

**CATARACT MEDICATION INSTRUCTIONS
BEFORE AND AFTER SURGERY**

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Before Surgery

Pred-Bromfenac → Instill 1 drop three times a day in the surgical eye(s) beginning the day before your procedure.

After Surgery

Pred-Bromfenac → Instill 1 drop three times a day in the surgical eye(s) for one week, then 1 drop two times a day until the bottle is completely empty.

PLEASE USE PRESERVATIVE FREE ARTIFICIAL TEARS AT LEAST EVERY HOUR WHILE AWAKE FOR THE FIRST 2-3 DAYS AND AS NEEDED FOR DISCOMFORT.

Glaucoma patients: Continue ALL of your glaucoma drops as you have been doing. You will continue to use them throughout your post op care. Your surgeon will not make any changes to your glaucoma medication routine until he feels your eye(s) are healed from cataract surgery to safely do so.

IMPORTANT: PLEASE WEAR SHIELD AT BEDTIME FOR ONE WEEK.

If you have any questions, please feel free to contact us at **713-580-2500**

For after hours **EMERGENCIES**, you may contact your surgeon directly through our emergency hotline:

**832-416-7340
Dr. Brian Wright**

Post Op Instructions

- Do not rub your eye for 1 month after surgery.
- Do not strain or do any heavy lifting for 2 weeks.
- Do not wear eye makeup for 1 week.
- You can take a shower tomorrow, (keep your eyes shut while washing your face).
- Wear your shield while sleeping (for 1 week).
- Sunglasses are recommended for all outside activities during the day.
- Use eye drops as instructed and continue any previously prescribed eye drops; for example, glaucoma drops. Resume all regular medications.
- You may use preservative free artificial tears for dryness or discomfort as often as needed. Please wait 3 minutes before or after using post operative eye drops.
- **PLEASE USE PRESERVATIVE FREE ARTIFICIAL TEARS AT LEAST EVERY HOUR WHILE AWAKE FOR THE FIRST 2-3 DAYS AND AS NEEDED FOR DISCOMFORT.**
- While healing your vision may be blurry for several days but should gradually clear up within a week.
- Please call with any questions or concerns 713-580-2500.
- You must call immediately if any of the following occurs:
 1. You get a headache that is not relieved by over-the-counter pain relievers, such as Tylenol or Ibuprofen.
 2. You have a steady flow of tears that does not stop.
 3. You have nausea and vomiting associated with a headache.
- Return for post operative appointment tomorrow. _____ in _____ @ ____:____.
- _____
Patient or Responsible Party Signature
- _____
Date