

Specific Procedure Instructions

YAG Peripheral Iridectomy (YAG PI)

YAG PI is typically performed in our office in preparation for Visian ICL placement.

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

- #1 Prednisolone (steroid, pink/white top, 5.0mL/80 drops). Starting immediately after procedure, take one drop 2x daily in both eyes until ICL procedure in first eye. 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.
- #2 Bromsite/Bromfenac (NSAID, grey top, 5.0mL/3.4mL). Take one drop once a day at bedtime until ICL procedure in first eye.
- #3 Twist-top vials of preservative-free artificial tears Conveniently purchase through pharmacy with other post-operative drops, over the counter, or online. Take one drop 4x per day for 1 month after ICL procedure, then taper as needed. 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. Space out the steroid, NSAID, and artificial tear drops by approximately 5 minutes to avoid “washing out” the previous medication.

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 resume normal activity the next day after your procedure.
- You may experience a sensation of pressure or headache over your brow. This can be caused by a medication called pilocarpine that we sometimes administer prior to your procedure. This typically improves by the next morning.
- 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.

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: _____



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These can be accessed online at brintonvision.com/specific-procedure-instructions-yag-pi/ or here:

