

Following pterygium and conjunctival lesion surgery

On the day of surgery:

- Go home and relax :) Rest quietly indoors during the evening of the day of your surgery.
- You should be accompanied by a responsible person for the first 24 hours. You can eat and drink as normal; it is better to avoid alcohol for the first 24 hours.
- When the local anaesthetic wears off you will feel some discomfort or irritation in your eye – this is unavoidable.
- Pain killers should help with the discomfort, as prescribed by your anaesthetist
- It is normal to have:
 - blurred vision, some grittiness and light sensitivity
 - eye redness – this settles over a few weeks
 - a dilated pupil for a couple days
 - a small amount of bloody discharge from the wounds, or blood- stained tears for the first week
 - double vision for a couple days following surgery, due to the anaesthetic.
 - bruising around the eye; this does not affect the outcome and should settle down over the following weeks.

Dos and don'ts – post surgery

- **Wait for 48 hours before you drive or operate machinery**
- Following surgery, your eye is covered with a protective eye pad and a shield. You can remove this the next morning.
- Put the prescribed eye drops in as directed – see over the page. Begin the tick chart the day after surgery.
- Wear the protective shield for one week at night when sleeping. Use the Micropore tape to secure your plastic shield (alternatively you can use some elastic tape if you have sensitive skin). Wearing sunglasses in the day is sensible.
- DO NOT RUB or apply pressure to the eye.
- If you need to clean around your eye in the first week: open one vial of normal saline, use it to soak a small cleansing pad and gently clean the eyelid skin (whilst closed) by wiping from inner to outer eye.
- Shower or bathe but do not allow tap water to enter your eye for the first week.
- Wait 2 weeks before applying any makeup, and if you then do, make sure it's a new product.
- Resume moderate physical activity after 24 hours. Wait 1 week before more intense physical activity or 2 weeks before prolonged head down positions such as yoga.
- Wait for 2 weeks before swimming (with goggles) or 4 weeks (without goggles)
- Avoid situations where you might fall and bump your head, or windy or dusty environments.
- Continue with reading, computer work etc if comfortable. It will not damage your eyes.

2 Post-surgery eye drops calendar

Eye drops as provided after surgery – only for the eye that had the surgery:

- **Chlorsig:** 4 times/day for 1 week (antibiotic drop)
- **Maxidex:** 4 times/day for 4 weeks (anti-inflammatory drop)
- **Chlorsig ointment:** Once/day at night for 1 week (anti-inflammatory drop)
- **Systane:** 4 times/day for 1 month then as required (Lubricating drop)

Suggested times are Breakfast, Lunch, Dinner and Bedtime.

Use of this tick sheet to keep track of your drop usage:

Week 1*		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
	Chlorsig	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Maxidex	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Chlorsig ointment	<input type="checkbox"/>						
	Systane	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

*Week 1 starts on the day of your surgery

Week 2		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
	Maxidex	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Systane	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Week 3		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
	Maxidex	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Systane	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Week 4		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
	Maxidex	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Systane	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Your vision will be blurry to start with, and it will fluctuate over the coming weeks as the eye heals. A sudden or significant loss of vision is unusual. **If you have any significant problems such as severe pain, decreasing vision or worsening discomfort or swelling around the eye**, contact Insight Eye Surgery on

07 3154 1515 (Brisbane) or **07 5345 5011** (Noosa) in business hours or attend your local hospital emergency department after hours.