

RETINA - 1 DAY POST-OP INSTRUCTIONS

Begin the following Eye Drops:



Prednisolone (White or Pink Cap)

1 drop 4x/day
to operative eye



Ofloxacin (Tan Cap)

1 drop 4x/day
to operative eye



Atropine (Red Cap)

1 drop 2x/day
to operative eye

Continue any other eye medications you were using preoperatively (i.e. glaucoma, dry eye medications). Avoid strenuous activity for **2 weeks** following surgery. Wear the clear eye shield at night, or when resting for the first week after surgery. The sunglasses provided in postop kit are used as needed for photophobia.

RETINA - 1 WEEK POST-OP INSTRUCTIONS

Discontinue the following Eye Drops:

Ofloxacin (Tan Cap): 1 drop 4x/day to operative eye

Atropine (Red Cap): 1 drop 2x/day to operative eye

Continue

Prednisolone (White or Pink Cap)

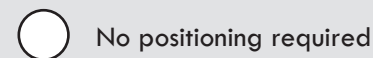
1. Decrease to 1 drop 3x/day through week 2, then
3. Decrease to 1 drop 2x/day through week 3, then
4. Decrease to 1 drop 1x/day through week 4, then
5. Stop the eye drops after the 4th week.

Discontinue the Eye Shield

Continue to limit heavy lifting (>20 lbs), straining, or vigorous activity for 1 week.

If you have a gas bubble in the eye **YOU CANNOT FLY OR TRAVEL TO HIGHER ELEVATIONS** until the gas has resolved. **THIS CAN CAUSE THE GAS TO EXPAND AND CAN LEAD TO SEVERELY ELEVATED INTRAOCULAR PRESSURES, AND ASSOCIATED LOSS OF VISION.** You will see the gas slowly resolve in your inferior field of view.

If you have a gas or silicone oil bubble in your eye you should **AVOID LYING ON YOUR BACK** as this can also lead to elevated pressures within the eye. Other positioning requirements, if any, will be discussed by your retina specialist and checked below:



It is common for the eye to feel irritated (as if something were in your eye), for there to be clear discharge (thicker in the mornings upon awakening), and for it to be bloodshot for 2-3 weeks following retina surgery. Your vision is also commonly decreased during this time. As with all procedures there are potential risks. After retinal surgery these risks include infection, bleeding, elevated intraocular pressure, retinal detachment, need for further surgery, and vision loss.

If you experience new or worsening eye pain, nausea and vomiting, decreasing vision, new flashes, floaters, or vision loss please contact the clinic immediately. If your call is after normal business hours follow the prompts to reach Dr. Fenberg or Dr. Haug directly. He/she will return your call shortly and address your concerns. If you are unable to reach one of our retina specialist, please go to the nearest emergency room to seek attention.

Southwest Retina Consultants Emergency Contact Info: 970-828-2200

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BOARD CERTIFIED OPHTHALMOLOGISTS, FELLOWSHIP-TRAINED RETINAL SURGEONS

DURANGO · CORTEZ · FARMINGTON · PAGOSA SPRINGS

Surgery date: _____

Antibiotic (Ofloxacin - Tan Cap)

Dilation (Atropine - Red Cap)

Steroid (Prednisolone - Pink/White Cap)

RETINA POSTOPERATIVE SCHEDULE

WEEK 1

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	
Ofloxacin	Ofloxacin	Ofloxacin	Ofloxacin	Ofloxacin	Ofloxacin	Ofloxacin	
4 Times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 Times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 Times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 Times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 Times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 Times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 Times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 Times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Atropine	Atropine	Atropine	Atropine	Atropine	Atropine	Atropine	
2 Times per day <input type="checkbox"/> <input type="checkbox"/>	2 Times per day <input type="checkbox"/> <input type="checkbox"/>	2 Times per day <input type="checkbox"/> <input type="checkbox"/>	2 Times per day <input type="checkbox"/> <input type="checkbox"/>	2 Times per day <input type="checkbox"/> <input type="checkbox"/>	2 Times per day <input type="checkbox"/> <input type="checkbox"/>	2 Times per day <input type="checkbox"/> <input type="checkbox"/>	2 Times per day <input type="checkbox"/> <input type="checkbox"/>
Prednisolone	Prednisolone	Prednisolone	Prednisolone	Prednisolone	Prednisolone	Prednisolone	
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STOP OFLOXACIN AND ATROPINE AFTER ONE WEEK

WEEK 2

Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
Prednisolone	Prednisolone	Prednisolone	Prednisolone	Prednisolone	Prednisolone	Prednisolone
3 Times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	3 Times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	3 Times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	3 Times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	3 Times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	3 Times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	3 Times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

WEEK 3

Day 15	Day 16	Day 17	Day 18	Day 19	Day 20	Day 21
Prednisolone	Prednisolone	Prednisolone	Prednisolone	Prednisolone	Prednisolone	Prednisolone
2 Times per day <input type="checkbox"/> <input type="checkbox"/>	2 Times per day <input type="checkbox"/> <input type="checkbox"/>	2 Times per day <input type="checkbox"/> <input type="checkbox"/>	2 Times per day <input type="checkbox"/> <input type="checkbox"/>	2 Times per day <input type="checkbox"/> <input type="checkbox"/>	2 Times per day <input type="checkbox"/> <input type="checkbox"/>	2 Times per day <input type="checkbox"/> <input type="checkbox"/>

WEEK 4

Day 22	Day 23	Day 24	Day 25	Day 26	Day 27	Day 28
Prednisolone	Prednisolone	Prednisolone	Prednisolone	Prednisolone	Prednisolone	Prednisolone
Once per day <input type="checkbox"/>	Once per day <input type="checkbox"/>	Once per day <input type="checkbox"/>	Once per day <input type="checkbox"/>	Once per day <input type="checkbox"/>	Once per day <input type="checkbox"/>	Once per day <input type="checkbox"/>