

POST OPERATIVE INSTRUCTIONS LACRIMAL SURGERY

Most procedures are performed with general anesthesia. After surgery, you may start your diet by drinking clear liquids (e.g., 7-Up, Gatorade, ginger ale, etc.). If clear liquids are tolerated well without nausea or vomiting, you may advance towards a regular diet. Avoid “fatty foods” (eg, milk, pizza, hamburgers, etc.) on the day of surgery or as long as nausea persists.

Many patients receive a prescription for a pain reliever containing both Tylenol and a narcotic. You should use the pain reliever as needed. As post operative pain lessens, you may switch to Extra Strength Tylenol. You should not take Tylenol and the prescription pain reliever at the same time. Unless specifically instructed, aspirin products such as Bayer, Bufferin, Anacin, Excedrin, etc., should be avoided for at least one week after surgery. This also includes Advil, Nuprin, Motrin and Ibuprofen. Any other medications, which you were taking prior to surgery, should be continued on their regular schedule. If using Aspirin or other blood thinners for medical reasons, resume the day after surgery.

Whenever lying down or sleeping, keep your head elevated on 2 or 3 pillows such that your head is always elevated above the level of your chest. Absolutely no lifting, bending or straining.

Apply cold compress to surgical site as much as possible for 2 to 3 days following surgery. A folded washcloth soaked in ice-cold water and wrung out works well for this. A bag of frozen peas also works well as it is lightweight but molds to the eye. Do not apply ice directly to the skin. A prescription for eye ointment should be provided after surgery. This is to be gently applied to the stitches twice daily.

Avoid placing a patch on the eye if possible. A patch is usually not necessary and may delay recognition of potential complications.

Your surgery involved improving the tear drainage from the eye into the nose. As such, part of your procedure was performed inside the nose. Some bleeding from the nose is expected in the post operative period. Usually it is mild and requires no treatment. Keeping the head elevated will help decrease this symptom. Afrin nasal spray may offer temporary benefit but should not be used for more than 3 days.

Because your surgery involved creating a better passageway for tears to drain into the nose, you **CANNOT BLOW YOUR NOSE** in the post operative period. Often, a clear silicone tube is placed in the corner of the eye as a surgical splint. **DO NOT** accidentally remove it by assuming it is mucous, suture, thread, tear bubble, etc. The tube is usually removed in the office 6 to 8 weeks after surgery.

If your surgery was done on an outpatient basis, you should receive a phone call the day after surgery to check on your progress and to arrange for a post operative clinic appointment. The first post operative visit will be one to two weeks after surgery. A second office visit will be required for “Crawford tube” removal.

The following problems should be reported to the office as soon as possible:

1. Continuous, brisk bleeding. Please note that some oozing or drainage is common following a surgical procedure. Do not try to blow your nose. This will likely only create more bleeding.
2. Temperature (fever) over 101°.
3. Excessive pain at surgical site not relieved by the pain medication, especially if associated with protrusion of the eyeball.
4. Sudden loss of vision. Please note that some blurriness is expected after surgery due to the ointment used around the eyes. All patients should be able to check their vision even with eyelid swelling.
5. Double vision

If a problem should arise or you have a question, I can be reached at the following number:

- Office (913)-588-6600
- After Hours (877) 738-7286

I hope that your surgery experience with us is a positive one. Please contact my office with any questions.

Jason A. Sokol, MD