

SURGICAL CENTER OF BURLINGTON COUNTY

225 SUNSET ROAD • WILLINGBORO, NJ 08046 • 609.880.9000

Name: PATIENT, SAMPLE

Date: Today

FACILITY PATIENT DISCHARGE FORM

Principle Diagnosis

H20.012 primary iridocyclitis, left eye

FOLLOW-UP APPOINTMENT

Date:

AM/PM: 07:30 AM

Office Location: Willingboro Office

SPECIAL INSTRUCTIONS TO PATIENT

DIET

Resume previous diet & medications

Activity as tolerated

INSTRUCTIONS

As per pre-printed discharge instructions

**IN CASE OF EMERGENCY CALL:
609-880-9000**

Date of Discharge: TO BE DETERMINED

I, the undersigned, read and understand these instructions. SIGNATURE: _____
(Patient or Authorized Person)

STANDARD DISCHARGE INSTRUCTION PACKAGE GIVEN? YES NO

ACCOMPANIED BY: FAMILY CAREGIVER OTHER

ADDITIONAL NOTES:

RN SIGNATURE: _____

SURGICAL CENTER OF BURLINGTON COUNTY, INC.

225 SUNSET RD WILLINGBORO, NJ 08046 609.880.9000 EXT. 130 Nurse's Station

INSTRUCTIONS FOR POST OPERATIVE EYE CARE

A very delicate operation has been performed on your eye. Attention to the following guidelines will assist you in proper healing.

1. You may resume normal, non-strenuous activities after surgery.
- 2. NEVER RUB THE OPERATED EYE.**
3. Resume previous diet.
4. Medicine prescribed by your family physician may be resumed.
5. You may sleep on the side of the operative eye.
6. Wear the plastic shield to bed each night for 7 nights to avoid accidental rubbing or bumping of the eye. Tape the shield over the eye.
7. If this is your first procedure, you are receiving a bag with sunglasses, tape, shield and drops. Please bring this bag back for your second procedure.
8. Avoid bending from the waist and heaving lifting for one week.
9. Sunglasses are provided. Wear glasses upon discharge from the facility and while outside during daylight hours for 2 weeks to protect the eye and reduce glare.
10. Patient may shower and shave and hair may be washed, but avoid getting water in the eye for the first week.
11. Avoid bumps or trauma to the eye and rough play after surgery.
12. There are no restrictions for sexually active patients.
13. Moderate alcohol consumption usually has no affect on the eye.
14. If secretions accumulate, the eye may be gently wiped with a gauze pad or washcloth and warm water or eyewash.
- 15. DO NOT APPLY PRESSURE TO THE UPPER LID.**
16. Never use an eye cup.
17. Tylenol or non-aspirin products may be taken for mild discomfort.
18. Patients may read, watch TV, or use a computer as desired.
19. Your doctor will instruct you at your follow up visits about using your regular glasses.
20. It is normal to experience a sandy, gritty feeling in the eye after surgery. This is temporary.

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- 21. You may experience a rosy hue in your vision –this is from the microscope lights and will disappear. Your eye may tear or feel dry. This is temporary.
- 22. Your vision may be blurry after surgery.
- 23. REPORT PAIN, UNUSUAL REDNESS, INJURY OR LOSS OF VISION TO YOUR SURGEON IMMEDIATELY.**
- 24. Please call your surgeon’s office (609) 877-2800, if you have questions or concerns.
- 25. You are not allowed to drive until after your post-op appointment. YOU WILL NEED SOMEONE TO BRING YOU TO THAT APPOINTMENT. WE DO NOT PROVIDE TRANSPORTATION FOR YOUR POST-OP APPOINTMENT.**
- 26. Bring prescribed drops with you to your post-op appointment and present them to the technician.

FOR ALL PATIENTS AFTER SURGERY

DUREZOL eye drops are ordered for 3 weeks after surgery.

Begin using DUREZOL eye drops in the operated eye as soon as you get home from the surgical center in the following manner.

1 drop 3 times a day (breakfast, lunch, dinner) for 2 weeks.
Then 1 drop 2 times a day (breakfast & dinner) for 1 week.

In addition to DUREZOL, continue using BESIVANCE 1 DROP 3 TIMES A DAY FOR 2 WEEKS or until finished and ILEVRO 1 DROP 1 TIME A DAY FOR 2 WEEKS or until finished; wait 5 to 10 minutes between each drop.

Patient Signature _____ Patient name SAM TEST RN Initials _____