

# CATARACT SURGERY INSTRUCTIONS - TRIMOXI

**BEGIN 3 DAYS BEFORE SURGERY:** Begin ILEVRO. Instill one drop to the operative eye ONE TIME DAILY. Review your surgery instructions.

RIGHT EYE	Morning ILEVRO
Day 1	<input type="radio"/>
Day 2	<input type="radio"/>
Day 3	<input type="radio"/>
Day of Surgery	<input type="radio"/>

LEFT EYE	Morning ILEVRO
Day 1	<input type="radio"/>
Day 2	<input type="radio"/>
Day 3	<input type="radio"/>
Day of Surgery	<input type="radio"/>

## **DAY OF SURGERY:**

- Unless directed otherwise, DO NOT have anything to eat or drink including water, gum or mints, after midnight the night before your surgery, or your surgery will be cancelled.
- You may take your morning medications with a small sip of water (no juice or coffee). Continue all medications (including blood thinners) unless Dr. Kelly tells you to stop.
- Diabetics: DO NOT use your insulin or diabetic medications before coming to the hospital. Please bring your insulin or oral medication with you to the hospital to take after surgery.
- Wear comfortable clothing as you may be changing into a hospital gown.
- Please remove all makeup, fingernail polish, and jewelry. Wash your face with soap and water.
- You MUST have a family member or friend stay with you while you are at the hospital to drive you home. The hospital will cancel your surgery if you do not. You must have someone to help you through the night as well. Expect to be at the facility about 3-4 hours.
- Bring your sunglasses, photo identification, and your insurance cards with you.

**IT IS VERY NORMAL TO HAVE BLURRY VISION AFTER YOUR SURGERY.**

**IF YOU EXPERIENCE LIGHT SENSITIVITY, SORE EYES, REDNESS, SEVERE PAIN, NAUSEA, OR VOMITING, PLEASE CALL 919-282-1100.**

**AFTER SURGERY INSTRUCTIONS AND DROP REGIMEN CONTINUED ON BACK**

**AFTER SURGERY:**

- **DO NOT RUB YOUR EYE.** You may wipe away tears, but do not rub. If you have a gauze patch, **DO NOT** remove the patch.
- **IT IS COMMON TO HAVE BLURRY VISION FOR A FEW DAYS AND TO SEE FLOATERS AFTER SURGERY.**
- Do not bend over from the waist or lift anything over 5 pounds for the first 24 hours
- Do not sleep on the side of your surgery for the first 24 hours. **MAKE SURE TO WEAR PLASTIC SHIELD WHEN YOU SLEEP TONIGHT OR IF YOU TAKE A NAP TODAY**
- You may take Tylenol, Advil, or aspirin if needed for pain
- Wear sunglasses as needed – you **WILL** be sensitive to light

**BEGIN 1 DAY AFTER SURGERY**

- **Use the Systane Ultra 3-4 times daily. You will use this for the next 3 months.**

<b>RIGHT EYE- ILEVRO</b>		
<b>(USE IN THE MORNING)</b>		
<b>Week 1</b>	<b>Day 1</b>	<input type="radio"/>
	<b>Day 2</b>	<input type="radio"/>
	<b>Day 3</b>	<input type="radio"/>
	<b>Day 4</b>	<input type="radio"/>
	<b>Day 5</b>	<input type="radio"/>
	<b>Day 6</b>	<input type="radio"/>
	<b>Day 7</b>	<input type="radio"/>
<b>Week 2</b>	<b>Day 1</b>	<input type="radio"/>
	<b>Day 2</b>	<input type="radio"/>
	<b>Day 3</b>	<input type="radio"/>
	<b>Day 4</b>	<input type="radio"/>
	<b>Day 5</b>	<input type="radio"/>
	<b>Day 6</b>	<input type="radio"/>
	<b>Day 7</b>	<input type="radio"/>
<b>Week 3</b>	<b>Day 1</b>	<input type="radio"/>
	<b>Day 2</b>	<input type="radio"/>
	<b>Day 3</b>	<input type="radio"/>
	<b>Day 4</b>	<input type="radio"/>
	<b>Day 5</b>	<input type="radio"/>
	<b>Day 6</b>	<input type="radio"/>
	<b>Day 7</b>	<input type="radio"/>

<b>LEFT EYE- ILEVRO</b>		
<b>(USE IN THE MORNING)</b>		
<b>Week 1</b>	<b>Day 1</b>	<input type="radio"/>
	<b>Day 2</b>	<input type="radio"/>
	<b>Day 3</b>	<input type="radio"/>
	<b>Day 4</b>	<input type="radio"/>
	<b>Day 5</b>	<input type="radio"/>
	<b>Day 6</b>	<input type="radio"/>
	<b>Day 7</b>	<input type="radio"/>
<b>Week 2</b>	<b>Day 1</b>	<input type="radio"/>
	<b>Day 2</b>	<input type="radio"/>
	<b>Day 3</b>	<input type="radio"/>
	<b>Day 4</b>	<input type="radio"/>
	<b>Day 5</b>	<input type="radio"/>
	<b>Day 6</b>	<input type="radio"/>
	<b>Day 7</b>	<input type="radio"/>
<b>Week 3</b>	<b>Day 1</b>	<input type="radio"/>
	<b>Day 2</b>	<input type="radio"/>
	<b>Day 3</b>	<input type="radio"/>
	<b>Day 4</b>	<input type="radio"/>
	<b>Day 5</b>	<input type="radio"/>
	<b>Day 6</b>	<input type="radio"/>
	<b>Day 7</b>	<input type="radio"/>