

CATARACT WITH TRABECULECTOMY POST OPERATIVE INSTRUCTIONS

Matthew G. Hattenhauer, M.D.

Page 1 of 2

Date: _____

SURGICAL SITE CARE

Surgical Site:

1. Always wash your hands before caring for your eye.
2. Wear the eye shield for sleeping or whenever you do not wear glasses (to protect your eye at all times).
3. Sunglasses may be worn indoors or outdoors if bright lights bother you.

Medication: If you are on glaucoma medications continue those as you always have in your other eye. **Stop all of your glaucoma drops in the operated eye.** Please bring the post operative packet to the office with you the first day.

Beginning the day after surgery, and continuing until instructed by physician: Use one drop *Zymar* four times a day & 1% PredForte every 2 hours while awake. Wait 5-10 minutes between drops. Use Tobradex ointment at night before bed. Instill in the operated eye by gently pulling down the lower eyelid while looking up.

Healing:

- Bruised and swollen lids are frequent and will resolve.
- Double vision may be noted the first week or so.
- If the eye matters excessively, gently apply a clean washcloth soaked in warm tap water over the closed lids to loosen this material.
- The eye is usually red at first and close examination may show a change in your pupil.

- Floating black spots or fine webs before your eyes are common.
- Scratchiness and itching are common and are not danger signs.
- A white-yellow area may be noticed on the lower outer white of your eye after surgery. This is a medication instilled during surgery and it will disappear over several months.

Vision: Today your eyelid will droop and your vision will likely be double. This is quite variable. We will not have you change glasses for about four to six weeks. If your old eyeglass lens blurs your vision, it can be removed from your glasses. Without glasses, however, your near vision usually will be poor.

COMFORT

Some pain may be present for the first day or two. You may use Tylenol, two tablets orally every four hours, as needed. Any severe or prolonged pain should be reported to the surgeon.

DIET

Resume regular diet and medications.

PHACOEMULSIFICATION SURGERY

You have had Phacoemulsification Surgery where the posterior capsule of the cataract is left in the eye. This membrane supports the intraocular lens more securely and fewer complications result by leaving this membrane intact. This membrane can cloud over later, requiring a laser procedure to clear this clouding. You have also had a Trabeculectomy or glaucoma filtering operation to reduce or maintain a lower pressure in your eye.

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Page 2 of 2

ACTIVITY

Refrain from strenuous activities such as lifting over 10 pounds, shoveling snow, etc. for one week. You should not stoop or bend for one week. You can be outside, do light work, read or cook without damage to the eye. Your hair may be washed or shampooed if desired; try to keep soap out of the eye.

SAFETY

- Because your vision will likely be blurry and double, use extra care when walking and when using stairs.
- We advise that someone else drive you home today.
- If you have had anesthesia/sedation you can expect to feel dizzy, weak and drowsy for as long as 12 -24 hours. Please follow these instructions for that time:
 1. DO NOT drive a car or operate machinery. Your reflexes and coordination are not up to normal. Have standby assistance on stairways.
 2. No alcoholic beverages today.
 3. Postpone signing important papers or making any important decisions.
 4. We recommend that you have someone stay with you for 12-24 hours or overnight following your procedure.

Date: _____

WHEN TO CALL

If any of the following symptoms occur: SEVERE EYE PAIN OR HEADACHE UNRELIEVED BY TYLENOL, DECREASING VISION ESPECIALLY IF THE VISION WAS INITIALLY BETTER, FEVER (101° OR ABOVE), PERSISTENT NAUSEA AND VOMITING, RASH OR ANY CONCERN ABOUT YOUR RECOVERY.

WHO TO CALL

EYE CLINIC day or night.

TELEPHONE: (715)845-8201 or 1-800-472-0033

ASPIRUS DAY SURGERY PLUS: (715)847-2907
6:00 a.m. to 7:00 p.m.

RETURN APPOINTMENT:

DATE/TIME:

A nurse will attempt to call you in the next few days to discuss your recovery and any questions or concerns you may have. If you have any questions or concerns before you hear from us, please don't hesitate to call.

In case of an emergency, please go to your nearest emergency facility.

I have discussed the above information with a nurse and my questions have been answered to my satisfaction.

Patient or Responsible Party Signature

RN Signature

Date