



PROCEDURE INSTRUCTIONS

ON THE DAY YOU BOOK YOUR PROCEDURE

- Read these Procedure Instructions. This is for your safety and to ensure the best possible outcome. Initial and sign where indicated, then email us a scan/picture of each page by 5PM on the day you book and pay for your surgery.
- Read your Informed Consent document. You will sign this on your day of procedure, so it is not necessary to email/text us any pictures of this document.
- Arrange for a family member or friend to be with you on the day of your procedure and drive you home. Email info@brintonvision.com with their name, relationship, mobile number, and whether they have been to our office before. We may send them a text message on the day of your procedure 15 minutes before your procedure is completed.
- For any surgery or preoperative measurement appointments, being out of contacts for **seven** full days is required. Contact lenses warp the surface of the cornea, which affects the accuracy of our measurements and therefore your visual outcome after your procedure. Patients who wear contacts in the seven days prior to surgery or preoperative measurements will have their appointment rescheduled.
- If you have contact lenses, email us today with a picture of the prescription numbers on the side of your contact lens boxes if we didn't already get this picture at your BVOA. Include your name in the message and indicate which contact lens prescription is used for which eye.
- For patients flying in for surgery, you may fly out as an airline passenger after 11AM following your postoperative day one visit.

BEFORE PROCEDURE DAY

- Medications will be prescribed for you to use after surgery, which are often covered by your medical health insurance and are not included in your surgery fee.
- You are welcome to acquire your medications at any pharmacy, however we have encountered issues in the past with pharmacies:
 - not stocking the branded or generic eye drop medications
 - substituting a medication for one we do not approve of
 - requiring multiple trips to the pharmacy
 - triggering preauthorization requirements and extra paperwork
 - overcharging patients
- To avoid these issues, our Brinton Vision team interviewed a number of pharmacies in the vicinity of our office and has arranged for our patients and office to benefit from a preferred customer relationship with Juniper Pharmacy. Juniper can be seen from our office window. It is located at 522 N New Ballas Rd, Suite 206. We receive no financial benefit from referring our patients to Juniper Pharmacy – we send patients to Juniper with the hopes that our patients can continue to experience the customer service that our Brinton Vision staff is known for.
- Juniper Pharmacy will call to verify your medical insurance information.
- Call Juniper Pharmacy at 314-499-1227 if you have not been contacted by the pharmacist within two business days of booking your procedure.
- We will send a doctor signed version of your Medication Instruction sheet to Juniper Pharmacy. You are responsible for obtaining these drops prior to your



Initial 1 of 8

surgery day. Juniper will mail them to your free of charge; if you desire to pick them up in person, call beforehand at 314-499-1227 to confirm their hours. Please leave your medications sealed in the package as you receive them. It is important you bring these with you on your day of surgery. We will open the package for you, confirm the medications are correct and accounted for, and go through instructions with you. **If you do not have your medicated drops with you when you arrive for surgery, we will have to reschedule your procedure to a different day to allow you time to pick up medications.** This is for your safety as it is important to have each prescribed medication for you to heal well. The Valium medication you take prior to surgery will be provided at Brinton Vision.

- You do not need to start eye drops until your procedure is complete, unless otherwise indicated on your Medication Instructions sheet. Our doctors may modify your medicated drop instructions or other instructions based on individual health circumstances or exam findings. In that case, what our doctor says supersedes what is checked on your Medication Instructions sheet.
- Inform a Brinton Vision doctor between your initial consultation and procedure if you have a change in medication, substance, or supplement use; if you have a new medical condition or change in health status; if you are nursing or there is any chance you may be pregnant.
- We routinely adjust surgery times, and in this case will send an email confirmation with the adjusted time. Look for a call from our office no later than 5PM on the night before your surgery to know if your time has changed. If you don't hear from us plan to arrive as scheduled.
- On procedure days, we commonly take photos with our patients, doctors, and procedure staff for our Facebook page and other digital properties. Email us if you would like a copy of your photo or if you would like to opt out of or restrict this.

ON PROCEDURE DAY

- Don't forget to bring your unopened drops.
- No colognes, perfumes, scented lotions, or essential oils should be worn on the day of your procedure. Unscented lotions, body wash, and deodorant are fine. Remove eye and face makeup completely prior to arrival.
- Leave valuables at home. You will not be able to keep them with you during surgery.
- Avoid coming in on an empty stomach. We recommend a light meal.
- Take your regular medications on your procedure day as you would on any other day. If you are due to take a medication during the time you are scheduled to be in our office, you may bring the medication with you and take it while here.
- Before entering the surgery suite, use the restroom.

AFTER YOUR PROCEDURE

- We recommend keeping your eyes closed, when possible, while sitting or lying down for the rest of the surgery day. Listen to an audiobook or podcast, or just take a nap.
- Only one restriction is common among all Brinton Vision surgeries: don't submerge your head underwater in a pool, river, stream, lake, or ocean for one week. After one week you may gradually return to water activities. Goggles are recommended early on if the potential exists for a hard impact on water (e.g. with water skiing, wakeboarding, jet skiing).



- You may shower or bathe anytime after surgery, but avoid tap water in your eye(s) for one week. Rinse any tap water out with artificial tears.
- Your vision may be blurry on your procedure day. While many of our patients see well as soon as the next day, full healing for our procedures takes three to six months.
- The numbing drops that we use for your procedure wear off after about 15 minutes, which usually coincides with walking out to your car or the ride home. This is a good time to take a nap if desired. These symptoms typically improve as you heal.
- Common side effects for patients:
 - Halos / glare / ghosting (100%)
 - Dry / sensitive / tearing / light-sensitive eyes (100%)
 - Over / under response requiring enhancement surgery after full 3 months | 6 months healing (14%)
- Contact us immediately if you experience any of these symptoms: flashes of light, new floaters/debris in your view, shade/shadow/curtain/veil in your vision, strong feeling of pressure in/around your eye, nausea, decreased vision, or pain not relieved with an over-the-counter medication.
- If you would like to wear eye makeup the day after your procedure, speak with a Brinton Vision doctor on how to apply and remove this safely. We prefer you avoid eye makeup for one week.
- In some instances, Dr. Brinton will place a bandage contact lens in your eye at the conclusion of your procedure and will tell you if this is done. If your contact falls out, do not replace it. Keep your eyes closed as much as possible and use preservative-free artificial tears for comfort. Call the office and we can discuss whether to replace the contact lens.
- We recommend following these instructions if you have a history of dry eye or contact lens wear:
 - Turn off all bedroom fans. These can cause dryness on the surface of your eyes even if they are small, off to the side, or pointed away from you because circulating air dries out your eyes while sleeping. Studies show that many people sleep with their eyes partially open. Potential alternatives for your comfort while sleeping include a white noise machine/app for fan sounds, turning down your thermostat if you are too warm, or using a humidifier with distilled water for the sensation of a breeze or circulating air.
 - Take omega-3 fish or flax seed oil supplements. A common recommendation is to take two capsules twice a day for a total of 400 mg EPA and 200 mg DHA per day. If this leads to an unpleasant taste in your mouth you may freeze the pills. Discuss this with your primary care physician first if you have any medical conditions.
 - We recommend but do not require that you avoid over-the-counter medications for allergies or sinuses that dry the eyes, including Zyrtec, Allegra, Claritin, Sudafed, etc. For eye allergies we prefer you use a drop such as Zaditor or Pataday twice a day.
 - Take your preservative free artificial tears frequently in the early postoperative period.
 - Our average blink rate is around 16x/min, however one study showed that if we focus on a book, phone, or computer screen our blink rate decreases to an average of 4x/min. This is the cause of eyestrain when using a computer, not “blue light.” To mitigate this issue, stay well hydrated, remind yourself to blink (picture your *return* key being the *blink* key), use artificial tears, and follow the 20/20/20 rule – every 20 minutes take a 20 second break and look at least 20 feet away into the distance.



Initial 3 of 8

- Bring your eye drops to your postoperative visits so our staff can verify what you are taking.
- Strongly nearsighted patients may be used to holding objects very close to their face – e.g. for reading fine print, doing nails, makeup – because they are unable to see anywhere else. With your vision corrected you may lose very close up “microscopic” vision. Patients adapt from doing these activities very close in front of their face to a more typical mid-arm’s length distance just like anyone else who doesn’t need a glasses prescription. Special considerations apply for patients in their 40s and beyond who have presbyopia; make sure to discuss these with one of our doctors.
- You may experience increased awareness of floaters, or new floaters, following your procedure. This is especially common in near sighted patients. In general, this awareness decreases over time with adaptation to your new vision, however increased awareness of floaters is a risk of surgery.
- It is our standard practice to update your primary care and eye doctors on the results of your exams and procedure.
- For your convenience, postoperative visits between one and ten months after your procedure should be scheduled online at brintonvision.com/postop. Patients have the responsibility of ensuring that all required postoperative visits are completed as specified in your Procedure Instructions. These postoperative visits are scheduled on Mondays, Tuesdays, and Thursdays from 8AM-3PM. Our schedule is subject to change.
- For clinic appointments at Brinton Vision, we request that you check in at our front desk on the third floor of the building 15 minutes prior to your appointment time. If you arrive after your scheduled appointment time we may reschedule your appointment. This is so that patients who arrive on time do not wait longer than necessary to see the doctor, and to allow proper time so that no one’s appointment is rushed. We may be able to schedule you for another appointment on the same day, however we cannot compromise on the quality and timely care we provide to our patients.
- The eye is a delicate structure, so we recommend to all patients that they protect their eyes, whether or not they have had an eye procedure. We recommend general strategies to maintain the health of your eyes including protective eyewear when operating power tools, hammering metal on metal, repairing machinery, and even when doing yard work (mowing the lawn, using an edger, trimmer, or weed eater). The same applies for sports that present a risk to the eye such as racquetball, squash, and badminton. Never rub an eye (if you are curious why, ask one of our staff members to see the MRI video of what happens inside your eye during eye rubbing). Instead, if your eyes itch, use an artificial tear drop, stretch the skin over the bones around your eye (with clean hands), or place a clean, cool washcloth over your eyes for relief. Avoid bumping your eye.
- We recommend that everyone care for their eyes outside by wearing UV-protecting sunglasses. Sunglasses labeled as blocking UVA and UVB are required to block 75% of UV rays, and UV400 labeled sunglasses block nearly 100% of UV rays. Such sunglasses are inexpensive and can be found at any optical shop or online. In addition, polarized lenses reduce glare from smooth and reflective surfaces, which can make the vision more comfortable.
- Getting great vision isn’t just about your surgery day. Attending postoperative visits is essential to ensuring that you attain the best vision possible. If you live far from our office, please arrange for availability and transportation to any postoperative visits deemed necessary by our doctor team.

Initial 4 of 8

- Yearly eye exams are still required to maintain the health of your eye. Patients are to return to either Brinton Vision or your established eye care provider yearly for a dilated health of eye exam.
- Customary clinic, laser, and surgery fees:
 - Annual dilated health of eye exams, starting one year from your surgery date, \$240.
 - Any clinic visit starting one day after your surgery date, for eye issues not directly related to surgery, \$240.
 - Permanent punctual plug placement, \$250 per eye
 - Enhancement or adjustment of vision, \$1600 facility fee and \$1600 surgeon fee = \$3200 per eye charged after one year.
 - Dr. Brinton does not charge his surgeon fee for his Brinton Vision surgery patients.
- Routine questions - contact Brinton Vision by email to info@brintonvision.com or text 314-375-2020 during office hours: M-F 8AM-5PM. Questions received prior to 4PM will have be replied to within one hour. Questions received after 4PM will be responded to on the next business day.
- Non-urgent medical questions need to be addressed in person by a doctor. All require patients to schedule an appointment.
- Urgent medical issues - cannot be handled by email or text message. Instead, please call us at 314-375-2020. If there is no answer, leave a voicemail. If it is outside of normal business hours, call the doctors' emergency line cell phone at **636-459-6836**. We cannot diagnose medical conditions over the phone. If after triaging your doctor feels it is necessary to see you in person, we may ask you to come into the clinic either immediately or in the morning of the next business day.

PROCEDURE INSTRUCTIONS – SBK AND SMILE

- You may resume non-water workouts after your postoperative day one appointment.
- No bedroom fans on the night of your procedure to prevent ocular dryness while sleeping.
- Avoid smoking or directly exposing your eyes to tobacco, marijuana, campfire, or vaping aerosols between your procedure and your postoperative day one visit. Smoke can trigger the body's natural immune response causing a complication necessitating multiple postoperative visits and a longer recovery time.
- Medical research shows that smoking contributes to dry eyes, blurry eyesight, and an increased risk of nearly every eye disease. We urge those who smoke to quit smoking; there is help available if you want to quit but are finding it difficult.
- Postoperative appointments for SBK and SMILE procedures are at one day, one month, and three months after your procedure. You are responsible to attend each of these exams or reach out to reschedule if unable to attend. You can schedule yourself at after the one day appointment at brintonvision.com/postop.

GENERAL MEDICATION INSTRUCTIONS

- Wash your hands prior to instilling eyedrops. After opening the top of the drop bottle or twist top vial, avoid touching the inside of the cap or the tip of the dropper so these can remain sterile. Use your fingers on one hand to pull down your lower lid slightly and create a “pocket.” With your other hand, place one drop in the “pocket.” Close both eyes gently as if you are sleeping. Dab the excess drop from your cheek with a tissue. Avoid squeezing, opening your eyes, or blinking for 3-5 minutes. This



Initial 5 of 8

will maximize absorption of the drop and minimize the taste of the drop in the back of your throat.

- Separate eye drops by five minutes.
- If you have difficulty placing drops, you may lie down so you are looking towards the ceiling. Close your eyes gently and place a drop in the inside (near the nose) corner of your eyelids. Blink several times to allow the drop to work its way into your eye then keep your eyes gently closed as above.
- When you administer an eye drop, one drop is sufficient as long as the drop makes contact with your eye surface. Using multiple drops does not increase the efficacy; additional drops will just run out of your eye and down your cheek.
- If you miss an eye drop or are unsure if you took it, take the drop again even if it is close to the time of your next dose.
- You can expect to have some crusting on your eyelashes for a few days after surgery, as well as after instilling the prednisolone drop.
- If you are instructed to take prednisolone (pink cap) drop for longer than a week, it is important to taper off the drop gradually to avoid inflammation.
- Notify a Brinton Vision doctor if you have used steroid medicines before or if you start a new steroid medication (cream, mist, inhaler, injection, prednisone pill, etc.) while taking the drops above. This combination can lead to a painless increase in eye pressure and vision loss. If you are taking a steroid eye drop you need to have your eye pressure checked in our office no less than every four weeks.
- For two months after your procedure, only use preservative-free artificial tears. We recommend that patients use them frequently, usually every 15-30 minutes on the day of their procedure.
- Use caution with artificial tears in *bottles*, as opposed to *vials*, labeled as “preservative free.” Check with our doctors first before using *bottled* artificial tears.
- Getting a good sleep is an important part of the healing process. If you can sleep, don’t stay up or set an alarm to take eye drops. Just take the required dose before going to bed and again when you awaken (if it’s time for the next dose).
- You may not drive until postoperative day one, and only once comfortable behind the wheel. Patients having the PRK procedure require separate clearance from a Brinton Vision doctor, usually after the day four postoperative visit.
- You may take Tylenol/acetaminophen or NSAID medications (Aleve/naproxen, Advil/Motrin/ibuprofen, Aspirin, Excedrin) as needed.
- PRK patients may NOT take medications containing acetaminophen, such as Tylenol, when taking Percocet. Instead take NSAIDs.

FREQUENTLY ASKED QUESTIONS

“Why should I keep my eyes closed while awaiting my surgery?”

On surgery day, we ask that you to keep your eyes closed and not read on your cell phone more than necessary because the air filtration system in our office and the drops we give can dry out your eyes. This can make your recovery process in the first 24 hours less comfortable. Cell phone use also decreases our blink rate so this compounds the problem. Plan to listen to a podcast or audiobook, talk to your companion, listen to music, or just relax, all with your eyes closed.



Initial 6 of 8

“Why am I here for three hours on surgery day? Doesn't my surgery take 15 minutes?”

Remember to check in with our receptionist 15 minutes prior to your appointment time. You will have a significant amount of “down time” on your surgery day. This allows our eye drops and pill medications to take effect. For some surgeries, a wide and complete pupil dilation is required, which can take 60-90 minutes. Whether or not extra time is needed in your specific case, it is built into our schedule for all patients so that when these steps are needed, we have adequate preparation time to provide a safe and comfortable surgery.

“I didn't feel anything when drops were put in my eyes. Are you sure they went in?”

We use numbing eye drops on the day of surgery, so when we place eye drops in your eyes, you may not feel anything, or may even feel like we missed. Our staff watch when your eye receives the drop. If you don't feel anything, this is a good sign!

“Why did my second eye surgery feel different than my first? Wasn't it the same process?”

Patients having surgery on both eyes should expect that the second eye surgery will feel different than the first eye surgery, even if the surgeries are identical and performed at the same time.

I have read the informed consent document for my procedure. I have read and agree to follow these Procedure Instructions. I've had an opportunity to ask questions of a Brinton Vision doctor and the doctor has answered my questions to my satisfaction.

Signature: _____ Date: _____

Printed name: _____



Initial 7 of 8

MEDICATION INSTRUCTIONS

SBK/LASIK, SMILE, LRI

- 1) ofloxacin 0.3% ophthalmic solution, qty 5ml, refills 1, sig instill 1 drop to surgical eye(s) 4x/day x1wk, then stop.
- 2) prednisolone 1% ophthalmic suspension, qty 5mL, refills 1, sig shake bottle, instill 1 drop to surgical eye(s) 4x/day x1wk, then stop.
- 3) Refresh Plus 0.5% artificial tears, qty 100 vials, refill as needed, sig instill 1 drop into surgical eye(s) every two hours while awake for two months, then use as needed. Allowed substitution - Eyeganics 0.2% PF, same dosing instructions.
- 4) sunglasses, case.

PRK

- 1) ofloxacin 0.3% ophthalmic solution, qty 5ml, refills 1, sig instill 1 drop to surgical eye(s) 4x/day x1wk, then stop.
- 2) prednisolone 1% ophthalmic suspension, qty 15mL, refills 1, sig shake bottle, instill 1 drop to surgical eye(s) 4x/day x1wk, 3x/day x1wk, 2x/day x1wk, 1x/day x1wk, then stop.
- 3) vitamin C 1000mg tablets, qty 365, sig take one tablet by mouth once a day for one year.
- 4) Percocet 5/325mg, take 1 tab with food every 6 hours as needed for pain, do not take with Tylenol. Stool softener recommended.
- 5) Refresh Plus 0.5% artificial tears, qty 100 vials, refill as needed, sig instill 1 drop into surgical eye(s) every two hours while awake for two months, then use as needed. Allowed substitution - Eyeganics 0.2% PF, same dosing instructions.
- 6) sunglasses, case.

EVO ICL I & EVO ICL II

- 1) ofloxacin 0.3% ophthalmic solution, qty 5ml, refills 1, sig instill 1 drop to surgical eye(s) 4x/day x1wk, then stop.
- 2) prednisolone 1% ophthalmic suspension, qty 5mL, refills 1, sig shake bottle, instill 1 drop to surgical eye(s) 4x/day x1wk, then stop.
- 3) Refresh Plus 0.5% artificial tears, qty 100 vials, refill as needed, sig instill 1 drop into surgical eye(s) 4x/day x4wks, then use as needed. Allowed substitution - Eyeganics 0.2% PF, same dosing instructions.
- 4) two eye shields, tape, sunglasses, case. Tape eye shields over surgical eye(s) while sleeping for one week.

CLR I & CLR II

- 1) ofloxacin 0.3% ophthalmic solution, qty 5ml, refills 1, sig instill 1 drop to surgical eye(s) 4x/day x1wk, then stop.
 - 2) prednisolone 1% ophthalmic suspension, qty 15mL, refills 1, sig shake bottle, instill 1 drop to surgical eye(s) 4x/day x2wks, 2x/day x2wks, stop.
 - 3) Prolensa 0.07% ophthalmic solution, qty 5ml, refills 1, sig instill 1 drop to surgical eye(s) at bedtime for four weeks, then stop.
Allowed substitution - Bromsite ophthalmic suspension 0.075% - same dosing instructions.
 - 4) Refresh Plus 0.5% artificial tears, qty 100 vials, refill as needed, sig instill 1 drop into surgical eye(s) 4x/day x4wks, then use as needed. Allowed substitution - Eyeganics 0.2% PF, same dosing instructions.
 - 5) two eye shields, tape, sunglasses, case. Tape eye shields over surgical eye(s) while sleeping for one week.
- Fill only if marked** acetazolamide 250 mg tablets, **qty 2 | 4 tabs**, refills 0, sig take two tablets by mouth two hours prior to procedure.

CLR extended regimen (for autoimmune disease, diabetes, epiretinal membrane, history of uveitis)

- 1) ofloxacin 0.3% ophthalmic solution, qty 5ml, refills 1, sig instill 1 drop to surgical eye(s) 4x/day x1wk, then stop.
 - 2) Durezol 0.05% ophthalmic emulsion, qty 15mL, refills 1, sig instill 1 drop into surgical eye(s) 4x/day x2wks, then 2x/day x4wks, then 1x/day x2wks, then stop.
 - 3) Prolensa 0.07% ophthalmic solution qty 3 mL, refills 1, sig instill one drop into surgical eye(s) 1x/day x9wks, then stop.
Begin one week prior to surgery arrival date. Allowed substitution - Bromsite ophthalmic suspension 0.075% - same dosing instructions.
 - 4) timolol 0.5% ophthalmic drops, qty 15mL, refills 1, sig instill 1 drop into surgical eye(s) 2x/day x8wks, then stop.
 - 5) Refresh Plus 0.5% artificial tears, qty 100 vials, refill as needed, sig instill 1 drop into surgical eye(s) 4x/day x4wks, then use as needed. Allowed substitution - Eyeganics 0.2% PF, same dosing instructions.
 - 6) two eye shields, tape, sunglasses, case. Tape eye shields over surgical eye(s) while sleeping for one week.
- Fill only if marked** acetazolamide 250 mg tablets, **qty 2 | 4 tabs**, refills 0, sig take two tablets by mouth two hours prior to procedure.



Initial 8 of 8