

## Intraocular Collamer Lens (ICL) Take Home Instructions

It is very important that you see your eye doctor for the following post-operative appointments.

<b>DAY 1*</b>
<b>WEEK 1</b>
<b>MONTH 1</b>
<b>MONTH 6</b>

\* You will need a driver for this visit

### EMERGENCY INFORMATION

Grittiness or mild foreign body sensation, light sensitivity, or a mild headache are to be expected for the first 24 hours. It is acceptable to use Tylenol or acetaminophen pain medication for these symptoms (as well as following the surgery drop schedule).

Worrisome symptoms include the following:

- Severe pain in the first 24 hours
- Severe headache in the first 24 hours
- Nausea in the first 24 hours
- Sudden decrease in vision in the first week
- Flashes or floaters in the first week

If you experience any of the above, please contact the Lumea team at **416.663.3160** as soon as possible for an evaluation. In the case of an after-hours emergency your call will be triaged by our on-call team, and if needed re-directed to our on-call doctor. In the highly unlikely event that you are unable to contact a Lumea team member, please attend your nearest hospital Emergency Department.

### FOLLOW-UPS

#### Post-Operative Visit #1

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Dr: \_\_\_\_\_

Location: \_\_\_\_\_

\_\_\_\_\_

#### Post-Operative Visit #2

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Dr: \_\_\_\_\_

Location: \_\_\_\_\_

\_\_\_\_\_

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If you experience any severe pain, please call your eye care professional.

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## Intraocular Collamer Lens (ICL) Take Home Instructions

### Expectations of Visual Recovery

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1. Sleep is the most important part of your visual recovery during the first 6-12 hours following your ICL surgery. Most patients have had sedation for their procedure and sleep comes easily. You will be provided with PLASTIC SHIELDS or SUNGLASSES that should be worn while asleep during the first 7 days to prevent accidental injury to your eyes. Sunglasses are recommended during the day.
2. Immediately following your ICL surgery, your eyes will feel gritty, and it is common to feel a foreign body sensation. The eyes will also feel dry, be more light-sensitive, and your vision may be hazy. These symptoms occur in nearly 100 percent of people during the first 24-48 hours following your surgery.
3. Excessive TV viewing, computer use, or reading will strain your eyes and increase dryness and should be done in moderation in the first few days.
4. Two days after your ICL surgery, your vision and comfort level will improve dramatically, however it will not be perfect until at least one (1) week after surgery.
5. **Do not rub your eyes.** Small children and pets are notorious for poking eyes and great care should be taken around both.
6. Patients may shower the next morning but avoid having the shower spray directly at your eyes. It is also important to avoid getting shampoo in your eyes.
7. Eye make-up should be avoided during the first week.
8. During the first week avoid exercise or sports (including swimming in a pool) and dusty or dirty environments. Wait one month prior to engaging in any contact sports, or swimming in a lake, ocean, or entering a hot tub.
9. Symptoms of visual fluctuation, blurriness, dryness, and night glare are very common during the first month and typically clear over 1-3 months.
10. It is important to remember that everyone heals differently and has different prescriptions and different types of surgeries; therefore, do not compare your results to others. Your optometrist will monitor your progress and will keep the clinic informed every step of the way.
11. It is important to follow your recommended eye drop regimen, post-operative instructions and attend all your scheduled eye doctor visits.

## Intraocular Collamer Lens (ICL) Post-Operative Instructions



### Week 1

MEDICATION*	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
<b>Antibiotic – Vigamox</b> Use one (1) drop to the operated eye 4X per day	Breakfast Lunch Dinner Bedtime	Breakfast Lunch Dinner Bedtime	Breakfast Lunch Dinner Bedtime	Breakfast Lunch Dinner Bedtime	Breakfast Lunch Dinner Bedtime	Breakfast Lunch Dinner Bedtime	Breakfast Lunch Dinner Bedtime
<b>Anti-inflammatory – Nevanac</b> Use one (1) drop to the operated eye 4X per day	Breakfast Lunch Dinner Bedtime	Breakfast Lunch Dinner Bedtime	Breakfast Lunch Dinner Bedtime	Breakfast Lunch Dinner Bedtime	Breakfast Lunch Dinner Bedtime	Breakfast Lunch Dinner Bedtime	Breakfast Lunch Dinner Bedtime
<b>Steroid – Maxidex</b> Use one (1) drop to the operated eye 4X per day	Breakfast Lunch Dinner Bedtime	Breakfast Lunch Dinner Bedtime	Breakfast Lunch Dinner Bedtime	Breakfast Lunch Dinner Bedtime	Breakfast Lunch Dinner Bedtime	Breakfast Lunch Dinner Bedtime	Breakfast Lunch Dinner Bedtime
<b>Pressure lowering – Diamox</b> Take 1 tablet (250 mg) orally 4X per day for 4 days	Breakfast Lunch Dinner Bedtime	Breakfast Lunch Dinner Bedtime	Breakfast Lunch Dinner Bedtime	Breakfast Lunch Dinner Bedtime			

**Eyedrops:** allow a few minutes between drops to allow for absorption and space your drops evenly throughout the day

*\*Your pharmacist may substitute above medications with similar generic brands. If this happens, please ask the pharmacist to verify that the same drop schedule applies as instructed above.*

## Intraocular Collamer Lens (ICL) Post-Operative Instructions



### Week 2

MEDICATION*	DAY 8	DAY 9	DAY 10	DAY 11	DAY 12	DAY 13	DAY 14
<b>Anti-inflammatory – Nevanac</b> Use one (1) drop to the operated eye 4X per day	Breakfast Lunch Dinner Bedtime	Breakfast Lunch Dinner Bedtime	Breakfast Lunch Dinner Bedtime	Breakfast Lunch Dinner Bedtime	Breakfast Lunch Dinner Bedtime	Breakfast Lunch Dinner Bedtime	Breakfast Lunch Dinner Bedtime
<b>Steroid – Maxidex</b> Use one (1) drop to the operated eye 4X per day	Breakfast Lunch Dinner Bedtime	Breakfast Lunch Dinner Bedtime	Breakfast Lunch Dinner Bedtime	Breakfast Lunch Dinner Bedtime	Breakfast Lunch Dinner Bedtime	Breakfast Lunch Dinner Bedtime	Breakfast Lunch Dinner Bedtime

### Week 3

MEDICATION*	DAY 15	DAY 16	DAY 17	DAY 18	DAY 19	DAY 20	DAY 21
<b>Anti-inflammatory – Nevanac</b> One (1) drop to the operated eye 4X per day until bottle is finished	Breakfast Lunch Dinner Bedtime	Breakfast Lunch Dinner Bedtime	Breakfast Lunch Dinner Bedtime	Breakfast Lunch Dinner Bedtime	Breakfast Lunch Dinner Bedtime	Breakfast Lunch Dinner Bedtime	Breakfast Lunch Dinner Bedtime
<b>Steroid – Maxidex</b> Use one (1) drop to the operated eye 2X per day	Morning Evening	Morning Evening	Morning Evening	Morning Evening	Morning Evening	Morning Evening	Morning Evening

**Eyedrops:** allow a few minutes between drops to allow for absorption and space your drops evenly throughout the day

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## Week 4

MEDICATION*	DAY 22	DAY 23	DAY 24	DAY 25	DAY 26	DAY 27	DAY 28
<b>Anti-inflammatory – Nevanac</b> One (1) drop to the operated eye 4X per day until bottle is finished	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime
<b>Steroid – Maxidex</b> Use one (1) drop to the operated eye 2X per day	<input type="checkbox"/> Morning <input type="checkbox"/> Evening	<input type="checkbox"/> Morning <input type="checkbox"/> Evening	<input type="checkbox"/> Morning <input type="checkbox"/> Evening	<input type="checkbox"/> Morning <input type="checkbox"/> Evening	<input type="checkbox"/> Morning <input type="checkbox"/> Evening	<input type="checkbox"/> Morning <input type="checkbox"/> Evening	<input type="checkbox"/> Morning <input type="checkbox"/> Evening

**Eyedrops:** allow a few minutes between drops to allow for absorption and space your drops evenly throughout the day

*\*Your pharmacist may substitute above medications with similar generic brands. If this happens, please ask the pharmacist to verify that the same drop schedule applies as instructed above.*