Cataract Surgery Post – Operative Homecare Instructions

Anesthesia can alter your thought process. Please do not make important decisions, sign legal documents, drive, or drink alcohol for 24-48 hours after anesthesia.

The follow instructions apply to most patients who have had cataract surgery. If the doctor has given you different instructions, please follow that advice.

Questions | Concerns

 Call UTHA ASC at 512-232-7347 during office hours (Mon-Fri 7:00am -3:30pm)
 Call UTHA Clinic at 833-882-2737 during after-hours

What to expect

 It is normal to have blurry or fluctuating vision and mild discomfort after surgery.
 The eye might have slight redness, mild irritation, glare and slight drooping of upper eyelid.
 These will remain to some extent for 6-8 weeks.
 Sunglasses may be useful if the eye is sensitive to light.
 You will receive a new prescription for glasses about 4 weeks after your surgery.
 Your glasses will not be correct after the surgery.
 As a temporary measure, store bought reading glasses may be used to help your reading vision.
 You can also pop the lens out of your old glasses on the side that had surgery if that makes your vision more comfortable.
 It does not hurt you to use glasses that are incorrect, and it doesn’t hurt your eyes not to use glasses at all.

Pain

 Post-operative pain is usually minimal.
 Two Tylenol® tablets may be taken if there is some slight discomfort.
 Severe pain should be reported to the doctor immediately.
 If you notice a significant decrease in your vision, flashing lights or you have significant pain that is not eliminated by Tylenol®, please call the office.
What are the precautions to be taken after surgery?

- **Protection:** Please wear the eye shield or patch until you follow up in clinic the day after surgery. The shield should be worn during sleep for the first week so you do not rub your eye while asleep or roll over on your eye.

- **Activity:** Normal activities except heavy labor can be resumed immediately.
  - Do not strain or squeeze the eyes.
  - Use common sense and avoid dangerous situations and activities.
  - At 4 weeks you can resume all normal activities
  - Avoid rubbing or squeezing your eye for one month
  - Reading and watching TV may be resumed immediately

- **Shaving:** Shaving of the beard is permitted after the operation

- **Bathing:** Wash your hair with the head tilted backwards to avoid any water splashing into the eye. Close your eyes to wash your face and when in the shower try to keep the eye closed.

- **Exercise:** May resume daily activities including walking but avoid strenuous activities like jogging, lifting weights, swimming, etc. for two weeks.

- **Makeup:** Avoid eye makeup for 2 weeks.

- **Diet:** You may return to your regular diet following surgery.

- **Eye Medications:** Bring all of your eye medications along with the black bag provided in pre-op, which includes sunglasses, eye patch and tape to your post-operative appointment. Changes and additions will be made at that time and new instructions will be provided.

Follow up

- **Clinic Location:** Mitchel and Shannon Wong Eye Institute at Health Transformation Building, 1st Floor
  1601 Trinity St, Bldg. A, Austin TX 78712  Tel# (833)882-2737

- **Your appointment is scheduled on (date & time):** ______________________________________

Additional Instructions: ____________________________________________________________________________________________________
______________________________________________________________________________________________________________________________
______________________________________________________________________________________________________________________________
______________________________________________________________________________________________________________________________
______________________________________________________________________________________________________________________________

Patient | Patient’s Representative Signature: ______________________________ Date ___________ Time __________
Pre-Operative Nurse Signature: ______________________________________ Date ___________ Time __________
Post-Operative Nurse Signature: ______________________________________ Date ___________ Time __________