

INFORMATION PRIOR TO CATARACT SURGERY

NAME: _____

HOSPITAL: _____

DATE: _____ **ADMITTING TIME:** _____

- 1. YOUR SURGERY WILL BEGIN APPROXIMATELY 1 TO 2 HOURS AFTER ARRIVAL.**
- 2. BRING ALL CURRENT MEDICATIONS TO THE HOSPITAL, EXCLUDING YOUR EYE DROPS.**
- 3. DO NOT EAT OR DRINK AFTER MIDNIGHT. IF YOU TAKE HIGH BLOOD PRESSURE OR HEART MEDICATION, TAKE IT WITH A SMALL AMOUNT OF WATER VERY EARLY IN THE MORNING. IF ON GLAUCOMA MEDICATIONS. CONTINUE TO TAKE AS DIRECTED.**
- 4. DO NOT TAKE ASPIRIN PRODUCTS, IBUPROFEN, ADVIL, NSAIDS, OR FISH OIL FOR 5 DAYS BEFORE SURGERY.**
- 5. FILL PRESCRIPTION FOR DROPS**
- 6. START ANTIBIOTIC DROPS 3 DAYS BEFORE SURGERY. YOU WILL USE ONE DROP TWICE DAILY. YOU WILL ALSO CONTINUE WITH THIS DROP FOR 3 DAYS FOLLOWING SURGERY.**
- 7. BRING THESE ITEMS TO OUR OFFICE THE DAY AFTER SURGERY.**
- 8. YOU WILL NEED A DRIVER THE DAY OF SURGERY AND THE DAY AFTER.**
- 9. REMOVE ALL MAKE-UP 3 DAYS BEFORE SURGERY.**
- 10. YOU WILL RECEIVE FURTHER INSTRUCTIONS AT THE SURGERY CENTER THE DAY OF SURGERY AND ADDITIONAL INSTRUCTIONS ON THE DAY AFTER SURGERY.**

RETURN TO THE OFFICE THE FOLLOWING DAY AT _____