophthalmologist.

At home after cataract surgery

- Your eye may be sensitive to the touch and may be even a little scratchy for a few days. Be sure that you avoid rubbing it.
- If your doctor used an injection to numb your eye, you may have some bruising around the eye. This will typically go away in a few days.

Common DO'S and DON'TS After Cataract Surgery

DO

- Use your eye drops on the schedule provided by your ophthalmologist.
- Resume light daily activities such as reading, writing, watching TV and walking.
- Keep physical activity light.
- Wear your protective eye covering while you sleep and avoid sleeping on the side that has been operated on.
- Bathe and shower with your eyes closed.

¹ Surgery Education Council Cataract Surgery Options http://eyesurgeryeducation.org/surgery-options-cataract-about.php Accessed July 24, 2012.

Information adapted from American Academy of Ophthalmology http://www.geteyesmart.org/eyesmart/diseases/cataracts.cfm Accessed December 12, 2012.

DO NOT

- Rub your eye or get anything in your eye, even water, which can increase the chance of infection.
- Swim or use a hot tub, for at least 2 weeks.
- Drive for 24 hours after surgery.
- Do any strenuous activity, especially bending and lifting anything 15 to 20 pounds or more.
- Wear any eye make-up until you consult with your ophthalmologist.

POST SURGERY Checklist

Patient Name____

Date_____

Did your ophthalmologist or surgical coordinator discuss with you what to expect during the recovery period?

Did your ophthalmologist or surgical coordinator discuss the signs and symptoms to report back immediately to the ophthalmologist's office?

Did your ophthalmologist or surgical coordinator discuss what 'To do' and 'Not to do' during the recovery period?

MEDICATIONS & ADMINISTRATION

Patient Initials	2=
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ADDITIONAL POST-OPERATIVE ACTIONS

Post-Operative Visits	Emergency Contacts:
Date / Time	
Date / Time	
Date / Time	

Patient Signature_____

_____ Date _____

