



Leaders in Eye Care

www.eyecenteroftexas.com

6565 West Loop South Suite 650 Bellaire, Texas 77401 Ph. 713.797.1010 Fax. 713.357.7276

4415 Crenshaw Rd. Pasadena, Texas 77504 Ph. 281.977.8800 Fax. 281.977.8877

15400 Southwest Frwy Suite 301 Sugar Land, Texas 77478 Ph. 281.277.1010 Fax. 281.277.4504

450 Medical Center Blvd. Suite 305 Webster, Texas 77598 Ph. 281.332.1397 Fax 281.338.1215

21700 Kingsland Blvd. Suite 102 Katy Medical Complex Professional Building 1 Katy, TX 77450 Ph. 713.797.1010 Fax. 713.797.6200

Edward C. Wade, M. D. Ting Fang-Suarez, M. D. Mark L. Mayo, M. D. Randall N. Reichle, O. D

Christopher D. Allee, O. D. Jill Autry, O. D. Amanda Bachman, O. D. Julie Ngo, O. D.

Routine Trabeculectomy Pre-Op Orders

Patient Name: _____

Diagnosis: GLAUCOMA right eye left eye

Procedure: Trabeculectomy right eye left eye

Date: _____ Time: _____ Anesthesia: Topical Length of Procedure: 25 minutes

DILATE OPERATIVE EYE AS FOLLOWS:

- 1.) **PILOCARPINE 1%, BETAGAN, OCUFEN, ZYMAR. 1 drops each q 15 minutes x4 beginning 1 hour prior to surgery.**
- 2.) **START 500cc LR unless diabetic, use 500cc normal saline.**

Pre-op Nurse Signature Date/Time

POST OPERATIVE ORDERS

- 1.) **Instruct patient to resume regular diet and all regular medications on return home.**
- 2.) **Instruct patient to come to my office tomorrow at previously appointed time.**
- 3.) **Begin using PredForte 1% gtts q 2hrs while awake in the operative eye. Use Zymar gtts 4 times a day, while awake, in the operative eye. An eye shield is provided and should be worn whenever sleeping.**
- 4.) **Send home post-op pack with the patient. All drops should be brought to our office tomorrow morning.**
- 5.) **Do not give pre-operative dilating drops to the patient.**
- 6.) **Take extra strength Tylenol, one or two tablets, if needed for discomfort.**
- 7.) **Discharge the patient when stable and alert with post-op instructions.**

Post-Op Nurse Signature

Date/Time

Edward C. Wade, M. D.

Mark Mayo, M. D.