



EYE CONSULTANTS
OF TEXAS

PRE-OPERATIVE CO-MANAGEMENT
LASER VISION CORRECTION (LASIK/PRK)

1. **Pre-Consultation Evaluation:** *please complete the following and send your examination notes to our office prior to their consultation.*
 - **Full Routine Examination:** *a thorough pre-operative exam and treatment of any existing problems may prevent complications from occurring as a result of Refractive Surgery.*
 - Cycloplegic refraction OU
 - Tear film assessment: TBUT or Schirmer's test OU
 - Topography (if available) OU
 - Check for eye dominance
 - **Complete Medical and Ocular History:** *understanding the patient's overall health prior to surgery can help chart the strategy for the procedure. It can also help prevent potential complications and explain the prognosis and course of recovery. It is especially important to include the following in your documentation:*
 - Any autoimmune diseases such as lupus, rheumatoid arthritis, and diabetes.
 - Ocular history of trauma, surgery, corneal ectatic disease (keratoconus, pellucid marginal degeneration), history of Shingles (HZV), or herpetic infection.
 - Medications and Allergies
 - Pregnancy
2. **Pre-Consultation Instructions**
 - Instruct patients who wear contact lenses that they need to be out of their contacts for a period of time before their consultation appointment **AND** before their procedure.
 - **Hard contact lenses:** 2-4 weeks
 - **Soft contact lenses:** 2 weeks
 - Please have patients begin taking 1000mg Vitamin C daily at the time of your referral.
3. **Schedule Consultation**
 - Call our office at 817-416-7907 to schedule the patient's consult visit. This visit will include preliminary testing: corneal topography, pachymetry, wavescan mapping, and cycloplegic refraction.

If you have any questions, please call our Direct Physician Phone Line at **(817) 416-7907** to speak with a technician or doctor. Please fax your exam notes to our office at **(817) 251-6261** for our records. You may also email us at comgmt@eyecontx.com.



EYE CONSULTANTS
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POST-OPERATIVE CO-MANAGEMENT: LASIK

This is a suggested protocol for postoperative LASIK care by Eye Consultants of Texas and is not meant to be absolute. Please adjust your post-operative examination dictated by your experience and as patient circumstances indicate.

Schedule of Visits

- 1 day*
- 1 week
- 1 month
- 3 months
- 1 year

** Eye Consultants of Texas will see the patient for their one-day post-op visit unless circumstances dictate otherwise. After this exam, the patient's care may be transferred back to the co-managing doctor. This will be determined on a case-by-case basis and under no circumstances is this preordained.*

Post-Operative Protocol

- Uncorrected VA in each eye separately and both eyes together (check near vision if monovision)
- Refraction
- Slit lamp w/ Fluorescein stain
 - Evaluate flap for alignment, wrinkles, edema, interface debris, evidence of DLK, or infection. Remember, DLK usually begins in periphery near cut edge of flap.
- IOP check 1 week (R/O possible steroid responders)

Post-Operative Medication Regimen

- **Oasis Preservative-free artificial tears:** Use for a minimum of 4 times a day for at least 8 weeks after surgery. We recommend Oasis Tears, which may be purchased at the front desk at Eye Consultants of Texas.
- **Restasis:** Continue one drop 2 times a day for a minimum of 3 months.
- **Vitamin C:** Continue 1000mg per day for a minimum of 3 months.
- **Antibiotic drop (Vigamox/moxifloxacin):** one drop 4 times a day for 5 days, then discontinue unless otherwise instructed.
- **Steroid drop (fluoromethalone):** Use 4 times a day for 1 month, 3 times a day for 2 weeks, twice a day for 2 weeks, 1 time a day for 2 weeks, then discontinue.
- **Xanax (0.5mg):** one to two tablets as needed for sleep.

Patient Instructions

- Wear protective glasses/goggles for **1 week** while you sleep (including naps).
- Do not drive for the first **24 hours** after your procedure.
- Do not rub or touch your eyes for **1 month**.
- You may shower and/or bathe but do not get water directly into the eye.
- Exercising may be resumed after **3 days**. No contact sports that might involve blows to the face (e.g. boxing, kickboxing, martial arts, etc.) for **1 month**.
- No swimming, water sports, or hot tubs for **2 weeks**.
- No eye make-up for **1 week**.

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EYE CONSULTANTS
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POST-OPERATIVE CO-MANAGEMENT: PRK

This is a suggested protocol for postoperative PRK care by Eye Consultants of Texas and is not intended to be absolute. Please adjust your post-operative examination dictated by your experience and as patient circumstances indicate.

Schedule of Visits

- 1 day*
- 1 week
- 1 month
- 3 months
- 1 year

** Eye Consultants of Texas will see the patient for their one-day post-op visit unless circumstances dictate otherwise. After this exam, the patient's care may be transferred back to the co-managing doctor. This will be determined on a case-by-case basis and under no circumstances is this preordained.*

Post-Operative Examination Instructions

- A bandage contact lens (BCL) is applied after surgery and is worn for 3-5 days, until epithelial defect is fully healed.
- Refraction may not be necessary for 6 weeks post-op. Vision will fluctuate at first while epithelium is healing.
- Check patient every 1-2 days until epithelium is healed. Subsequent to complete healing of corneal epithelium, BCL is removed. Prior to re-epithelization, replace BCL as you deem necessary.

Post-Operative Medications

- **Oasis Preservative-free artificial tears:** Use for a minimum of 4 times a day for at least 8 weeks after surgery. We recommend Oasis Tears, which may be purchased at the front desk at Eye Consultants of Texas.
- **Vitamin C:** continue 1000mg per day for a minimum of 3 months.
- **Antibiotic drop (Vigamox/moxifloxacin):** one drop 4 times a day for 5 days, then discontinue unless otherwise instructed.
- **Steroid drop (fluorometholone):** Use 4 times a day for 1 month, 3 times a day for 2 weeks, twice a day for 2 weeks, 1 time a day for 2 weeks, then discontinue.
- **NSAID (Acular LS):** one drop 4 times a day as needed for discomfort until epithelium is healed, then discontinue.
- **Comfort drop (proparacaine and artificial tears):** one to two drops every 1-2 hours if needed for pain. **DO NOT USE THESE DROPS MORE THAN 24 HOURS.** The drops slow the healing process so it is best to use as little as possible.
- **Xanax (0.5mg):** one to two tablets as needed for sleep.
- **Norco (10mg/325mg; or other pain medication):** one tablet every 4-6 hours as needed for pain.

Patient Instructions

- No swimming, water sports, or hot tubs for 2 weeks.

Please Note: It is imperative that you wear a good pair of sunglasses for 3 months after your PRK procedure.

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EYE CONSULTANTS
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CO-MANAGEMENT TRANSFER OF CARE FORM: REFRACTIVE SURGERY

Date: _____

Co-Management Provider: Dr. _____ Fax: _____

Patient Name: _____ DOB: _____

Phone: _____

Primary Insurance: _____ Secondary Insurance: _____

Date of Surgery: _____ Date your Postoperative Care Begins: _____

Procedure: _____

Diagnosis Code: _____ CPT Code: _____

Global End: _____

Post-Op Uncorrected VA: _____ IOP: _____

Notes: _____

Post-Operative Medications

OD:

- Oasis Artificial Tears OU QID x 4 weeks
- Restasis OD BID x 3 months
- Vigamox OD QID x 5 days
- FML (Fluorometholone 0.1%) OD every hour while awake x 48 hours, then QID x 2 weeks
- Xanax 2mg: 1-2 tablets PO after arrive home
- Norco 10/325mg: 1-2 tablets q4-6h PRN pain
- Oasis Artificial Tears OD every hour while awake x 72 hours, then 4-6x/day x 4 weeks
- FML (Fluorometholone 0.1%) OD x 14 week taper: QID x 8 weeks, TID x 2 weeks, BID x 2 weeks, QD x 2 weeks
- Acular LS 0.4% OD QID PRN for discomfort x 5 days
- Comfort Drops (1:1 Proparacaine/Artificial Tears) OD every 1-2 hours PRN for pain (DO NOT USE > 24 HOURS)
- Vitamin C 500mg PO BID x 3 months
- Other:

OS:

- Oasis Artificial Tears OU QID x 4 weeks
- Restasis OS BID x 3 months
- Vigamox OS QID x 5 days
- FML (Fluorometholone 0.1%) OS every hour while awake x 48 hours, then QID x 2 weeks
- Xanax 2mg: 1-2 tablets PO after arrive home
- Norco 10/325mg: 1-2 tablets q4-6h PRN pain
- Oasis Artificial Tears OS every hour while awake x 72 hours, then 4-6x/day x 4 weeks
- FML (Fluorometholone 0.1%) OS x 14 week taper: QID x 8 weeks, TID x 2 weeks, BID x 2 weeks, QD x 2 weeks
- Acular LS 0.4% OS QID PRN for discomfort x 5 days
- Comfort Drops (1:1 Proparacaine/Artificial Tears) OS every 1-2 hours PRN for pain (DO NOT USE > 24 HOURS)
- Vitamin C 500mg PO BID x 3 month
- Other:

Surgeon Name: Phillips K. Labor, M.D.

Surgeon Signature: _____ Date: _____