



TREATMENT INSTRUCTIONS



ON THE DAY YOU BOOK YOUR PROCEDURE

- Carefully read these Treatment Instructions, also available online at brintonvision.com/treatmentinstructions. For most patients this takes about 30 minutes. We care deeply about your eyes and are passionate about helping you benefit from world class eye care in a setting that is safe and comfortable. By reading and understanding these Treatment Instructions, you will be able to do your part in that process.
- After reading these Treatment Instructions pages, initial and sign where indicated, then email info@brintonvision.com or text 314-375-2020 with a scan/picture of each page by 5:00 PM on the day you reserve and pay for your surgery.
- Carefully read the separate Informed Consent document, also available online at brintonvision.com/treatmentinstructions. We will have an identical copy of the Informed Consent document for you to sign when you arrive in our office on the day of your procedure.
- The surgery arrival time you were given is **approximate**. As with many surgical facilities, arrival times are commonly adjusted in the week leading up to your surgery. Make sure to check your email the night before your scheduled surgery day, and if you don't receive an email with a new time by 5:00 PM, plan to arrive as previously scheduled.
- You will not be able to drive home after your procedure. Select one of the following options for transportation post-surgery:
 - Option #1: Arrange for a family member or friend to drive you to our office, be with you during the three-hour time block, and take you home after your procedure. Let them know that your current surgery arrival time is **approximate**, and that you can confirm a final appointment time with them the night before. Your driver is welcome to accompany you in clinic before/after surgery, and if desired, may join you in the laser room during your procedure for support. Drivers commonly pass the time in our reception area or enjoy one of the dozen restaurants within walking distance of our office.
 - Option #2: Arrange for a family member or friend to pick you up at the conclusion of your surgery. You can stay in touch with your driver while in our office. We will also text them 15 minutes before you are finished.
 - Option #3: No driver. Patients without a driver may take Uber to their home/hotel or may walk to the Drury Inn. In this case we won't be able to give you Valium (optional relaxing medicine) before your surgery. To access our preferred rate at the Drury Inn Creve Coeur, book online using our code: 332174. This rate includes dinner on the night of your procedure and breakfast the next morning, though we recommend checking with the Drury Inn to confirm details. See brintonvision.com/hotels for more options.
- Email info@brintonvision.com and indicate which of the above options you have chosen. If you will have a driver, include your driver's name, relationship to you, mobile number, and whether they have been to Brinton Vision before.
- For patients flying in for surgery, see that your departing flight is scheduled no sooner than 12:00 noon the next day. You will have a day one postoperative appointment to attend that morning before going to the airport. Our office is located within about 15 minutes of St. Louis Lambert Airport and Spirit of St. Louis Airport.



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- For surgery and 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. If you forget and inadvertently wear contacts in the seven days prior to a surgery or preoperative measurements visit, we understand and will be happy to reschedule your appointment.
- If you have contact lenses and if we didn't already get this picture at your BVOA email info@brintonvision.com today with a picture of the prescription numbers on the side of your contact lens boxes. Include your name in the message and indicate which contact lens prescription is used for which eye.

BEFORE PROCEDURE DAY

- Medications will be prescribed for you to use after surgery. These are 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 the following issues in the past with some pharmacies:
 - not stocking the branded or generic version of our eye drops
 - substituting a medication we do not approve of
 - requiring multiple patient trips to the pharmacy
 - triggering preauthorization requirements and extra paperwork that delays you receiving your medications
 - overcharging patients
- To avoid these issues, several years ago, Brinton Vision 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 across the street from us at 522 N New Ballas Rd, Suite 206. We have no financial relationship with Juniper Pharmacy – we send patients to Juniper with the hope that our patients can continue to experience the customer service that our Brinton Vision staff is known for.
- Juniper Pharmacy will call or text you within two workdays after you book surgery to verify your address and medical insurance information. If you have not heard from them in this time, call Juniper at 314-499-1227.
- We will send a doctor-signed version of your Medication Instructions sheet (at the end of this document) to Juniper Pharmacy. You are responsible for obtaining these drops prior to your surgery day. Juniper will mail them to you at a Missouri or Illinois address free of charge; if you would like to pick them up in person, call beforehand at 314-499-1227 to confirm their hours (currently posted as Monday-Friday from 8:00 AM to 6:00 PM).
- If you still desire to use your own pharmacy, our technician will give you a signed prescription form in our office or mail it to you if you book surgery by phone. Brinton Vision cannot be responsible for quality control issues that may arise as a result. We are happy to give or mail to you a printed prescription, however, for quality control and customer service reasons, we do not fax or call pharmacies.
- Valium (optional relaxing medicine) is provided at Brinton Vision and is included in your surgery fee.
- Inform a Brinton Vision doctor between your initial consultation and procedure if you have a change in medication, substance, or supplement use; you have a

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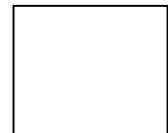
new medical condition or change in health status; you are nursing; or there is a chance you may be pregnant.

ON PROCEDURE DAY

- Shower on the morning of your procedure, or prior to arriving in our office. Don't use colognes, perfumes, scented lotions, or essential oils after you shower since some fragrances can block certain laser wavelengths. Unscented lotions, body wash, and deodorant are fine. Remove eye and face makeup completely prior to arrival using micellar water or makeup remover and a magnifying mirror to make sure no makeup is left.
- Our state-of-the-art laser room is, as of this writing, the only surgery suite in Missouri and Illinois that can perform all laser and lens-based refractive (vision correcting) surgeries. It is also the only facility in the St. Louis region that can perform SMILE. The closest surgeons with this level of modern LASIK/refractive surgery technology are located 247 miles away. The laser room is managed by its own HVAC system; it incorporates highly sophisticated air handling technology to maintain a constant 68° +/- temperature and 40% +/- relative humidity year-round. If 68° with 40% relative humidity sounds cold to you, wear warm layers that you can add or remove for comfort.
- Leave valuables at home. You will not be able to keep them with you during surgery.
- Have a regular meal before arriving at our office so you are comfortable during the procedure.
- Take your regular medications on procedure day as you would on any other day. This includes regularly scheduled medicines, as needed medications, and supplements. 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.
- During your three-hour procedure block, you will have up to 90 minutes of downtime as we accomplish a variety of preparatory tasks. These include scanning/processing your paperwork, calibrating lasers, answering questions for other patients, calling an eye doctor you have seen, running calculations, using sophisticated medical artificial intelligence programs to evaluate your surgery day testing, giving time for your eye drops to soak in, or waiting for the patient before you to complete a step. **We ask that you pass this waiting time with your eyes closed.** If desired, come prepared with music, a podcast, or an audio book that you can enjoy while we work behind the scenes to provide a successful experience to each of our patients.
- Before entering our surgery suite, use the restroom.

DURING YOUR PROCEDURE

- One of our caring surgical technicians will accompany you into the laser room, introduce you to our surgery team, and have you lie down on one of our five surgery beds.
- If you would like an added measure of privacy during your procedure let us know and we can lower a shade over the surgery room glass.
- If you would like the comfort of having a blanket over you during surgery you may choose from a light blanket, heavy blanket, warmed blanket, or weighted blanket. Our weighted blanket is the most popular choice!



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- We play music from an Amazon Alexa speaker in the laser room. Please share your favorite artist or genre with us so we can play something that will put you at ease.
- Expected procedure time is 15 minutes. We numb your eye with drops and place a blink protector so you don't have to worry about keeping your eye open. You will feel like you are blinking, but you aren't actually blinking.
- Dr. Brinton will talk you through the procedure and remind you to look at a white or green light. If you look away, that's okay; you will hear Dr. Brinton remind you to look back at the light.
- If you would like one of our staff members to hold your hand for comfort let us know. Alternatively, you are welcome to have a family member join you in the laser room for the purpose of holding your hand. They will need to come dressed in clean attire and wear a surgical hat, mask, shoe covers, and a surgery coverall suit, which we provide.
- Most patients pause for a picture in the laser room with Dr. Brinton after surgery. This is optional. You will receive a form prior to surgery where you may opt in or opt out of this photo. If you opt in, your surgical technician will take a photo of you and Dr. Brinton with Dr. Brinton's personal cell phone, after which he will text the picture to you.

AFTER YOUR PROCEDURE

- For the rest of the surgery day, whenever possible, we recommend you **keep your eyes closed while sitting or lying down**. 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. If possible, take a four-hour nap after surgery. If you don't nap, listen to an audiobook, podcast, or music with your eyes closed.
- Only one restriction is common among all Brinton Vision surgeries: don't submerge your head underwater in a pool, hot tub, 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 any time after surgery, including on the day of surgery, however, avoid tap water in your eyes for one week. Rinse any tap water out by taking an artificial tear drop after you dry off.
- Here are common side effects.
 1. Halos / glare / ghosting (100%)
 2. Dry / sensitive / tearing / light-sensitive eyes (100%)
 3. Over / under response requiring enhancement surgery after full healing (14%)
- If you would like to wear eye makeup in the first week 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 the case. If your contact falls out, just keep your eyes closed whenever possible and use preservative-free artificial tears for comfort. Don't try to replace it. Call our office and we can discuss whether to have you come in during clinic hours so we can replace the contact lens.
- Bring your eye drops with you to each postoperative visit so our staff can verify what you are taking.



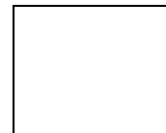
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- Strongly nearsighted patients may be used to holding objects very close to their nose/face, because they are unable to see anywhere else to read fine print, do nails, makeup, etc. After surgery these individuals will need to adjust to doing these activities at a more “normal” range where others with natural, glasses-free eyesight perform these tasks. Special considerations apply for patients in their forties and beyond who have presbyopia; make sure to discuss these with one of our doctors.
- Brinton Vision will send an update to your primary care physician and eye doctors by regular email on the results of your procedure.
- Getting great vision isn’t just about surgery day. Our postoperative care program is essential to ensuring that you attain the best vision possible.
- Postoperative month one and month three visits are scheduled online with this QR code to the right, or at brintonvision.com/postop. Patients have the responsibility to ensure that required postoperative visits are completed as specified in your Specific Procedure Instructions. These postoperative visits are scheduled on weekdays from 8:00 AM-3:00 PM. Our schedule is subject to change.
- In some cases, our doctors may schedule you for additional clinic visits. Keep this in mind, especially if you live far from our office.
- For clinic appointments at Brinton Vision, we require that you check in with reception 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.
- [only for patients over age 40] Presbyopia ("old eye" in Greek) begins to occur in your forties or fifties when you lose the ability to read print up close. Our procedures for presbyopia are designed to restore everyday reading vision so you can travel; take pleasure in a concert, theater, or sporting event; use your cell phone; read a restaurant menu; play sports; and enjoy other leisure activities without glasses. Our procedures do not replace magnification for professional or technical level near vision.



GENERAL EYECARE INSTRUCTIONS FOR ALL PATIENTS, WHETHER YOU WEAR GLASSES, CONTACTS, OR HAVE CORRECTIVE SURGERY

- We recommend following these instructions if you have a history of dry eye or contact lens wear:
 - Turn off 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



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mouth you may freeze the pills. Obtain approval from your primary care physician's office first if you have medical condition or take other medications/supplements.

- Some of our patients take over-the-counter allergy or sinus pill medications that dry the eyes, including Zyrtec, Allegra, Claritin, Sudafed, etc. Ideally, our patients would avoid these medications for the few days before and after their procedure. This is a recommendation only, though, and not a requirement, so if these medications are important for your health, you may continue to take them even on the day of your procedure. Inhaled nasal steroid medications such as Flonase/fluticasone are of less concern. Continue to take these, including on surgery day.
- For eye allergies we prefer you use a drop such as Zaditor or Pataday twice a day rather than take a pill.
- Take your preservative free artificial tears as instructed in the weeks after your surgery.
- 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 eye strain when using a computer (blue light is not a concern). To mitigate this issue, stay well hydrated, remind yourself to blink, 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.
- We recommend that our patients take common sense measures to protect their eyes, whether or not they have corrective eye surgery. General strategies include using protective eyewear when operating power tools, hammering metal on metal, repairing machinery, and when doing yard work (mowing the lawn, using an edger, trimmer, etc.). 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 show you an 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 the soft part of your eye.
- Protect the outside of your eyes from sunburn by wearing UV-protecting sunglasses. Sunglasses labeled as blocking UVA and UVB are required to block 75% of UV rays; 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, though there is no harm to the eye in not using polarized lenses (unlike with UV-blocking lenses, where not using them can subject the eyes to harmful light rays). UV-blocking, polarized sunglasses are available on Amazon.com in the \$20 range (last checked in 2024).
- Medical research shows that smoking contributes to dry eyes, blurry eyesight, and an increased risk of many eye diseases. We urge those who smoke to quit smoking, and there is help available if you want to quit but are finding it difficult. Call 1-800-QUIT-NOW for more information.
- Some patients experience an increased awareness of floaters as they get older, and sometimes this can be more prominent after surgery.
- Retinal detachment is a rare emergency situation where a thin layer of tissue (the retina) at the back of the eye pulls away from its normal position, usually because of a tear in the retina. If a tear is detected early, treatment by a retina surgeon can prevent the retina from detaching. Any one of the following symptoms can



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warn of a retinal detachment, whether you wear glasses, contacts, or have corrective eye surgery: flashes of light in the vision; new floaters in the vision, including tiny specks that seem to drift through your field of vision; spots in the vision, a ring, lines, or a cobweb appearance in the vision; blurred vision; gradually reduced side (peripheral) vision; or a shade, shadow, or curtain coming up, down, or across the vision. These symptoms are painless, which leads some people to (mistakenly) ignore them. Retinal detachment is an emergency. At the first instance of these symptoms, patient agrees to promptly visit their eye doctor (or retina surgeon, preferably, if they have seen one). If unable to reach their eye doctor, they agree to go to the emergency room.

- Nearsighted patients, even if you have had your vision corrected surgically, and patients with a family history of retinal detachment in a parent, sibling, or child are at a higher risk. For these patients, whether you wear glasses, contacts, or have corrective eye surgery, we recommend that you see a local MD retina specialist to establish care sometime in the next year. These doctors will accept medical health insurance. Our staff would be happy to provide some recommendations.

HOW TO REACH US

- For routine questions - contact Brinton Vision by email to info@brintonvision.com or text 314-375-2020 during office hours M-F 8:00 AM-5:00 PM. Questions received prior to 4:00 PM will be replied to within one hour. Questions received after 4:00 PM will be responded to on the next business day.
- Urgent medical issues such as those listed above are not handled by email or text message. Instead, come directly to our office. If outside normal business hours, call the doctors' **emergency cell phone at 636-459-6836**. We cannot diagnose medical conditions over the phone and will request that you come in to have any eye concerns evaluated. If you are unable to come in at the time of your call, we will ask you to schedule an early appointment on the next clinic day when you are available.
- Non-urgent medical questions are addressed in person by our doctors. Feel free to schedule an appointment in our office should the need arise.

WHAT YOUR SURGERY FEE INCLUDES

- Your surgery fee covers your corrective eye surgery and any surgery-specific follow-up visits in our clinic for one year from the date of your surgery.
- For most patients this includes a day one, month one, and month three visit, with some surgery types including a day four visit (PRK) and a week one visit (CLR and EVO).

WHAT YOUR SURGERY FEE DOES NOT INCLUDE

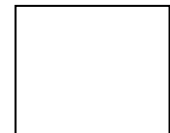
- Yearly \$240 health of eye exams in our office are never included in surgery fees. Health of eye exams are required for all individuals, whether you wear glasses, contacts, or have eye surgery. Some of our patients are so thrilled to see 20/20 after corrective eye surgery that they forget to have an eye exam once a year to care for their eye health. Your first annual eye exam should be performed one year from your surgery date and then yearly thereafter.
- We are happy to provide these exams at Brinton Vision. Our annual exam fee is \$240. Alternatively, you are welcome to visit your established eye care provider for these exams.

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- We have an unconditional customer satisfaction guarantee on our \$240 Brinton Vision Ocular Analysis exams. If a patient is dissatisfied with their BVOA experience, they may request a refund in writing within 14 days of their BVOA.
- We do not guarantee a specific surgery outcome. Using the words *guarantee* or *warranty* associated with any medical procedure or device is misleading and unethical. Vision in glasses or contacts cannot be guaranteed either.
- American Academy of Ophthalmology guidelines require that patients have a yearly dilated health of eye exam. This means that in the unusual situation where a patient seeks postoperative care that extends beyond the one-year mark, we will first require a \$240 health of eye exam in our office before subsequent visits can be performed.
- For example, let's say you are 48 years old and have EVO ICL surgery on July 15, 2024. In May of 2025, you are happy with your distance vision but decide that you want to have more near/reading power added to one of your eyes. Enhancement laser surgery would be performed at no charge before July 15, 2025. The first laser postoperative exam that falls after July 15, 2025, however, would be booked at the time of enhancement booking as a complete \$240 annual health of eye exam.
- This is similar to the situation where you see a dentist for regular teeth cleaning. If a year has passed since your last exam and x-rays, you will need to have these repeated first before another teeth cleaning can be performed.
- Your surgery fee does not cover eye care for conditions unrelated to your surgery, such as pink eye or trauma.

CUSTOMARY CLINIC, LASER, AND SURGERY FEES

- Annual dilated health of eye exams = \$240.
- Clinic visit for eye issue not directly related to surgery = \$240.
- Permanent punctual plug placement = \$250 per eye.
- Laser enhancement of vision for eye that had surgery with another surgeon. \$1600 facility fee plus \$1600 surgeon fee for Dr. Brinton = \$3200 per eye.
- Laser enhancement of vision for eye that had surgery with Dr. Brinton = \$1600 facility fee only. Dr. Brinton does not charge his surgeon fee for laser surgery when he has previously performed vision correction surgery on an eye.
- The fee for medical records processing is \$28.70 per MO Rev Stat § 191.227. Significant processing time is required of our doctors to collect, format, and package medical records for sending. There is no charge to have medical records sent to another doctor's office to facilitate ongoing care of your eyes.
- At Brinton Vision, we prioritize ensuring a smooth and efficient experience for our patients. As part of this, we collect full payment for clinic/surgery services at the time of booking, much like you would expect if you bought seats to your favorite concert, made an airline reservation, or planned a night out at the Fox Theater, Busch Stadium, or the Munie. We understand that each patient's situation is unique, which is why we offer flexible payment options including cash, check, FSA, HSA, credit/debit cards, and financing to accommodate your needs and preferences.



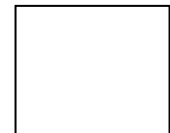
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SPECIFIC PROCEDURE INSTRUCTIONS – EVO ICL

- Between one to 30 days prior to your procedure, you will have a measurement appointment in our clinic. **Stay out of your contact lenses for seven full days prior to this appointment.** Imagine that this could be the last time in your life that you put in a contact lens! Come wearing your glasses prescription that best corrects your vision and if you have contact lenses, bring your boxes or lens foils so we can include these numbers in our procedure calculations.
- Juniper Pharmacy will mail your eye drops and medications to your home or work address in a sealed package. Bring this sealed, unopened package with you when you arrive for surgery. Our staff will open the package and review eye drop instructions with you in person. For your safety, **if you have forgotten to bring your medicated drops with you when you arrive for surgery, we will need to reschedule your procedure to a different day** when you can have your medications in hand.
- Eye drops/medications start after your surgery is complete. You do not need to take any eye drops/medications before surgery.
- Come back to our office for an eye pressure check one to two hours after your EVO surgery so we can lower your eye pressure. If more than 30 minutes *after* surgery you notice a new pressure in the brow region, strong pressure over your eye, or cloudy vision, especially if accompanied by nausea or queasiness, return to our clinic promptly so we can relieve pressure from your eye. These symptoms usually go away within seconds once we relieve the pressure.
- EVO ICL can stay in your eye for life, however, it can also be removed or updated to meet changing vision needs. Most people will have their EVO removed when they get a cataract, or a clouding of the natural inner eye lens that commonly develops in retirement years. The EVO lens is removed because the new implant that corrects the cataract includes the power of the EVO lens inside it.

SPECIFIC PROCEDURE INSTRUCTIONS – FOR ALL LENS IMPLANT PROCEDURES

- We use more powerful dilating drops on your procedure day that can take up to 90 minutes to fully work to prepare your eyes for surgery. Once the drops are instilled in your eyes, we ask that you rest in your preoperative room with your eyes closed to avoid dryness.
- Prior to the conclusion of your procedure, Dr. Brinton commonly uses a medicine (Miostat) to return your dilated pupil size back to normal. This may cause a temporary tightness or pressure sensation in your sinuses and brow, immediately after use. One or both pupils may appear small and colors and lights may look altered or dimmer for a day or two. Sometimes the vision is unrealistically clear. These temporary effects go away and the vision settles into a natural place as the medicine wears off in the first few postoperative days.
- If after leaving our office you experience a new or worsening feeling of pressure in/around your eye, nausea, decreased vision, or pain not relieved with an over-the-counter medication, return to our office promptly.
- You may experience the sensation of an eyelash in the eye, heavy eyelids, light sensitivity, and tearing. Your tears may be pink. You may have a broken blood vessel or two on the white part of your eye around the edges outside the iris (colored part of your eye). All of this typically resolves on its own in the early postoperative period as your eyes heal.



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- For one week: tape your eye shield securely over the eye with tape running from the center of your forehead, across the eye shield, to the outside part of your cheek. Use these shields while sleeping to prevent bumping or rubbing your eye. Avoid activities where your neck veins bulge or your face turns red, such as heavy weightlifting or strenuous physical activity. After one week, you may gradually return to normal activity.
- You are welcome to drive yourself to our office the next morning for your postoperative day one visit so long as you feel comfortable behind the wheel. Missouri and Illinois require 20/40 vision with both eyes open to drive, and most patients in our office will have this vision by the next morning. If you don't feel comfortable driving the next day, take an Uber or have someone else bring you to the office.
- Postoperative visits are at day one, week one, month one, and month three.

TAKING YOUR EYE DROPS AND MEDICATIONS

- Ofloxacin (tan cap) and prednisolone (pink cap) drops are taken four times per day. We will administer a set of these drops at the conclusion of your surgery. If you leave our office before 12 noon, take these drops again at lunch, dinner, and bedtime (three more times). If you leave our office after 12 noon but before 5:00 PM, take these drops again at dinner and bedtime (two more times). If you leave our office after 5:00 PM, take only your bedtime dose (one more time).
- 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.
- Prescribed medications come with one refill, so you don't need to call our office if you run out or lose the bottle. Simply request a refill from the pharmacy.
- Wash your hands prior to using 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, squeeze the medication bottle or vial to place one drop in the pocket.
- After giving one drop in each operative eye, close both eyes gently as if you are sleeping. Dab the excess drop from your lower eyelids with a tissue. While your eyes are gently closed, avoid squeezing, opening your eyes, or blinking for five minutes. This will maximize absorption of the drop and minimize the taste of the drop in the back of your throat. This approach is ideal, though not always practical if you have to give yourself a drop and go somewhere.
- 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 so long as the drop makes contact with your eye surface. Using multiple drops does not increase efficacy, as 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.

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- You can expect to have some crusting on your eyelashes for a few days after surgery, as well as after instilling the milky white prednisolone drop. You may use a clean washcloth with water to clean off this crustiness. You can also use baby shampoo if needed. If you are unsure of how hard to press, ask one of our medical technicians at your day one appointment to demonstrate how to clean your eyelashes by using a clean cloth.
- If you are instructed to take the prednisolone (pink cap) drop for longer than a week, it is important to taper off the drop gradually to avoid inflammation. The proper taper regimen will be provided for you by a doctor.
- 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 for more than a week you need to have your eye pressure checked in our office no less than every three weeks.** You agree to follow this instruction as part of filling our prescription for this drop.
- For two months after your procedure, only use preservative-free artificial tears. After the first two months, you may switch to *bottled* artificial tears.
- As a modification to the medication instructions page below, we recommend that patients use artificial tears more frequently on the day of surgery until they go to bed. Laser surgery patients in particular – e.g. patients who have SBK, PRK, or SMILE – should try to use them every 15-30 minutes, if possible, and then resume normal artificial tear instructions on postoperative day one.
- Use caution with artificial tears in *bottles* labeled as preservative-free as opposed to artificial tears in twist top *vials* that are 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). Sleeping well on the night of surgery is more important than taking medicated drops or artificial tears.
- You may take Tylenol/acetaminophen or NSAID medications (Aleve/naproxen, Advil/Motrin/ibuprofen, Aspirin, Excedrin) as needed. PRK patients may not take medications containing Tylenol/acetaminophen while taking Percocet since Percocet contains acetaminophen. Instead, take NSAIDs.

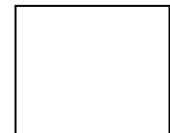
FREQUENTLY ASKED QUESTIONS

“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 slow your recovery process in the first 24 hours and also make your eyes more irritated after surgery. Cell phone use decreases our normal 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.

“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.



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You will have up to 90 minutes of “down time” on your surgery day. This allows our eye drops and pill medications to take effect, among other needs. For some surgeries, a wide and complete pupil dilation is required, which can take over an hour. 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 is trained to ensure that drops reach your eye. 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.

I have carefully read and understood the Informed Consent document for my procedure. I have carefully read and understood these Procedure Instructions, and I agree to follow them. I have 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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MEDICATION INSTRUCTIONS

SBK, SMILE, and LRI

- 1) Ofloxacin 0.3% ophth solution, qty 5ml, refills 1, sig instill 1 drop to surgical eye(s) 4x/day x1wk, then stop.
- 2) Prednisolone 1% ophth susp, 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 - Optase PF or Systane Complete PF, same dosing instructions.
- 4) Sunglasses, case.

PRK

- 1) Ofloxacin 0.3% ophth solution, qty 5ml, refills 1, sig instill 1 drop to surgical eye(s) 4x/day x1wk, then stop.
- 2) Prednisolone 1% ophth susp, qty 5ml, 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 5/325, take 1-2 tabs with food every 6hrs as needed for pain, do not take with Tylenol. Dispense eighteen tabs (18). Take no more than eight (8) per day. Recommend stool softener.
- 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 - Optase PF or Systane Complete PF, same dosing instructions.
- 6) Sunglasses, case.

EVO

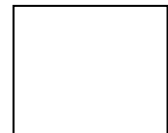
- 1) Ofloxacin 0.3% ophth solution, qty 5ml, refills 1, sig instill 1 drop to surgical eye(s) 4x/day x1wk, then stop.
- 2) Prednisolone 1% ophth susp, qty 5ml, refills 1, sig shake bottle, instill 1 drop to surgical eye(s) 4x/day x1wk, then stop.
- 3) Refresh plus 0.5% artificial tears, qty 100 vials, refill as needed, sig instill 1 drop into surgical eye(s) 4x/day x4wks, then use as needed. Allowed substitution - Optase PF or Systane Complete PF, same dosing instructions.
- 4) Two eye shields, tape, sunglasses, case. Tape eye shields over surgical eye(s) while sleeping for one week.

CLR

- 1) Ofloxacin 0.3% ophth solution, qty 5ml, refills 1, sig instill 1 drop to surgical eye(s) 4x/day x1wk, then stop.
 - 2) Prednisolone 1% ophth susp, 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% ophth solution, qty 5ml, refills 1, sig instill 1 drop to surgical eye(s) at bedtime x4 wks, stop. Allowed substitution - bromfenac, nepafenac, Acular, Acular LS, Acuvail.
 - 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 - Optase PF or Systane Complete 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% ophth solution, qty 5ml, refills 1, sig instill 1 drop to surgical eye(s) 4x/day x1wk, then stop.
 - 2) Durezol 0.05% ophth 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. Allowed substitution - prednisolone 1% ophth suspension. Same dosing instructions.
 - 3) Prolensa 0.07% ophth solution qty 3ml, refills 1, sig instill one drop into surgical eye(s) 1x/day x9wks, then stop. Begin one week prior to surgery date. Allowed substitution - bromfenac, nepafenac, Acular, Acular LS, Acuvail.
 - 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 - Optase PF or Systane Complete 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.



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