



**DOC | Miami Valley Ambulatory Surgery Center
1010 Woodman Drive, Dayton, OH 45432**

Patient Name: _____

Date: _____ **DOB:** _____ **Chart #** _____

**Dismissal Instructions
Patrick Spencer, DO**

You have just experienced “outpatient surgery”. We hope your visit was a pleasant one. Since you are continuing your recovery in the comfort of your home, here are some key points to keep in mind.

Remember:

- **There are no specific diet limitations (unless noted below by your physician) If nausea is present, limit yourself to liquids or semi-soft foods.**
- **Pain and discomfort should be minimal. If your physician has prescribed medications, please follow his instructions.**
- **A small amount of bleeding or drainage at the operative area is normal and to be expected**
- **A responsible adult should be in attendance with you at all times during the first 24 hours after your operation**
- **You should limit your physical activity during the first 24 hours after your operation. Your physician may limit your activity for a longer period, if noted below**
- **For the next 24 hours: no driving, no alcoholic beverages and no operating machinery**

Call your physician at (937) 723-3200 and have Dr. Spencer paged if:

- **You experience excessive nausea and vomiting**
- **Your experience excessive pain that is not relieved by prescribed medication**
- **Your experience a large amount of bleeding or drainage from the area of your surgery**

Additional Instructions:

- 1. Do not get any water/soap into surgery eye for three (3) days.**
- 2. Try not to bend over or lift anything heavy for next couple of days.**
- 3. Follow up with Dr. Spencer the day after your surgery at the time you were told.**
- 4. Bring the bag (the one you received at surgery) with you to your appointment the next day**
- 5. Place eye drops in operated eye as prescribed by Dr. Spencer. Directions should be on the box.**
- 6. Refer to your cataract surgery folder for emergency contact number.**

Patient Signature: _____ **Witness:** _____

Responsible Party: _____ **Date:** _____