



Eye Muscle Surgery Discharge Instructions for Home

What changes should I look for?

- Your child's eye will be quite red or appear "bloodshot," with some swelling of the lids, as well as a small amount of pink or red drainage. If your child cries, the tears will be pink-tinged for a day or two. There may be slight bruising below the eye.
- There should be no further eye drainage or an increase in redness or swelling the second day following surgery. If there is, contact your doctor or the clinic at 206-987-2177.
- Rubbing the eye is usually not a problem; however, avoid excessive rubbing. Keep the eye patch or dressing in place if instructed to do so by your doctor.

When can my child eat?

- Nausea and vomiting (throwing up) are common after surgery. If this occurs, a clear liquid diet given slowly will help.
- When fully awake, your child may have clear liquids like 7-Up, Jell-O, Popsicles and apple juice.
- If the food stays down and your child remains fully awake, your child may then start their regular diet.

How should I care for my child's eyes?

- It may be hard for your child to open their eyes the next morning due to dried drainage on eyelashes. Wipe drainage off by using a washcloth or cotton balls dipped in warm water.
- Apply eye ointment or drops as directed by your doctor. The best way to apply ointment is to have a second person hold your child's head. Gently pull down the lower lid and squeeze about a ¼ inch line into the space. Drops are best given by having your child lie down. Then have your child look up, and place a drop in the lower lid. Pressure used to open the lids should be placed on the brow and cheek, not on the eyeball.

How much activity can my child do?

Your child may be sleepy the day of surgery and may take an extra nap.

- Try to keep your child in a quiet, darkened area — bright light may be irritating to the eyes for several days after surgery.

To Learn More

- Ophthalmology Clinic
206-987-2177
- Ask your child's nurse or doctor
- www.seattlechildrens.org

Free Interpreter Services

- In the hospital, ask your child's nurse.
- From outside the hospital, call the toll-free Family Interpreting Line 1-866-583-1527. Tell the interpreter the name or extension you need.
- For Deaf and hard of hearing callers
206-987-2280 (TTY)

- Most children can go back to normal activity in 24 hours.
- Your child can move the eyes as much as is comfortable after surgery. Your child may notice double vision immediately after surgery. If so, reassure your child that this symptom usually disappears in a few days or weeks.
- No swimming until seen by your surgeon at the follow-up appointment.
- No exercise, biking, skateboarding or horseback riding for three weeks.
- Ask your nurse when your child may return to school and sports.

What should I give my child for pain?

- Discomfort is common right after surgery, but should get better after the first day.
- Cold or hot compresses, as your doctor prefers, over the eye(s) will help.
- You may give regular Tylenol (acetaminophen) to your child. Follow the dosage instructions on the package. Wait at least 4 hours between doses.

When should I call a doctor?

If your child is having any problems, call our office at 206-987-2177 during the day. After hours, call 206-987-2000.

Call us if your child has any of these warning signs:

- Unable to drink liquids for 24 hours
- Fever higher than 101.5°F (38.6°C)
- Increased redness, swelling or discharge (fluid) from the eye after the day of surgery
- Rapid swelling or bleeding at the site of surgery
- Pain persists or increases after the second day

Follow your surgeon's instructions for making a postoperative appointment.

Seattle Children's offers interpreter services for Deaf, hard of hearing or non-English speaking patients, family members and legal representatives free of charge. Seattle Children's will make this information available in alternate formats upon request. Call the Family Resource Center at 206-987-2201.

This handout has been reviewed by clinical staff at Seattle Children's. However, your child's needs are unique. Before you act or rely upon this information, please talk with your child's healthcare provider.

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