Specific Procedure Instructions – YAG Capsulotomy

Eye Drops & Medications: Shake all medicated drops before using.

- <u>Twist-top vials of preservative-free artificial tears</u> Conveniently purchase through pharmacy, over the counter, or online. Take as needed for comfort. These vials can be recapped for multiple uses (9-11 drops per vial), however throw away and use a new vial on the next day.
- Patients with a history of diabetes, uveitis, eye inflammation, macular edema, retinal vein occlusion, retinal detachment repair, or epiretinal membrane should report this to a Brinton Vision doctor and take Bromsite/Bromfenac one drop once a day at bedtime for four weeks, and take prednisolone 4x/day for 1 week, 3x/day for 1 week, 2x/day for 1 week, 1x/day for one week then stop. You can expect to have some crusting on your eyelashes after using this drop. Notify a Brinton Vision doctor if you have used steroid medicines before or if you start a new steroid medication (pill, cream, mist, inhaler, injection, prednisone, etc.) while taking the drops above. This combination can lead to a painless increase in eye pressure and vision loss. As long as you are taking a steroid eye drop you need to have your eye pressure checked in our office no less than every 4 weeks.

Instructions:

- You may experience irritation, light sensitivity, and some blurry vision after the laser procedure. This typically improves over the first few days. You may also notice increased awareness of current floaters in your vision.
- You may resume normal activity the next day after your procedure.
- If you experience flashes of light in your vision, new or increasing floaters, or a shade/shadow/curtain/veil in your vision, report this promptly to Brinton Vision.

Procedure appointment date and time:	
Postop appointment date and time: Month #1	
I have read the informed consent document for my procedure. I have read and agree to follow the Specific Procedure Instructions outlined on this page. 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:	



p. 1/1