



**DISCHARGE INSTRUCTIONS FOR
ECTROPION OR ENTROPION REPAIR**

1. There are no particular discharge instructions for you post-operatively.
2. You may apply ice to the eyes for comfort and to aid in swelling.
3. Leave the stitches that are in place alone. They will be removed at your follow-up appointment.
4. If your eye will not stop bleeding, apply pressure to eye. If the eye will not stop bleeding after applying pressure, call your physician or go to the emergency room nearest you.
5. Call **DR KRESIE'S OFFICE** at **233-0011** with any questions or concerns that you may have.
6. You have a follow up appointment scheduled with **DR KRESIE** on _____ at _____.

DESIGNATED CAREGIVER CONSENT

I WILL BE THE DESIGNATED DRIVER OF THIS PATIENT AFTER DISCHARGE FROM TALLGRASS SURGERY CENTER. I AM FULLY AWARE THIS PATIENT NEEDS CAREGIVING ATTENTION FOR THE FIRST 24 HOURS.

X _____

PATIENT/PATIENT FAMILY MEMBER
REV. 04/06

X _____

REGISTERED NURSE

