

Surgery Instruction Sheet for (Patient Name): \_\_\_\_\_

**When is my surgery scheduled?**

Your \_\_\_\_\_ surgery is scheduled on or about:

**RIGHT EYE** surgery scheduled \_\_\_\_\_ DATE/TIME

Follow-up is scheduled at office for later the same day upon discharge.

**LEFT EYE** surgery scheduled \_\_\_\_\_ DATE/TIME

Follow-up is scheduled at office for later the same day upon discharge.

(do not eat or drink anything after midnight on Sunday.)

Note: Your surgery may be re-scheduled if indicated. Please plan on being at the surgery center 2-4 hours.

**What do I need to do the day of surgery?**

- MEDICATIONS.** Take all your normal medications.  
Please take with only a small sip of water. Unless noted otherwise here: \_\_\_\_\_
- Remember **do not eat or drink anything that morning.** You may eat after surgery.
- DRESS CODE** For your comfort, please wear loose fitting clothing. Do not wear makeup, Jewelry, nail polish. On arrival, you will be asked to change clothes and prepped for the procedure (eye drops and other medications will be administered.) The staff and doctors will do everything to minimize your wait time.
- ARRIVE AT FACILITY** at your designated time and please bring your BLUE surgery kit with you. You should plan on being at the center for 2-4 hours. Remember you must have a driver with you.
- FOLLOW-UP EXAM** Your follow-up visit is scheduled for the same day in the afternoon, unless otherwise indicated. Your next exam will be in one week (approx.)
- RESTRICTIONS.** No rubbing, bumping, or eye-makeup for one (1) week. Avoid getting soap or other irritants in eye for one week. Use patch/shield when sleeping the first week.
- NO HEAVY LIFTING,** bending or straining.
- USE THE SYSTANE** 4 times a day; more if needed.



This information has been reviewed with me and all questions answered.

**X**

Patient Signature

Date

Tech Signature

Date