

INSTRUCTIONS FOR YOUR EYE LASER PROCEDURES

NAME: _____ CHART NUMBER: _____

DATE OF PROCEDURE: _____ TIME: _____

SURGEON: DR. LY NGUYEN / DR. BAO TRUONG / _____

LOCATION: ORLANDO HEALTH MEDICAL PAVILLON ST CLOUD BUILDING
1330 BUDINGER AVE, STE 200, ST CLOUD, FL 34769

OTHER LOCATIONS: ORLANDO HEALTH HOSPITAL ST CLOUD / KISSIMMEE SURGERY CENTER

SURGERY SCHEDULER: CARMIN PADIN, CARMENP@EYEFLOIDA.COM

CLINICAL DIRECTOR: DR. MASSIEL MENA, MASSIELS@EYEFLOIDA.COM

PLEASE FOLLOW THE INSTRUCTIONS BELOW FOR YOUR PROCEDURE TO AVOID ANY DELAYS OR CANCELLATIONS.

1. PLEASE ARRIVE **15 MINUTES PRIOR** TO YOUR PROCEDURE TIME.
2. BRING YOUR ID, INSURANCE CARD, AND FORM OF PAYMENT FOR CO-PAYS/DEDUCTIBLES/BALANCES.
3. HAVE ALL YOUR POST-OPERATIVE MEDICATIONS FILLED PRIOR TO YOUR LASER APPOINTMENT.
4. **USE ARTIFICIAL TEARS 1 DROP 4 TIMES PER DAY** AT LEAST 1 WEEK PRIOR TO YOUR SURGERY DAY.
5. **NO-SHOW/CANCELLATION FEE OF \$35** WILL APPLY FOR ANY PROCEDURE CANCELLED LESS THAN 24 HOURS.

PRE-OPERATIVE INSTRUCTIONS FOR YOUR LASER PROCEDURES:

1. **YAG LASER POSTERIOR CAPSULOTOMY** _____ RIGHT / _____ LEFT EYE
1 HOUR PRIOR TO YOUR PROCEDURE PUT **1 DROP OF 1% PHENYLEPHRINE** TO THE OPERATIVE EYE. REPEAT THE DROP 30 MIN PRIOR TO THE PROCEDURE. IF YOUR EYES ARE NOT DILATED, YOUR PROCEDURE MAY BE DELAYED. **BRING SUNGLASSES** WITH YOU ON THE DAY OF YOUR PROCEDURE AS YOUR EYES WILL BE LIGHT SENSITIVITY DUE TO DILATION.
2. **YAG LASER PERIPHERAL IRIDOTOMY** _____ RIGHT / _____ LEFT EYE
PUT **1 DROP OF 1% PILOCARPINE** TO THE OPERATIVE EYE THE NIGHT BEFORE THE PROCEDURE. REPEAT THE DROP 1 HOUR PRIOR TO THE PROCEDURE AND 30 MINUTE PRIOR TO THE PROCEDURE. IF YOUR PUPILS ARE NOT CONSTRICTED, YOUR PROCEDURE MAY BE DELAYED OR CANCELLED
3. **SELECTIVE LASER TRABECULOPLASTY** _____ RIGHT/ _____ LEFT EYE
PUT **1 DROP OF 1% PILOCARPINE** TO THE OPERATIVE EYE THE NIGHT BEFORE THE PROCEDURE. REPEAT THE DROP 1 HOUR PRIOR TO THE PROCEDURE

AND 30 MINUTE PRIOR TO THE PROCEDURE. IF YOUR PUPILS ARE NOT CONSTRICTED, YOUR PROCEDURE MAY BE DELAYED OR CANCELLED

POST-OPERATIVE INSTRUCTIONS FOR YOUR LASER PROCEDURES:

START YOUR POST-OP MEDICATIONS 4-6 HOURS AFTER YOUR PROCEDURES UNLESS INSTRUCTED BY YOUR SURGEON.

1. **YAG LASER POSTERIOR CAPSULOTOMY** _____ RIGHT / _____ LEFT EYE
 - START ACULAR/NEVANAC/BROMFENAC 1 DROP 4 TIMES PER DAY FOR 7 DAYS
 - START ALPHAGAN/BRIMONIDINE 1 DROP 2 TIMES A DAY X 7 DAYS
 - START ARTIFICIAL TEARS 1 DROP 4-6 TIMES PER DAY X 7 DAYS
 - WEAR **SUNGLASSES** AS YOUR EYES MAY BE LIGHT SENSITIVITY
 - FOLLOW UP FOR EYE EXAM IN 1-2 WEEKS POST LASER PROCEDURE
 - SLEEP UPRIGHT FOR THE FIRST 1-2 DAYS TO HELP WITH HEALING
 - YOU MAY RESUME YOUR REGULAR ACTIVITIES WITH CAUTION

2. **YAG LASER PERIPHERAL IRIDOTOMY** _____ RIGHT / _____ LEFT EYE
 - START ACULAR/NEVANAC/BROMFENAC 1 DROP 4 TIMES PER DAY FOR 7 DAYS
 - START ALPHAGAN/BRIMONIDINE 1 DROP 2 TIMES A DAY X 7 DAYS
 - START ARTIFICIAL TEARS 1 DROP 4-6 TIMES PER DAY X 7 DAYS
 - STOP USING PILOCARPINE IMMEDIATELY AFTER PROCEDURE IS COMPLETED
 - YOU MAY RESUME YOUR REGULAR ACTIVITIES WITH CAUTION
 - FOLLOW UP FOR EYE EXAM IN 1-2 WEEKS POST LASER PROCEDURE

3. **SELECTIVE LASER TRABECULOPLASTY** _____ RIGHT/ _____ LEFT EYE
 - NEED **EYE PRESSURE CHECK 30 MIN AFTER** PROCEDURE IS DONE
 - CONTINUE WITH YOUR CURRENT GLAUCOMA EYE DROPS UNTIL YOUR NEXT FOLLOW-UP
 - START ACULAR/NEVANAC/BROMFENAC 1 DROP 4 TIMES PER DAY FOR 7 DAYS
 - START ALPHAGAN/BRIMONIDINE 1 DROP 2 TIMES A DAY X 7 DAYS
 - START ARTIFICIAL TEARS 1 DROP 4-6 TIMES PER DAY X 7 DAYS
 - YOU MAY RESUME YOUR REGULAR ACTIVITIES WITH CAUTION
 - FOLLOW UP FOR EYE EXAM IN 3-4 WEEKS POST LASER PROCEDURE

IMPORTANT REMINDER

**IF YOU HAVE ANY EYE PAIN, DISCOMFORT, BLURRY VISION, FLASHES, FLOATERS, PLEASE CONTACT DR. MASSIEL MENA IMMEDIATELY AT 407-891-2010 DURING BUSINESS HOURS.*

**IF YOU HAVE UNABLE TO KEEP YOUR LASER APPOINTMENT, PLEASE CONTACT CARMIN PADIN AT 407-891-2010 OR EMAIL HER AT CARMINP@EYEFLOIDA.COM TO RESCHEDULE THE LASER PROCEDURE OR SCHEDULE A FOLLOW-UP APPOINTMENT WITH YOUR EYE SURGEON.*

**PLEASE EMAIL DR. LY NGUYEN, MEDICAL DIRECTOR OF EYE FLORIDA, FOR ANY QUESTIONS/CONCERNS/COMPLAINTS AT LYTNGUYEN.MD@GMAIL.COM*