

Post-Operative Instructions for Eye Muscle Surgery Jane Edmond, M.D.

Anesthesia can alter your thought process. Please do not make important decisions, sign legal documents, drive, or drink alcohol for 24-48 hours after anesthesia.

Questions | Concerns

- Call UT Health Austin Ambulatory Surgery Center at 1-512-232-7347 during office hours (Mon-Fri 7:00am -3:30pm)
- Call 1-512-628-1858 during **Office Hours**, ask to be transferred to Dr. Jane Edmond Clinic
- Call or text **1-512-394-4656** during **After Hours**

What to expect after surgery:

- The whites of the eyes will be red after surgery. This is normal and will resolve over 2-6weeks.
- The eye(s) may feel irritated, scratchy and light sensitive. This is normal and improves each day.
- You may have some tearing and bloody/yellow discharge for a few days.
- Vision may be blurry after surgery, even in current glasses. This improves over the first 2 weeks, (if your glasses contain prisms-please do not wear them!)
- Double vision for the first week is also normal. The eyes and brain are learning how to work together after surgery. This should improve with healing over the next several weeks.
- General anesthesia may lead to a feeling of imbalance, and lack of coordination. This should disappear in a few days
- A low-grade fever, and nausea / vomiting, may occur the day of surgery. Start with a small "light" meal. If vomiting persists over 24 hrs, call the doctor.
- Driving is NOT allowed for 24 hours after surgery. If prescription pain medicine is used after surgery, driving is NOT allowed while on this medication.
- You may take Acetaminophen (Tylenol) or Ibuprofen (Motrin) or the prescription medication for pain.
- Avoid rubbing the eye.
- You may shower or bathe as desired but try to avoid getting water into the eyes. Do not swim for 2 weeks following surgery.
- Avoid dirty / dusty environments.
- Use the medications (eyedrops) as prescribed:

When to call the Doctor:

- Significant drainage (pus) from the eye
- Increasing eye redness
- Significant pain
- Significant decrease in vision
- Increasing eyelid swelling

Follow up Appointment:

- _____

Additional Instructions:

Patient | Patient's Representative Signature: _____ Date _____ Time _____

Pre-Operative Nurse Signature: _____ Date _____ Time _____

Post-Operative Nurse Signature: _____ Date _____ Time _____