



BERG·FEINFIELD
VISION CORRECTION

LASIK Department:
(818) 980-2020

**LASIK / PRK / KAMRA Inlay
Pre-operative Instructions**

THINGS TO REMEMBER

1. Contact Lens Removal Guidelines:

SOFT CONTACT LENSES: **3 DAYS**
TORIC LENSES: **7-10 DAYS**
HARD OR RIGID GAS PERMEABLE LENSES: minimum of **3 WEEKS**

ON THE DAY OF SURGERY:

2. Do **NOT** wear **ANY** makeup, perfume, cologne, after shave, scented lotions, or any strong fragrance.
3. **No CAFFEINE 4 HOURS** prior such as coffee, tea and soda.
4. Wear warm comfortable clothing. No garments made of wool, cashmere or fleece (linty material).

5. Limit your personal belongings to a minimum.
6. Please eat before coming in and you may take any medications as usual.
7. Make arrangements to have someone drive you to and from your procedure. The total time spent in our facility will be **1 ½ - 2 HOURS** depending on your procedure.
8. **Full payment** is required on or before the day of your procedure. Please refer to *Refractive Surgery Payment Options* for further details.
(NO PERSONAL CHECKS PLEASE!)

Your Refractive Procedure is scheduled for:

<i>Monday /</i>	<i>EVERY OTHER Wednesday / AFTERNOON</i>	<i>Friday ALL DAY</i>
SURGERY DATE: ___ / ___ / ___		
Arrival time may be subject to change.		
ARRIVAL TIME: ___ : ___ AM / PM		
AS A COURTESY, PLEASE NOTIFY US 48 HOURS IN ADVANCE TO CANCEL OR RESCHEDULE YOUR PROCEDURE		

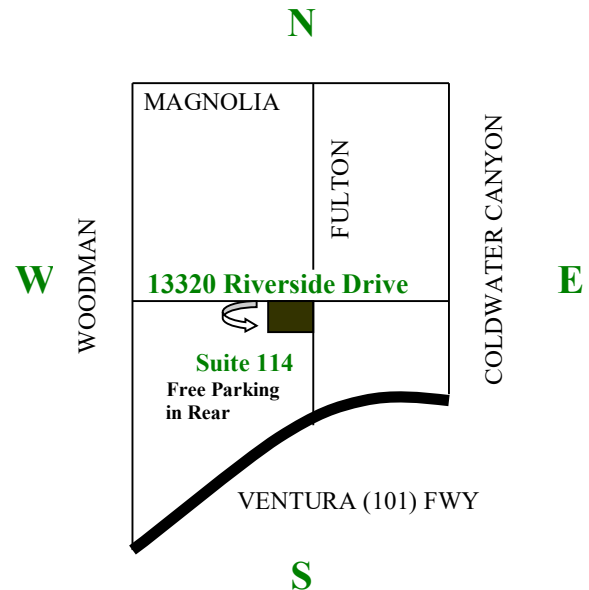
Your next Pre-op appointment is on:

___ / ___ / ___ @ ___ : ___ am / pm
With: _____
Reason: _____
Office: Burbank / Sherman Oaks / South Pasadena

Sherman Oaks Laser Center

13320 Riverside Drive, Suite 114
Sherman Oaks, CA 91423
(818) 501-3937

For directions to our office go to:
www.bergfeinfield.com



Procedure Day Expectations

1. Please check in with our friendly staff to finalize all administrative and financial information.
2. Should you have any questions or concerns, you will have the opportunity to discuss them with the surgeon prior to your procedure.
3. Pre-operative testing will be performed and final measurements will be taken prior to your procedure.
4. Several eye drops will be used to prepare your eye(s) for surgery, including anesthetic drops to numb your eye(s).
5. It is very rare to react adversely to any of these medications (drops and oral meds), but if you have any allergies to any medications, please inform our staff.

Recovery

1. Antibiotic drops will be instilled and a plastic shield(s) will be placed over the operative eye(s) for protection.
2. We advise you to go home and rest. Keep your eyes closed for a minimum of **5 HOURS** following surgery. Do not strain your eye(s) by reading, or using a computer on the day of your procedure.
3. Remove your shields after **5 HOURS** and start your post-operative drops according to your post-operative instruction sheet. Do not rub your operative eye(s) or apply any pressure on your eyelids. Do not close your eyes tightly.
4. Shields must be worn at bedtime for a minimum of **7 DAYS** to prevent you from rubbing your eyes, or accidental injury.
5. You may experience bloodshot/red eyes for 4 – 6 weeks after surgery. This may resolve itself sooner.
6. **IT IS IMPERATIVE TO BE SEEN BY DR. BERG, DR. FEINFIELD OR YOUR OPTOMETRIST FOR YOUR 1 DAY POST-OPERATIVE APPOINTMENT.**

Restrictions after your Procedure

1. Always avoid any impact or trauma to the operative eye(s). If unavoidable, please take precautionary measures such as eye shields, protective goggles, face/head gear, etc... Contact sports should be avoided for the first **4 WEEKS**.
2. Do not rub your eye(s) for the first **4 WEEKS** after LASIK or PRK.
3. Do not rub your eye for **3 MONTHS** after KAMRA Inlay.
4. Do not sweat profusely in your eyes for **4 WEEKS**.
5. When showering or washing your face, keep water and soap out of your eye(s) for the first **4 WEEKS**.
6. **(LASIK & KAMRA INLAY PATIENTS)** NO swimming in pools, the river & lakes for **1 WEEK**. NO rough waters such as diving, ocean waves, water parks, water skiing, jacuzzis, saunas, etc, for **4 WEEKS**. **(PRK PATIENTS)** Avoid swimming in pools, the river and lakes for **2 WEEKS** and avoid the ocean, water parks, water skiing, jacuzzis, sauna, etc... for **4 WEEKS**.
7. No eye make-up should be used for **2-4 WEEKS**, based upon doctor's discretion. (mascara, liner, shadow)
8. Avoid a dirty/dusty environment for **1 WEEK**. (ie: dirt bike riding, horseback riding, etc...)
9. Refrain from strenuous exercise/lifting for **1 WEEK** (ie: weight training, lifting extremely heavy objects, etc...) You may resume your daily exercises/cardio workout the day after your surgery.

Post-op Instructions

After your refractive procedure, you will be given medication to help prevent infection and control healing. Post-operative information will be given to you before you leave our laser center. It is imperative that you follow **ALL** instructions exactly as prescribed by Dr. Berg or Dr. Feinfield. It is also important that **ALL** post-operative appointments be kept. Post-operative appointments may include, but not limited to **1 DAY, 1 WEEK, 1, 3, 6, AND 12 MONTHS** or as needed per doctor's recommendation.

In signing this form you are stating that you agree to and understand all pre-operative and post-operative instructions, and that you have had the opportunity to ask questions and had them answered to your satisfaction.

SIGNATURE OF PATIENT:

DATE:

____/____/____

SIGNATURE OF WITNESS:

(Berg-Feinfield Staff Member only)

DATE:

____/____/____

Revised June 2016 /jl